

Conclusion. A relatively high proportion of participants screened positive for head injury and ADHD in this population. A history of head injury was associated with positive screening on the ASRS, which is consistent with previously reported associations between these conditions in other populations. A similar relationship was not seen with the B-BAARS however, and it is notable that fewer participants in the sample screened positive on the B-BAARS than using the ASRS. Few ($n = 5$) patients were able to provide detailed descriptions of head injuries using the BISI, suggesting that the BISI may not be suitable in this specific population as a screening tool.

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Weight Monitoring and Antipsychotics: Are We Compliant With NICE Guidelines?

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Aims. To improve Antipsychotic weight monitoring for patients within the Homeless Outreach (START) team.

Methods. All adult patients accepted by the START team (Lambeth, Southwark, and Croydon locations) between June and October 2022 that had been initiated on Antipsychotic medication were identified retrospectively ($n = 11$).

Electronic notes (ePJS) of these patients were subsequently reviewed to assess the following:

1. Was there compliance with NICE weekly weight monitoring (for the first 6 weeks) following Antipsychotic initiation?
2. Was weight measured at least once following Antipsychotic initiation?
3. Was a Physical Health Screen documented following Antipsychotic initiation?

Results. During the audit period a total of 56 patients were accepted by the START team. Of these 11 (20%) were initiated on Antipsychotic medication. 0 patients had weekly weight monitoring compliant with NICE guidelines. 0 patients had their weight measured at least once following Antipsychotic initiation. A Physical Health screen was documented for 4 (36%) patients following Antipsychotic initiation.

Conclusion. This audit highlighted the poor compliance of weight monitoring in this cohort of patients, which can be attributed to several reasons. The homeless population are known to have poor engagement with health services. This coupled with reduced staff awareness of NICE antipsychotic monitoring guidelines can act as a barrier to carrying out appropriate physical health checks.

1. The following interventions were implemented:
2. To address staff awareness, START team members were given a presentation on the importance of Antipsychotic monitoring and current NICE guidelines.
3. An alert will be added to patient notes (ePJS) on initiation of Antipsychotic medication to remind staff to carry out required weight monitoring.
4. Portable weighing scales were purchased for the team to ensure patients' weight can be measured on outreach reviews.

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Can You Teach Clinical Communication Virtually?

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Aims. An extracurricular clinical communication course called PsychED Up, with a focus on Psychiatry, met with challenges during the COVID-19 pandemic and the associated social distancing requirements. The course is usually delivered face-to-face by a small team of doctors, medical students, actors and lived-experience practitioners, and consists of large-group teaching on a weekly topic, followed by small group simulations. A small-scale study was performed to evaluate whether conducting clinical communication teaching and simulation online was acceptable, effective and feasible.

Methods. Twelve students and ten faculty members participated in the online session, performing live clinical scenarios with simulated patients, over a two-hour period. Pre- and post-course questionnaires were designed with quantitative measures of confidence and qualitative questions about participants' experience. Eight students completed both questionnaires. Questionnaire answers were analysed using a mixed-methods approach, with themes identified from the qualitative long answers, and statistical analysis of quantitative answers was also performed.

Results. Students found the session beneficial, with all indicating that they would sign up for a full online course. Based on answers to the quantitative questions, 50% of students felt more prepared for their clinical examinations. ($p = 0.046$). However, all participants noted a reduction in their ability to read non-verbal cues and body language. Returning students found they were less attentive during the session compared with the original face-to-face teaching ($p = 0.05$). Actors and faculty members found that the online course was feasible, acceptable and effective. However, most agreed that it was not preferable to teaching clinical communication skills face to face. Technological issues were minimal.

Conclusion. The majority of students and faculty found the session both beneficial and enjoyable, but felt face to face sessions would be more helpful in teaching clinical communication. Student attentiveness and awareness of non-verbal cues were highlighted as concerns. However, students generally responded positively to the online course, particularly the quality and diversity of peer feedback. Teaching clinical communication virtually has the potential to be successful, and has implications for future undergraduate medical teaching.

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Working Towards a Greener NHS: Exploring Psychiatrists' Attitudes Towards the Climate Crisis

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