

## Introduction of a Fit for Purpose Induction Booklet to Improve Junior Doctor's/Trainee's Experience of Local Induction Programme

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**Aims:** The term 'Black Wednesday' has been used to describe the August national changeover day for nearly 50,000 junior doctors in the NHS, a day when a new cohort of inexperienced doctors start work. Junior trainees have reported a 7–14% reduced satisfaction compared with higher specialist trainees.

Doctors need to be supported in the workplace to provide safe and high-quality patient care. Induction as a minimum should introduce trainees to organisational policies, procedures and arrangements for clinical governance, orientation, and support. Although there is an existing induction system, having a written structured manual will assist the trainees to get through this process more easily. This project aimed to develop an Induction handbook containing all necessary information and links for trainees in Psychiatry at SBUHB to improve trainees' overall satisfaction of the induction programme.

**Methods:** Data was collected through baseline pre-QI questionnaire which was analysed by a Pareto chart. Following that the induction handbook was circulated to the trainees and a post-QI questionnaire was completed and final data was analysed and compared against the pre-QI results

The project had one PDSA cycle. During which we approached different mental health services directorates within SBUHB as well as community and inpatient consultants for their input. Policies search was carried out on the health board intranet and SharePoint drive.

**Results:** The post-QI questionnaire receiving 15/18 respondents showed: 60% respondents rated very satisfied, 26.7% satisfied while 13.3% rated neutral; 60% respondents strongly agreed and 26.7% agreed that the handbook will help in safe delivery of patient care while 13.3% rated neutral.

**Conclusion:** The Post-QI survey has successfully confirmed that the updated and improved induction handbook has helped to improve the trainee's satisfaction and overall experience by having a more comprehensive induction; as it has all the necessary information required to guide them through different systems and processes. Ultimately, finding it very helpful to get the required training to deliver the safe and effective patient care needed at their new placements.

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.

## Quality Improvement Project to Improve the Resident Doctors' Out-of-Hours Clinical Handover System at Nottinghamshire Healthcare NHS Foundation Trust (NHFT)

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**Aims:** An effective and safe clinical handover system is at the heart of safe healthcare delivery, ensuring continuity of care between clinical teams. Handovers are completed face-to-face or verbally and recorded within the NHFT's SharePoint handover system, the standard agreed upon within the Trust. This project aimed to improve the usability, access, and safety of a preexisting SharePoint handover system.

**Methods:** A pre-implementation survey with 30 responses from the Resident doctors showed that 90% of respondents were aware of the handover system. Still, only 60% carried out face-to-face handovers regularly, while 40% relied on other methods. 35% viewed the SharePoint handover system positively, but 50% found it inefficient, suggesting improvements. Model for Improvement Quality Improvement Methodology was used to design and develop this change project; working alongside key stakeholders (Resident doctors, Medical Education unit, Quality Improvement team and Information Technology (IT) professionals), changes were made using a Plan-Do-Study-Act (PDSA) framework to improve awareness, access, usability and accuracy of the SharePoint handover system. Awareness improved through sessions in the Resident doctors' induction, emails and medical education newsletter. Working in collaboration with the IT team, the SharePoint system was securely moved to a safe server with changes made to the template and dropdown options to improve safety and accuracy. Automatic email reminders were set up to improve handover job completion and recording. A PowerBI dashboard was created to assess system use and the quality of the handover recording to ensure ongoing quality assurance and improvements.

**Results:** Six-week baseline data showed that the compliance rate of handovers was 80%, with 20% of handovers indicating neither face-to-face nor verbal communication. Only 20% (42 out of 209) of the jobs were marked complete, against standards of 100%.

After implementing change ideas, four-week data showed 100% compliance, indicating that all handovers were completed and recorded. Only 23.03% of the jobs were marked complete on the handover system, indicating an area for further improvement.

**Conclusion:** A Trustwide Standard Operating Procedure for Resident Doctor Handover is being developed, and further IT changes are planned to continuously monitor and improve the handover system. In this case, collaborative leadership, perseverance when encountering roadblocks, and a systematic data-driven improvement approach with iterative changes helped establish a safer, more usable, and accessible handover system.

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.

## Improving the Assessment and Management of Cardiovascular Risk in Adult Psychiatric Inpatients Using the QRISK3 Score – A Combined Quality Improvement and Pilot Study

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**Aims:** Individuals with severe mental illness have been recorded to have a life expectancy 10–20 years shorter than the general population, with part of this discrepancy being attributable to an increased risk of cardiovascular disease. The QRISK3 score is a validated tool for assessing an individual's 10-year risk of a myocardial infarction or stroke.