Associate Director of Physical Healthcare, ECG Trainer, Physical Healthcare Nurse, and Ward managers.

Subsequently, we designed and delivered a bespoke 'First On-Call Workshop for Resident Doctors', held as two 90-minute sessions in September 2024. The workshops used interactive tools, case-based scenarios, and audio-visual aids on psychiatric medication side effects, managing psychiatric emergencies, risk assessment, escalation pathways, legal procedures e.g., Section 5(2), demonstration videos for ECG and catheterization, along with site orientation videos.

Results: Cycle-1: Results displayed a 7% increase in confidence and competence.

Cycle-2: Outcome measures displayed positive qualitative feedback and an increase in confidence in quantitative feedback by 17% in handling common on-call tasks and clinical scenarios.

For sustainability, online resources and tools, i.e., workshop materials, videos, and podcasts, were made accessible and included in Resident Doctors' Survival Guide. Senior medics are now equipped with resources to facilitate these workshops, ensuring the project's longevity.

Conclusion: This project contributed to enhancing the competence and confidence of first on-call doctors, thereby improving patient safety, and fostering a supportive learning environment within NHCFT. This initiative has underscored the importance of structured educational interventions and collaborative support systems in promoting both trainee and patient well-being.

Bridging the Physical Health Gap in Mental Health Settings: A Ward-Based Multidisciplinary Educational Intervention

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Aims: Adults with severe mental illness face a significantly higher risk of morbidity and premature death from preventable physical health conditions, with life expectancy reduced by 10–20 years compared with the general population. Early identification and management of physical health issues in mental health settings are crucial to reducing these disparities. We designed a Quality Improvement Project (QIP) focused on enhancing physical health outcomes through a ward-based multidisciplinary educational intervention on an acute male psychiatric unit in London.

Methods: We conducted an initial questionnaire to determine the MDT's general knowledge level around physical health. We also surveyed the MDT on which teaching topics would be most relevant and interesting. The first audit cycle evaluated the MDT's knowledge in physical health and baseline confidence on specific physical health topics. Our intervention involved a six-week, ward-based short course on physical health for mental health professionals taught by the ward's resident doctors. A re-audit measured post-intervention improvements in topic specific confidence and knowledge.

Results: Fourteen members of the MDT completed the initial knowledge questionnaire, which, along with our survey, helped identify common gaps in knowledge and guided the selection of teaching topics for our intervention. The selected topics were: (1) Identifying and Escalating Abnormal Vital Signs, (2) Managing an Acutely Unwell Patient, (3) Commonly Used Psychiatric Drugs and Side Effects, (4) Clozapine, (5) ECGs, and (6) Medical Emergencies in the Psychiatric Setting. Before and after each teaching session MDT attendees were asked to complete a questionnaire assessing their knowledge and confidence on the given topic. On average, each session was attended by six MDT members. Baseline confidence in individual topics varied but improved following the intervention. Post-session knowledge scores were higher compared with pre-session assessments, demonstrating the effectiveness of the teaching sessions.

Conclusion: Ward-based interventions are effective in bridging gaps in physical health knowledge and improving confidence among MDT members. As learning is a continuous process, single teaching sessions may not be sufficient. On our ward, our QIP has led to the continuation of MDT teaching sessions by resident doctors. To further expand the impact of our QIP, we plan to extend MDT teaching to other wards within our Trust. To support this, course materials and summary infographics have been made available online, ensuring accessibility for our MDT and other wards looking to implement similar initiatives.

This work was carried out under the supervision of Dr Sarah Parry (Psychiatry Registrar) and Dr Jonathan Beckett (Psychiatry Consultant).

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Tools for Stools – Recognising and Managing Constipation on an Older Adult Inpatient Ward: A Quality Improvement Project

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Aims: Constipation is a common problem in psychiatric patients and can have serious consequences. Patients taking antipsychotics with anticholinergic properties are at higher risk of constipation. The risk is further increased in older adults due to reduced mobility and polypharmacy. To treat constipation, patients should have their bowel movements monitored and preventative laxatives considered. We faced similar challenges and this project was undertaken following a Serious Untoward Incident due to constipation related complications,

This quality improvement project aimed to increase detection, recording and management of constipation on an 18 bedded older adult inpatient ward. Thus, preventing complications like delirium, faecal impaction and bowel obstruction.

