

During this placement I had opportunities to learn with the multidisciplinary team.

Students participated in the OT and physio therapeutic programme in a way that had never happened before and felt positive about the experience. Nursing colleagues felt strongly medical students should understand their role in inpatient care and welcomed their involvement. Students qualitatively reported feeling more welcome by other professions, felt safer and that they got to know patients more rapidly.

**Conclusion:** Medical students welcome changes to placement planning to enhance their engagement and assimilation with the mental health ward MDT. Ward MDT members place importance on medical students understanding their role and contribution. With planning, student placements can enhance interprofessional learning. We suspect that better student integration enhances their safety on wards. Foundation doctors can lead placement planning and embed change sustainably. Quality Improvement methodology can be applied to enhance medical education.

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## Improving Patients' Sleep in an Acute Mental Health Ward Using Non-Pharmacological Interventions

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**Aims:** Interruption of sleep-wake behavioural patterns and circadian rhythms has been associated with the development and worsening of a range of mental health disorders, including depression, bipolar disorder, and schizophrenia, and specific high-risk outcomes such as aggression and suicidality. In full knowledge of the above, we aimed to improve patients' self-reported sleep quality in an acute male ward, by 20% by the end of January 2025.

**Methods:** An initial survey was conducted for patients to rate their sleep quality on a Numeric Rating Scale (1–10, where 1 = a worst night sleep and 10 = a best night sleep). This survey included close-and open-ended questions for patients to identify perceived barriers to good sleep. Responses were collected over one week from all consenting patients on the ward (10/18 patients). Insights from the survey were used to design targeted interventions addressing the key contributors to poor sleep. These interventions included: a) Offering earplugs to patients; b) Posters with QR codes for a free white noise app to mask disruptive noises; c) Sleep hygiene education through leaflets, with practical tips to improve sleep. A following survey was conducted after two weeks to measure the results of our interventions.

**Results:** Initial survey results included: a) 6/10 median sleep rating reported by our patients, pre-intervention; b) 5/10 of our patients reported their sleep to be disturbed by noise on the ward; c) none of our patients reported sleep to be disturbed by the temperature or lighting of the room; d) 2/10 reported psychiatric symptoms such as auditory hallucinations to disturb their sleep. Results after interventions included: a) all of our patients stated that they received the sleep hygiene booklet, were counselled about the tips, and saw the posters around the ward; b) 11/16 included in the post-intervention survey reported that they found the tips useful; c) 10/16 had used the earplugs and 7/10 of these had found them helpful;

d) 1/16 downloaded and used the white noise app; e) 7/10 median sleep rating was reported post-intervention.

**Conclusion:** Non-pharmacological interventions such as earplugs and sleep hygiene education proved to be effective in improving patients' quality of sleep. The development of a standardized protocol that includes these sleep-friendly practices has been implemented on the ward. Methods' limitations such as baseline sleep medications and the complexity of contributing factors were taken into consideration.

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## Improving Communication Pathways – A Technological Intervention

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**Aims:** To streamline the communication process for doctors by integrating essential contact numbers into the Accurix system, making information readily accessible and reducing time spent searching for contact details.

**Methods:** Pre-intervention survey among junior doctors; Integration of trust directory into Accurix; Post-intervention survey with analysis of results and feedback.

**Results:** Before: Ease of locating correct ward/unit numbers:

58.6% find it difficult (rating 1–2 out of 5).

34.5% neutral (rating 3 out of 5).

Only 6.9% find it easy (rating 4–5 out of 5).

Before: Current methods for finding phone numbers:

65.5% use Google.

62.1% use WhatsApp Group Chat/Word document.

51.7% use KFC Doctor Office.

After: Ease of locating correct ward/unit numbers:

Now, nearly 60% find it easy (rating 4–5 out of 5).

After: Current methods for finding phone numbers:

With 70% of people now using Accurix.

**Conclusion:** The implementation of our technological intervention has significantly transformed the way healthcare professionals communicate across different units, leading to improved patient care and efficiency. Prior to the introduction of the app, many clinicians faced considerable challenges when attempting to contact colleagues in other units. The reliance on outdated methods, such as word of mouth, personal contacts, or searching through Google, often resulted in delays, miscommunication, and frustration. These inefficiencies not only hindered the flow of information but also impacted patient care, as timely communication is critical.

The Accurix app, which serves as a comprehensive and up-to-date phone directory for multiple trusts, has addressed these issues head-on. Since its introduction, the majority of doctors across the trusts have adopted the app, with usage rates steadily increasing. Feedback from users has been overwhelmingly positive, with many reporting that the app has made it significantly easier to contact the right person at the right time. This streamlined communication has had a direct impact on patient care, as doctors can now quickly consult with professionals, arrange transfers, or coordinate care across units without unnecessary delays.

The reduced dependence on informal communication methods, such as word of mouth or searching for contact details online, has not only saved time but also improved the accuracy and reliability of