

Methods: An eleven-question survey was devised which included nine 5-point Likert scale questions and two free text questions. In November 2024 the survey was sent to current resident doctors to gather feedback about the original induction. There were eight respondents, and based on this feedback a new induction was set up. The existing presentation was replaced with seminar-style discussion and a duty doctor simulation session, led by current psychiatry trainees. This focused on site-specific scenarios designed to familiarize new trainees with common challenges.

In December 2024 five new resident doctors received this new trainee-led induction and following this they completed the survey. Again, based on this feedback the induction process was adjusted and in February 2025 five new resident doctors completed the updated induction and provided feedback via the survey.

Results: The feedback from doctors who had received the original induction was poor, and there was marked improvement in responses for both the December 2024 and February 2025 induction.

Of those who received the original induction, only 14% agreed that the induction had prepared them well for their first on-call shift at SMHC. This improved to 100% and 80% with the implementation of the new induction. There were also marked improvements in the number of respondents that agreed that induction helped them understand the post's roles and responsibilities, as well as their understanding of the electronic handover document. Improvements were also evident in the resident doctors feeling more confident in their ability to contact senior psychiatry colleagues and other acute specialities.

Conclusion: The new induction format has significantly improved the induction experience at SMHC, and resident doctors now feel more prepared for on-call shifts. We hope that this will eventually improve trainee morale, overall satisfaction with the training post and also improve clinical care.

This new version of induction will continue to be delivered, and feedback will be collected to ensure ongoing improvement. We await the results of the Scottish training survey and GMC national training survey to see whether our data is reflected in their results.

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.

Simulated Resuscitation in a Psychiatric Setting (SRiPS)

Dr Abigail Runicles, Dr Leopold Rudolph, Dr Boris Warszawski and Dr Rebecca Howard

South London and Maudsley NHS Trust, London, United Kingdom

doi: [10.1192/bjo.2025.10433](https://doi.org/10.1192/bjo.2025.10433)

Aims: Resuscitation events can be highly stressful, particularly for those expected to lead them. As a psychiatric doctor on-call, you are often the most senior member of the resuscitation team. However, the available equipment and expertise differ from the medical settings trainees may be accustomed to. This project aimed to create a safe and supportive environment for on-call doctors to practice leading emergency resuscitation scenarios using the available equipment in a psychiatric setting. The goal was to better equip doctors to provide optimal patient care in real emergencies.

Methods: Doctors on the on-call rota across three Oxleas sites were invited to participate in a simulated resuscitation event. Before the session, a questionnaire was distributed to assess their baseline knowledge and confidence regarding resuscitation.

The session was led by an Advanced Life Support (ALS) trainer, a resuscitation officer, and a core trainee. Trainees engaged in three on-call scenarios, including a ligature emergency. Each scenario was followed by a structured debrief, and the sessions were recorded for review.

After the event, participants completed a follow-up questionnaire to evaluate changes in their confidence and knowledge. In total, 11 doctors at various training stages attended the sessions at Green Parks House and Oxleas House.

Results: 27% of the cohort had no prior experience with Advanced Life Support (ALS). Before the session, only 9% of doctors strongly agreed with the statement: "I know what is expected of me in a cardiac arrest scenario." After the session, this increased to 82%.

Following the training, 91% of doctors became familiar with the contents of the emergency medical bag. Before the session, only 36% of participants somewhat agreed that they felt confident leading a cardiac arrest, with none strongly agreeing. After the session, 82% of participants reported increased confidence, including 18% who strongly agreed.

Additionally, 100% of participants found the session beneficial and stated they would recommend it to a colleague.

Conclusion: Overall, the session provided a valuable introduction to resuscitation in a psychiatric setting. Nearly all participants reported improved confidence, increased knowledge of their role in a cardiac arrest scenario, and greater awareness of the contents of the red emergency bag and blue drug box.

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 Communication of Discharge Medications to General Practitioners from Inpatient Psychiatric Wards: A Quality Improvement Project

Dr Dylan Thiarya, Mr Mizanoor Rahman and Dr Risha Ruparelia
North London NHS Foundation Trust, London, United Kingdom

doi: [10.1192/bjo.2025.10434](https://doi.org/10.1192/bjo.2025.10434)

Aims: Upon discharge from an inpatient psychiatric unit, effective communication regarding discharge medications with general practitioners (GPs) is vital for continuity of care. Delaying the transfer of this information may compromise patient safety. According to their guidance, The Royal College of Psychiatrists expect discharge summaries to be sent within 7 days.

The aim of this quality improvement project (QIP) is to improve the time taken for GPs to receive discharge medication information to 7 days, achieving a rate of 100% over 9 months.

Methods: Baseline data was collected for patients discharged in May and June 2024 from two acute psychiatric wards at Edgware Community Hospital. Outcome measures included completion of a discharge summary and the time taken for it to be sent to the GP.

For the first PDSA cycle, a discharge notification form containing only vital information for GPs, and therefore a more succinct method of communication, was created. This form consisted of patient demographics and discharge medication, and was implemented for doctors to complete within a 24-hour period. Post-intervention, in addition to previous outcome measures, completion of a discharge notification and the time taken for it to be sent to the GP was also reviewed.

