

Implementing the clinic on a wider scale is required to assess its effectiveness.

Admission Clerking- Inpatient Adult Psychiatric Unit - a Quality Improvement Project

Dr Asha Dhandapani*, Dr Sathyan Soundara Rajan,
Dr Alberto Salmoiraghi, Dr Rajvinder Sambhi,
Dr Catherine Baker, Mrs Joanne Kendrick
and Miss Sherrie Stewart

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims. To improve the clerking proforma and physical healthcare for General Adult Psychiatric inpatients in Heddfan Psychiatric Unit, Wrexham by 100% within 18 months period with a long term goal of continuous improvement.

Methods. We started the project with a baseline audit which showed the incompleteness of vital data when clerking a patient in adult psychiatric inpatient unit. This was compared with various standards from Core competencies for a trainee in Psychiatry, NICE guidelines and Local trust policy from our own trust BCUHB for physical health monitoring and Department of Health Guideline for VTE.

With the findings obtained, we went ahead to create a proforma encompassing all the details.

The use of various Quality improvement tools such as Fishbone diagram, Drivers diagram and PDSA cycles gave as overwhelming results

Results. The baseline audit, repeat audits and PDSA cycles have shown tremendous and overwhelming results in terms of completion of the proforma. This has resulted in mandatory details being inputted sufficiently in the patient's notes.

Many of the important details such as medication details, allergy status, legal and forensic status, mental state examination, risk assessment, VTE assessment, investigation details and documentation have shown to have improved during this 1 year

Conclusion. This QIP has been patient centred as this is the main goal. Following the PDSA cycle, we have identified that it has been efficient and effective. It has been safe and also reduced the chances of patient neglect. The structure of the proforma used does not discriminate or show any inequalities and is timesaving too.

The SWOT analysis has been completed, which has shown that the teamwork and support from the Consultants and other stakeholders have been a major strength. There are a few weaknesses such as unavailability of ECG machine, missing documentation of investigations despite completing them but however with timely education to the junior doctors, we are hoping for improvement further. This QIP has opened up doors for various opportunities, such as including nursing and pharmacy admission forms into this proforma. Though there are few threats in achieving 100% success, we are hoping for the best

An Evaluation of Higher Trainee Views on Clinical Posts in West, North and East Yorkshire Psychiatry Trainee Scheme

Dr Christiana Elisha-Aboh¹*, Dr Laura Shaw¹, Dr Rose Mozdiak²,
Dr Sara Davies³ and Dr Anilkumar Pillai⁴

¹Leeds and York Partnership NHS Foundation Trust, Leeds, UK, Leeds, United Kingdom; ²Tees Esk & Wear Valley NHS Foundation

Trust, UK, Knaresborough, United Kingdom; ³General Adult Training Programme Director, Health Education England Yorkshire & Humber, Halifax, United Kingdom and ⁴Old Age Training Programme Director, Health Education England Yorkshire & Humber, Bradford, United Kingdom

*Presenting author.

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Aims. Gathering honest feedback is challenging as trainees are often reluctant to do so due to the perceived impact on their reputation, future careers, and professional relationships. A lack of constructive feedback severely impacts future trainees and can prevent necessary improvements. There is considerable variation over collection of feedback. The aim of the project was to allow higher trainees and newly appointed consultants within two years of completing training, provide feedback on previous training posts in a confidential manner. The information obtained would be used to improve trainee experience, support a change in culture around feedback and highlight posts in need of input from Training Programme. Directors (TPDs).

Methods. Anonymised questionnaires were sent to higher trainees and newly appointed consultants using a survey monkey link left open for a month. Reminders were sent via Medical Education, text messages, chats, and informal conversations. There were three basic open questions asked with free-text boxes. The questions were: What things were good about this post? What things could be improved? Would you recommend this post to a colleague? The data collected were in quantitative and qualitative formats.

Results. We received 22 responses of 46 higher trainee posts within the scheme. The general themes from the project were that trainees wanted more focus on training rather than service provision, more independent working while still having good clinical support/supervision; based on their level of experience, better support to meet non-clinical Intended Learning Outcomes (ILOs) and ensuring a good balance of being busy while not finding it overwhelming. Trainees in community settings suggested allocation of selected cases focused on training experience, the opportunity to manage complex situations with supervision, being able to shadow and have joint reviews with consultants. The themes highlighted in the inpatient settings included having protected time to develop non-clinical ILOs, assuming greater leadership of clinical meetings, and having the opportunity to manage a patient from admission to discharge. A total of 4 posts were not recommended for reasons outlined above.

Conclusion. Clearly there is a balance to be made between appropriate levels of independence and supervision. The vast majority of training posts reviewed have got the balance about right, however there are still some posts that require improvements. Careful consideration by both trainers and trainees needs to be given to various aspects of training, to achieve required ILOs, as not everyone fits the mould. This highlights the importance of creating individualised frameworks for trainee support and supervision.

Improving the Training Experience of International Medical Graduates (Imgs): A Survey of Psychiatry Trainees in the Yorkshire & Humber Deanery (West/East/North)

Dr Christiana Elisha-Aboh¹*, Dr Ogba Onwuchekwa²,
Dr Rahul Watts³, Dr Anilkumar Pillai⁴ and Dr Sara Davies⁵

¹Leeds and York Partnership NHS Foundation Trust, UK, Leeds, United Kingdom; ²Tees Esk & Wear Valley NHS Foundation Trust, UK, York, United Kingdom; ³Bradford District Care NHS