

Article: 1024

Topic: EPW04 - e-Poster Walk Session 04: Philosophy and Psychiatry, Sexual Disorders, Sexual Medicine and Mental Health, TeleMental Health, Classification, Guidelines/Guidance, Quality Management, Other

Attitudes of Patients and Clinicians Towards Routine Outcome Monitoring in Clinical Practice.

V.J.A. Buwalda¹, J.A. Swinkels², S. Draisma³, S.Y. Van de Brug⁴, J.H. Smit³, W. Van Tilburg³

¹Psychiatry, Victas Addiction Institute/Free University, Amsterdam, Netherlands ; ²Psychiatry, University of Amsterdam, Amsterdam, Netherlands ; ³Psychiatry, Free University, Amsterdam, Netherlands ; ⁴Psychiatry, Victas/Free University, Amsterdam, Netherlands

Background. The aim of Routine Outcome Monitoring (ROM) is to improve the quality of clinical treatment. Providing feedback on the outcome of treatment to both clinicians and patients is an integral part of ROM, allowing modifications to treatment. Published studies are inconsistent with respect to patient attitudes towards ROM. Clinicians, however, generally appear to be more negative than enthusiastic. Although Routine Outcome Monitoring is currently implemented throughout the Netherlands, the process is not going as smoothly as first envisaged. Research into patient and clinician attitudes towards ROM can offer a partial explanation of the difficulties involved.

Aim. The aim of this study is to gain insight into the attitudes of both patients and clinicians towards ROM and the factors that play a role in the implementation of ROM in a general, non-academic psychiatric outpatient setting.

Method. A study was carried out into the attitudes of both patients and clinicians towards the recently introduced ROM procedure. Specifically designed attitude rating scales were presented to a group of 176 patients and their 69 clinicians in the course of their treatment.

Outcomes and conclusions. Forty-six percent of the patients consulted and 39% of their clinicians completed an attitude rating scale. Patients were generally positive about the use of ROM during the clinical care process. They found it useful and did not find it stressful. The use of a computer during this process was considered to be a positive facet. Clinicians, on the other hand, had a negative reaction and rejected ROM. In the discussion possible explanations for the cause of these findings are offered.