Methods: For this QI project, we used the Model for Improvement (MFI) framework, which involves defining the aim, measuring progress, and identifying changes that lead to improvement, along with the Plan-Do-Study-Act (PDSA) cycle. Bowel monitoring was initiated using the Bristol stool charts, with staff training and awareness sessions. Data collection was conducted for all 18 patients. In the second half of 2023, charts were integrated into MDT discussions, and further staff training was provided. In 2024, the bowel charts and Norgine risk assessment tool were used, a patient

tutorial session provided, with data collected for all 18 patients and staff awareness assessed through questionnaires.
Results: Bowel monitoring and documentation significantly improved throughout the course of three audit cycles. In the first cycle, total number of days for all 17 patients that bowel movement was recorded was just 5 in 2 weeks and only 2 bowel charts uploaded onto the system. In the second cycle of 18 patients, 173 days recorded and 16 charts uploaded. In the third cycle of 18 patients, 151 days recorded with an average Norgine score of 7.056 and all charts uploaded. Thus, frequency of monitoring increased by 66.55% in the second cycle but then decreased by 8.73% in the third cycle although continuing to show improvement from the first.
Conclusion: This project aimed to improve bowel assessment in an inpatient mental health ward for patients on antipsychotics. Using the MFI framework, the data shows significant improvements in bowel monitoring and documentation over three cycles. Consistent uploading of bowel charts onto RIO and Norgine score assessments reflect a commitment to high standards in patient care. Improved bowel monitoring can reduce constipation, prevent complications and save costs through reduced laxative use and shorter hospital stays. This scientific approach underscores the importance of diligent monitoring in enhancing patient outcomes.

Barriers to Lead Psychiatric Clinical Supervision – A Cross-Sectional Survey

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Aims: The Royal College of Psychiatrists (RCPsych) recommends that psychiatric trainees receive one hour of 1:1 supervision per week, with clinical supervisors allocated 0.25 PA (programmed activity) protected time per trainee weekly. The GMC National Training Survey 2023 found that 86% of trainees reported positive feedback on clinical supervision, though the survey was not psychiatry specific. Locally, the Resident Doctors Forum raised concerns about some trainees not receiving the recommended supervision time, prompting the introduction of a new supervision form.

Aims were to identify and assess barriers to providing regular supervision to support the professional development of psychiatrists in training within Nottinghamshire Healthcare NHS Foundation Trust.
Methods: A questionnaire was developed based on the "Enablers and Barriers to Effective Clinical Supervision in the Workplace: A Rapid Evidence Review" to identify barriers to effective clinical supervision. It was emailed to all lead clinical supervisors in Adult Mental Health, with a two-week response deadline. The feedback was analysed using a mixed methods approach, combining quantitative and qualitative analysis.
Results: The survey received a 30% response rate (21 out of 70 eligible trainers), with a distribution reflecting the grades of resident doctors in the trust: 34% supervising HST, 34% supervising CT, 19% supervising FY, and 13% supervising GPVTS.

Key findings include: 67% of trainers felt their clinical workload allowed sufficient time for supervision, but 81% sometimes had to cancel due to clinical commitments. Trainers with sufficient time for supervision typically had protected time formally agreed in their job plans (85%).

80% of trainers faced cancellations due to trainee unavailability (e.g., shift work, staff shortages), and 10% felt supervision was hindered by inadequate resources, such as lack of private spaces.

Awareness of the RCPsych supervision guidance was low (33%), and 50% were not familiar with or did not use the local supervision form. Opinions on the form were divided: half found it helpful, while the other half saw it as additional workload.

Major barriers to effective supervision included intense clinical workload, time pressure, staff shortages, managing multiple trainees, and trainee unavailability due to on-call or leave commitments.
Conclusion: Suggested actions to address these barriers include:

Distributing the RCPsych guidance and Supervision Form to all trainers.

Encouraging supervisors to schedule supervision mid-week to avoid conflicts with on-call shifts.

Supervisors should discuss protected time in their job plans with clinical directors and work with medical education to find private workspaces for supervision.

A Quality Improvement Project to Address Inequalities in Access to Admission to a Mother and Baby Unit in Kent Across a 3-Year Period

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Aims: Rosewood Mother and Baby Unit (MBU) provides inpatient psychiatric care to women with severe mental illness in Kent, Surrey & Sussex (KSS) in UK. Analysis of admission data to the MBU in 2022 highlighted inequalities in the admissions process. A quality improvement project was undertaken to improve equity of access for women irrespective of their ethnicity, location or age.
Methods: We collated data on admissions to Rosewood MBU, including demographics, origin of referrals, diagnosis, length of stay, parity, Mental Health Act status, previous MBU admissions and safeguarding concerns. In the 2024 cohort, additionally, we looked at suspected or confirmed neurodevelopmental disorders such as ASD or ADHD and deprivation decile to establish the socio-economic status of admitted patients.

The project group undertook consultations with referrers, inpatient/community teams and other stakeholders to understand barriers to referrals from various counties, for women of black and ethnic minority backgrounds and under-18s. We implemented measures such as improving ethnicity recording, building partnerships with community groups to raise awareness and build trust, offering appropriate training for staff working with young and ethnically diverse mothers, providing easy access to information about referrals pathway and role of MBU to referrers and families.
Results: In 2022, the duration of admission was less than 2 months for 64% of patients, which increased to 77% in 2023 and 70% in 2024. Psychotic illness was the most common diagnosis for patients admitted in 2022 and 2024, while anxiety-related illness was most common in 2023.