The second PDSA cycle intervention involved meeting with senior administrative colleagues to address ward clerk cover, and educating new doctors on the discharge notification template.

Results: Baseline data showed that a total of 57 patients were discharged; 3 were excluded as they were transferred elsewhere. Of the 54 discharge summaries, 30% were not sent within 7 days to the GP.

After the introduction of the discharge notification, 51% of patients had discharge summaries delayed beyond 7 days and of these around 50% were due to administrative issues, 5% had a discharge notification sent within 24 hours and 13% had a notification sent within 7 days of discharge.

After the second intervention, 30% of discharge summaries were delayed beyond 7 days due to doctors completing them late. However, 100% of these had discharge notifications sent within 24 hours.

Conclusion: This QIP emphasised the importance of communication with administrative and new medical staff. It highlighted the discharge notification's role as a safeguard when there is a delay in discharge summary completion. This simple intervention could be replicated across other inpatient units to ensure continuity of care in the community.

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.

Enhancing Psychiatric Competence: A Simulation-Based Approach to Improving Medical Students' Knowledge and Confidence

Dr Iqra Saani

Pennine Care NHS Trust, Manchester, United Kingdom

doi: [10.1192/bjo.2025.10435](https://doi.org/10.1192/bjo.2025.10435)

Aims: Psychiatry is often considered a challenging specialty by medical students, largely due to the stigma attached to it. It also demands a unique skill set and relies heavily on interpreting subjective experiences, which can be a daunting task. Many students report hesitancy when approaching psychiatric patients, which indicates a need to bridge the gap between theoretical and practical learning. We believe that simulation is an effective way to achieve this. The aim of this Quality Improvement Project (QIP) was to assess and enhance medical students' knowledge and understanding of common psychiatric conditions and instil confidence in them regarding psychiatric evaluation.

Methods: A hands-on simulation exercise was conducted on 04/07/24. Resident doctors, currently working in psychiatry, volunteered as simulators for the sessions. The scenarios included common psychiatric conditions such as depression, bipolar disorder, psychosis, anxiety disorder, schizophrenia, post-traumatic stress disorder, etc. There were a total of 8 stations, each comprising 15 minutes of history-taking, followed by 7 minutes for feedback and discussion with the simulator. Students also completed a questionnaire before and after the simulation, which assessed their understanding and confidence in handling psychiatric scenarios with a focus on history taking and risk assessment.

Results: The simulation was successfully conducted with all students participating actively. Pre- and post-simulation questionnaires revealed significant improvement in students' understanding and confidence in handling common psychiatric scenarios.

Before the simulation, 38% of students reported feeling confident in conducting psychiatric history-taking and risk assessments. Afterwards, this figure increased to 85%. Furthermore, the

percentage of students reporting good understanding of common psychiatric conditions increased from 44% to 87% after the stimulation.

An open-ended question revealed further support for these findings, with students expressing that the simulation helped them feel more comfortable approaching psychiatric patients and conducting interviews. A particular point noted by many students was the opportunity to receive immediate feedback from the simulator, allowing a clear explanation tailored to each scenario and the student's performance/skills.

Conclusion: The Quality Improvement Project significantly improved medical students' understanding and confidence in assessing common psychiatric conditions. Students reported increased comfort with history-taking and risk assessments, and specifically commended the value of realistic scenarios and immediate feedback. Based on these results, we aim to continue this initiative for the next cohort of students and integrate it as a regular component of the psychiatric education programme at the Irwell Unit, Pennine Care NHS Trust.

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.

Enhancing Medical Student Confidence in Psychiatric History Taking and Mental State Examination Through Peer Support Worker Sessions

Dr Sadra Ghazanfaripour^{1,2}, Dr Oluwaseyi Opatola¹, Dr Maddie Coode³, Dr Gayathri Burrah^{1,3} and Dr Donna Arya¹

¹St Andrew's Healthcare, Northampton, United Kingdom;

²Buckingham University, Buckingham, United Kingdom and

³Cambridge University, Cambridge, United Kingdom

doi: [10.1192/bjo.2025.10436](https://doi.org/10.1192/bjo.2025.10436)

Aims: Medical students often lack confidence in psychiatric history-taking and mental state examinations (MSEs) due to limited prior exposure. Informal feedback from Cambridge University students on placement at St Andrew's Healthcare (STAH) highlighted the need for additional training in these areas.

This project aimed to improve students' self-reported confidence levels by at least 10% in four key domains: psychiatric history-taking, performing MSEs, building rapport, and managing difficult situations.

Methods: A structured two-hour training session was implemented, utilizing Peer Support Workers (PSWs) with lived experience of psychiatric illness to provide students with practical, real-world exposure.

History-Taking and MSE Practice (First Hour)

Students (n=8–10 per session) practiced on PSWs instead of actors.

Initially, one PSW facilitated 5-minute individual interactions, but student feedback indicated this was insufficient. A second PSW was introduced, increasing interaction time to 8–10 minutes per student in subsequent sessions.

PSWs provided real-time feedback on communication, rapport-building, and questioning techniques.

Diagnosis and Management Discussion (Second Hour)

A group discussion covered differential diagnoses and treatment planning, reinforcing clinical reasoning skills.