

CORE-34 questionnaire was replaced with a shorter version, the CORE-10. This was in order to test our hypothesis that a shorter questionnaire would result in an increase in the response rates.

**Result.** In the first cycle of change, 197 patients were emailed for both the CORE-34 and ESQ and a total return rate of 31% was achieved. This signified an increase of 26% in the response rate. Overall more ESQ forms were completed (35% uptake) compared to CORE-34 forms (28% uptake). In the second cycle 199 patients were emailed with the CORE-10 and ESQ forms. The response rate was 21% and 18% respectively. Although the response rates decreased slightly in the second PDSA cycle the results indicated that this method of distribution was capturing a greater range of patients who had not previously provided the service with this sort of feedback.

**Conclusion.** Sending out the outcome measures electronically and adopting shorter versions of the CORE questionnaire increased the feedback response rate significantly, and provided the service with useful data as to patients' experience of their treatment journey here.

### Inspiring our future psychiatrists: a quality improvement project to optimise the medical student experience in community CAMHS settings

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**Aims.** To improve the structure, quality and experience of medical student placements in Community Child and Adolescent Mental Health Services (CAMHS). To increase the likelihood of pursuing a career in Psychiatry or CAMHS by 50% over their 3 week placement.

**Background.** There is evidence in the literature of the widely variable medical student experiences when it comes to Psychiatry placements. Medical students from Kings' College London (KCL) have a 3 week placement in Lambeth Community CAMHS services. Despite this being a good opportunity for learning and development, the feedback from students reports that they often feel lost and were unable to fulfil the potential of the placement. The main challenges reported were identifying beneficial educational experiences and gaining clinically relevant exposure. This exposure includes getting involved beyond observation and following a patient longitudinally. These challenges will likely have a knock-on effect on their attitude towards Psychiatry and overall enjoyment of CAMHS placements when there is already a struggle to recruit trainee Psychiatrists.

**Method.** A structured and immersive educational placement was designed through consultation with previous students, the multi-disciplinary team and the university program directors. This included:

- A new induction
- Having a role in initial assessments of young people
- Formalised medical and psychology teaching
- Communication sessions
- Case discussions in a 'grand round' format providing opportunity for end of placement assessment

Feedback was gathered using the Qualtrics analytical software, which was easily accessible through student's mobile devices.

Pre placement questionnaires were used to assess the student's initial level of knowledge, expectations from the placement and

motivation or interest in a career in CAMHS. Post placement questionnaires were used to assess any change in the above baseline scores. Brief, online feedback was collected after every clinical activity and was used to assess the interest and utility of each attended session during the placement. The questionnaire feedback was analysed and using these data, adjustments were made to improve the program for the next students in a "Plan-Do Study-Act" quality improvement methodology format. We analysed whether improving placement experience and learning affected students' interest in careers in Psychiatry.

**Result.** The Quality Improvement Project is currently on-going and results are pending. So far, there is an improvement in student attendance and engagement following the introduction of induction, structure and active involvement in case management.

**Conclusion.** The COVID-19 pandemic has resulted in community services having significantly reduced face to face contact, therefore our proposed changes for future cycles include various virtual elements. Ensuring medical students have access to online platforms such as Microsoft teams is vital in ensuring an effective medical student placement can be established. Although the change to more remote working has been challenging, it is vital that medical students gain appropriate clinical experience during their Psychiatry placement to support further developments in Psychiatric recruitment.

### Standards for lithium monitoring. "Are we good at adhering to these standards in Lanarkshire"?

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**Aims.** The National Institute for Health and Clinical Excellence (NICE) recommend that renal and thyroid function must be checked before lithium is prescribed and for all patients who are prescribed lithium should have their renal and thyroid function checked every six months, and their serum lithium checked every three months. The aim of this audit is to ascertain whether or not routine blood monitoring for bipolar disorder patients, taking lithium is in keeping with the guidelines.

**Background.** Lithium has been a mainstay in the management of bipolar disorder since the 1970's; indeed, lithium carbonate was first used in the early 1880's for the treatment of mania. Despite its usefulness however, the drawback of lithium treatment remains its very narrow therapeutic index, toxic side effects and as such its need for close therapeutic monitoring.

**Method.** A list of patients with a diagnosis of bipolar disorder being treated with lithium was collated from an electronic database of psychiatry patients in Cumbernauld Community and inpatients at Glencairn unit Coathill Hospital and Cleland Hospital. A retrospective analysis using Clinical Portal was conducted looking at blood results; Lithium levels checked 3 times a year and Kidney functions and Thyroid function checked twice a year, over the previous year. Our results were then compared to the NICE Guidelines for lithium monitoring to see if they complied with the expected routine monitoring schedule. We may have missed patients open to Community Psychiatric Nurses (CPN) but not open to Consultant psychiatrists. Other group that might have been missed could be open to General Practitioners but not to secondary care. We attempted to contact them but this was unsuccessful.

