

use of Rio capacity forms. Notably, 24% of patients admitted during the second cycle were transfers who did not have initial clerkings on our ward, which may have confounded our results. Further interventions are therefore required in order to improve rates and specificity of capacity assessments on our ward in the future.

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## Radical Improvements to the Fourth Year Medical Student Experience Whilst on Placement at Black Country Healthcare NHS Foundation Trust

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**Aims:** Feedback was collected from students at Black Country Healthcare Foundation Trust to survey their satisfaction with their psychiatry placement which has been changed from nine weeks to five and had moved away from a carousel system to allow independent learning for students. Primary aim was to assess student satisfaction with secondary aims to improve access to a broader knowledge of sub-specialities.

**Methods:** Resident doctors collaborated with the medical student tutor and an initial feedback from students was gained. A plan was formulated to deliver a trust-specific 3-week teaching programme. We created a new improved handbook with opportunities for students to attend sub-specialities.

Suggestions for improvement were collated from each set of new medical students and some from previous years with this updated at the end of each rotation. We also had regular meetings with stakeholders to monitor progress and appointed medical student champions as a way of linking up with each new cohort more easily.

Feedback was collated at the end of each placement and was acted on in real time prior to the next cohort of students starting. There were 5 cohorts of students that were asked to provide feedback across 10 qualitative and quantitative questions within Microsoft Forms.

**Results:** Initial results showed 64% of students were dissatisfied with the induction process in the first rotation. 45% of people were unhappy with the bedside teaching. Organisation of the sub-specialities was not consistent across the trust. Both positives and negatives were highlighted and tracked. Trends of responses were monitored compared against both time and site (as students were placed across three sites) and acted upon to create an atmosphere of constant improvement and was correlated against informal conversations. After changes were made students were 50% more satisfied with the placement and standard of bedside teaching.

**Conclusion:** We acted on general themes from the feedback. We concluded that introducing an induction programme to explain placements and reiterate safety would improve the programme. There was increased time on the wards, direct patient contact and sub-speciality experiences. Feedback following changes showed improvement. Improvements in student-focused teaching were seen with better knowledge gained from small group teaching and 3

structured sessions included throughout. Core trainees will continue to reassess on a 5 weekly basis and make changes to the programme accordingly.

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## The Weekly Ward Review by the Consultant on the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust – How Are We Doing? Do We Need to Improve the Patient Experience?

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**Aims:** Ward reviews are a pivotal component of patient care in psychiatric inpatient settings, offering a structured opportunity for patients to engage with their treatment team and contribute to their treatment plan. Ward reviews are essential for discussing treatment progress, making necessary adjustments to care plans, and addressing patient concerns. The aim of this quality improvement project was to assess and improve the experience of ward reviews for inpatients on the Trust's general adult inpatient wards by ensuring inpatients are well-informed about the timing of and attendees for their ward reviews and help them prepare effectively for their ward review.

**Methods:** Inpatients on one of the Trust's general adult inpatient wards were asked to complete a survey to determine their level of awareness of when their weekly ward review with the Consultant or Higher Trainee was due to happen and of what would be discussed in the ward review. The survey also captured whether the patient was aware of who would be present for their ward review and how prepared they felt. Finally, they were asked how comfortable they would feel with writing down their thoughts and feelings about their ward review before it happened and whether they thought this would be useful.

**Results:** 17 of the 20 patients on the general adult inpatient ward completed the survey. Half of the patients indicated that they knew when their next ward review was. Approximately 25% of patients knew which members of staff would be present in their ward review. 40% of the patients said they felt prepared for their ward review. Overall satisfaction with the ward review was low at only 40%. 60% of the patients stated they would feel comfortable with writing down their thoughts and feelings ahead of their ward review about what to discuss in the review.

**Conclusion:** The authors identified that, given that patient awareness of when their ward review was due to take place and patient satisfaction with the ward review was low, this needed to be addressed and improved. A "ward review sign" stating the day and time of the next ward review was designed and put up in each patient's bedroom. A ward review template was designed to capture what things the patient wished to discuss in their ward review and the nursing team were asked to support patients with completing this in preparation for their next ward review. The impact of these interventions should then be evaluated.

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