

Background – Psychiatry on-call shifts can feel daunting, especially if this is the clinician's first (and perhaps only) exposure working as a doctor within this specialty. Psychiatric hospitals are not equipped to deal with physically unwell patients which can be challenging especially as the only junior doctor on-call out of hours. Although there is a comprehensive induction programme, doctors in training raised concerns that there is insufficient, readily available practical information whilst on-call.

Methods. Surveys were sent out to doctors in training to ascertain their initial viewpoints about producing a poster and which information they feel should be included. Doctors included were foundation years, GP and core trainees on their psychiatry placement in the South West Yorkshire Partnership NHS Foundation Trust. Both qualitative (free text responses) and quantitative information (yes/no responses) were obtained via SurveyMonkey. An initial draft poster was produced and sent out to all doctors in training as well as the project lead and clinical lead. The poster was amended accordingly. The posters were printed and displayed in the on-call rooms and doctors' office.

Results. Four respondents responded to our initial pre-poster survey. They were highly receptive to the suggestion that this information would be in poster format to provide easily accessible information to help whilst on-call. Key topics identified for the poster included navigating logistical issues and information on-site, clerking new admissions and the relevant investigations required, important telephone numbers, personal safety and where and how to access relevant information and guidelines.

Feedback regarding the initial draft poster survey and the included information was also positive. Seven respondents replied and overall, they felt that the poster provided the relevant information. The project supervisor and clinical lead also provided constructive feedback and identified that locating risk assessments and discussing with a consultant when a patient is recalled to hospital on a CTO should also be included. The initial draft poster was amended following this feedback.

Conclusion. In conclusion, we found that there was an unmet need for easy to access logistical information regarding on-call work. The on-call poster provided the necessary information in a succinct and clear manner which the trainees benefited from.

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.

Compliance With 72 Hour Follow-Up and 6 Week Medical Review in a Brixton Community Mental Health Team

Mr Dominic Wong*, Ms Katie Badawy, Mr Shivaan Bahl, Ms Shivani Dudha and Ms Roxanne Keynejad

King's College London GKT School of Medicine, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.453

Aims. We sought to determine to what extent guidelines regarding 72 hour follow-up and 6 week medical review were being followed in a Community Mental Health Team in Brixton. Further, we aimed to find out what was happening in situations where these guidelines were not met, then implement interventions to ameliorate some of the identified barriers.

Methods. First, we conducted a retrospective review of all patients discharged from any hospital or home treatment team, over a

time period from 01/07/2023 to 01/11/2023. Patients with discharge dates not in this timeframe, or those still admitted to hospital, were deemed ineligible and excluded. We extracted the dates of discharge, 72 hour follow-up, and medical review, and calculated percentages of patients who received follow-up in the required time who should have received it. Supplementary data on care-coordinator contact within a month, and primary support contact were gathered as well.

Our primary intervention was direct engagement with the involved community mental health team, delivering the findings of our retrospective review in an oral presentation on 01/11/2023. We also designed an informational poster to be disseminated among the team as well as a discharge template proforma for care coordinators to bring to patient discharges to help them acquire vital contact information details. Following the intervention, we gathered the second round of data in the same way as described earlier, from 01/11/2023 to 19/01/2024.

Results. A considerable improvement was noted in the rate of 6 week medical review, with 69% of patients successfully achieving this target in the post-intervention population ($n = 18$), as compared with 56% in the pre-intervention population ($n = 18$). However, no significant change was observed in rates of successful 72 hour follow-up between the populations (63% to 58%). This was attributed to deep-rooted barriers such as lack of robust communication services between the wards and community mental health teams, which potentially shows a need for development of underlying system integration. Qualitatively, positive feedback was given by members of the team who described dedicating more time than previously on checking if patients have been followed up on time.

Conclusion. Overall, we demonstrate moderate success for a low-intensity quality improvement intervention bringing about significant improvements in 6 week medical review compliance. Interestingly, our results indicate that the longer-term 6 week medical review may be more amenable to our awareness-based intervention than 72 hour follow-up, suggesting a different array of logistical barriers between the targets.

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.

Digitalising Regional Induction for Junior Doctors in Mental Health and Learning Disabilities Department of Betsi Cadwaladr University Health Board

Dr Jiann Lin Loo and Dr Vinila Zachariah*

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.454

Aims. Induction training is a crucial part of starting work in a new organization as it orientates new staff to their work role and environment, which ensures that they can work safely and competently. Given the wide geographical area of North Wales, there is logistic difficulty to continue with face-to-face induction sessions for new junior doctors. A digital format for regional induction for new doctors from all sites was introduced in 2021. This virtual induction has dealt with the accessibility problem effectively. Nevertheless, there seemed to be some ongoing issues regarding organising the session with speakers due to overlapping clinical duties. Therefore, a quality improvement project