**Result.** Total of 690 patients were studied. Of 690 patients 51 patients had the diagnosis of Bipolar Affective Disorder. 49 percent of them were prescribed Lithium. 48percent had their Lithium bloods checked and 60 percent had their Kidney function and thyroid functions checked according to the guidelines. There were no data available for around 7 percent of patients but their Lithium levels were indicated only in Clinical notes.

**Conclusion.** This audit has demonstrated that Lithium monitoring falls short of conforming to accepted standards. Data obtained by this audit have prompted an electronic alert system for patients on Lithium endorsing primary care, mental health and laboratory staff to work together to ensure supporting recommended Lithium monitoring.

### Quality improvement in remote prescribing

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**Aims.** To evaluate attitudes in prescribing and utilising 'As Required' (referred to as PRN/Pro Re Nata) sedating medications (Benzodiazepines, Z-Drugs, Anti-psychotics, and Promethazine)

To evaluate current remote prescribing processes and improve safety and transparency

**Method.** Plan:

Review of remote prescribing policy. It was highlighted that current practice was not in line with NMC guidance of the time as no follow-up written instruction by a doctor was received. Concerns were also raised about the general safety of verbal communication of prescriptions out of hours. A survey was conducted to assess attitudes towards the prescription of 'PRN medication' and the role of psychological therapies as an alternative to both doctors and nurses working in ABUHB's Mental Health and Learning Disabilities division.

Do:

Survey results showed a nuanced response from both doctors and nurses but an agreement that there is a role for as required medication, especially in the context of acute mental distress, indicating safety around the process rather than elimination/reduction of PRN medication prescribing would be desired. This led to an overhaul of the out of hours prescribing process between junior doctors and those receiving the 'verbal order' as detailed below: Phone conversation between a junior doctor and ward nurse receiving the verbal order. A digital form is then completed by the ward nurse including current regular medication, PRN medication (including times of use), physical health history, and any additional requested information such as QTc on 12 lead electrocardiogram (ECG) or current vital signs. The junior doctor may assist with obtaining the relevant information but there are clear prompts on the form, to ensure the pertinent questions regarding safe prescribing are considered by both parties. The dose and route of the medication are clearly documented by the junior doctor as well as time of prescription and the form is emailed back to the ward nurse. This process is far more transparent and much less prone to errors due to miscommunication. a. The prompts also save time ensuring the relevant information is on hand prior to discussion as opposed to searching for medication charts, ECGs, etc. b. Highlighting the importance of QTc monitoring to encourage safe prescription of anti-psychotics and Promethazine c. The prompts also highlight the importance of physical health and current vital signs with regards to safe prescribing d. The prompts are stored on a network drive alongside other verbal orders allowing for easier future auditing off remotely

off and on site These changes were highlighted via email, junior doctor forums, and induction of new doctors.

Study

A Round 2 survey was drafted to evaluate the new process and forms with an aim to ensure uptake and to identify any issues. Despite using the same channels to identify survey participants, the response rate was much lower than the Round 1 survey. See Round 2 results.

Act

With the limited feedback obtained the main issue identified was with regards to rapid tranquilisation of an aggressive patient who poses a risk to self and others. In this scenario it was deemed a risk to wait for an email form to be completed. Clarification emails were sent to relevant professionals to clarify that the rapid tranquilisation policy does allow for verbal orders with a subsequent digital order form to be completed at a later time when it is safe to do so.

**Result.** Round 1

Nurses n = 26

Doctors n = 27

Nursing

92% routinely request Z-Drugs and Benzodiazepines for treatment of insomnia

88% routinely request Benzodiazepines for treatment of agitation

73% routinely request Promethazine for for treatment of agitation

69% routinely request PRN Anti-Psychotics for treatment of agitation

35% would routinely request Promethazine for treatment of insomnia

19% would routinely request Haloperidol without a recent ECG (>3 months)

15% would request Benzodiazepines for treatment of psychotic symptoms

12% would request Lorazepam above British National Formulary maximum doses

As required medications dispensed per shift

54% report 0 to 3 times

23% report 4 to 6 times

23% report 6 to 10 times

Agitation was most commonly defined as

96% hostile behaviour/physical aggression

92% hostile/threatening/derogatory speech

81% visible anxiety

69% disturbed behaviour that is not threatening/derogatory towards others

31% patient reported anxiety without objective evidence

PRN medication use reviewed by doctors

Daily (8%)

Weekly (85%)

Monthly (8%)

5 most commonly cited reasons contributing to PRN medication use

77% Ward atmosphere (ie. volatile ward environment)

69% Patient dependence (psychological/physiological)

54% Patient expectation

42% Limited expectation of benefit from psychological skill utilisation

42% Usual habit/culture of prescribing by doctors

What are your thoughts on the use of psychological interventions in an acute setting? [Open Ended, n = 22]

Reviewing the themes from the open ended responses:

Nursing staff feel positively about psychological interventions in the right setting at the right time but find challenges to