to current medication is vital for clinical decisions and patient safety, particularly when patients present to a new service such as A&E. The clinical risks associated with a lack of information can be even more significant when medications such as clozapine, lithiumand other antipsychotics are being prescribed.

Increasingly, secondary care services are prescribing various psychotropics under shared care arrangements. This QI project sets out to assess the accuracy of GP records in noting shared care medications, barriers to recording these and potential solutions. Several primary care services are relying on AI tools to summarise letters and both opportunities and threats relating to this are discussed.

Methods: 120 records were reviewed for patients under a community mental health team in Telford, Shropshire. These patients constituted one consultant's case load.

Each patient's psychotropic medication on their GP connect medication list was reviewed against the most recent correspondence sent to the GP by secondary care.

Results: 55 of 120 patients had an inaccurate medication record on GP Connect, constituting a total of 77 inaccurately recorded psychotropic medications. Secondary care was the prescriber for 75 of these medications. Out of the 77, there were 55 psychotropics which were not recorded at all. The remaining inaccuracies included inaccurate doses or showing a discontinued psychotropic as a current repeat. The clozapinestatus of 7 patients and lithium status of 2 were not recorded on GP Connect, and 16 depot medications were missing.

Liaison with primary care, including the pharmacy team, was done to identify solutions to rectify these inaccuracies in the GP records, and to develop processes to ensure they are aligned to include secondary care prescribing.

Conclusion: This QI project evidences significant challenges with prescribing across services and access to uniform information. This can have serious implications on patient safety particularly in medical emergencies. In the current climate with pressures on both primary and secondary care, closer liaison with primary care that goes beyond sharing correspondence is needed, including development of joint pathways. Several GP practices are utilising AI tools to review incoming correspondence which can be useful, however agreed protocols are required to facilitate this.

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.

Quality Assuring the 'Triangle of Sleep' Psychoeducational Group Intervention for People Presenting with Neurological Conditions and Sleep Difficulties Using a Co-Production Model

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Aims: Sleep difficulties affect up to 58% of individuals with Functional Neurological Disorder and other neuropsychiatric presentations. The Triangle of Sleep is a clinician-led pilot psychoeducational intervention combining learning points from Cognitive Behaviouralmodel for Insomnia (CBT-I), with behavioural principles for restructuring of day-routine and mindfulness-based exercises, designed to improve sleep. This quality improvement project worked alongside the intervention team to independently collect staff team and patient feedback using two co-production cycles to implement improvements in design and delivery of the intervention.

Methods: Participants with sleep difficulties were recruited from the East Kent Neuropsychiatry Clinic to attend three one-hour group sessions covering sleep hygiene, day structuring, and mindfulness. The Plan–Do–Study–Act method was used to guide the approach. An initial scoping review identified how existing guided self-help interventions were quality assured. A questionnaire was developed using andragogy, and self-directed learning (SDL) principles to evaluate participant experiences. Verbal feedback was gathered from semi-structured interviews based on the questionnaire. The data was analysed by five reviewers and discussed with clinicians to produce a consensus document identifying feasible improvements, which were implemented over two PDSA cycles.

Results: The first cycle received responses from 2 patients and 3 student observers. Key themes included clarity of learning objectives (LOs), limited discussion opportunities, repetition, optimal SDL material utilisation, and desire for an additional session. Themes were discussed with clinician facilitators resulting in a consensus document of proposed changes. Revisions included promotion of SDL materials and session restructuring to include clear LOs and discussion opportunities. An additional session was not implemented due to resource constraints.

Before the second cycle, the questionnaire was refined for sustainability of continuous improvement. The second pilot retained 8 participants, with 5 patient feedback responses. There was limited consensus between participants unlike the previous cycle. A key improvement was a 20% increase in use of SDL materials compared to the previous cycle.

Conclusion: A co-production model proved effective for quality assuring a psychoeducational intervention. Iterative patient feedback enabled feasible, patient-centred improvements to acceptability and clarity. While immediate reflections on motivation in applying theories taught were mixed, the use of SDL materials suggests improved self-efficacy for long-term implementation of principles and potential for sleep improvement. The 'Triangle of Sleep' pilot provides a foundation for upscaling and the development of digital or AI-supported delivery models to increase reach and sustainability. In areas with less access to formal CBT-i this intervention could provide specialist insomnia treatment with lower clinician burden.

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Improving Critical Appraisal Teaching Experience for Psychiatry Resident Doctors: A Multi-Cycle Quality Improvement Project

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Aims: To evaluate and improve the Critical appraisal teaching experience for residents at Surrey and Borders NHS Foundation Trust (Foundation year, GP and Core Psychiatry Trainees) within the SABP East Locality using a structured, iterative quality improvement approach, and to enhance trainee confidence in

preparation for MRCPsych examinations and clinical application of the critical appraisal skills.
Methods: A multi-cycle project was carried out in line with the quality improvement framework between October 2024 and July 2025. A baseline survey within the SABP East locality assessed the confidence of trainees in critically appraising research and their views on critical appraisal teaching. Pre- and post-cycle surveys were conducted, and changes in trainee confidence were measured across multiple critical appraisal domains. Based on survey insights, interventions were introduced across three cycles, including restructuring journal club sessions through embedding peer-led critical appraisal teaching, systematically using critical appraisal skill programme checklists, and developing supporting online learning resources. This model was adapted and further rolled out to other SABP localities following successful implementation within the SABP East locality.
Results: There was a progressive improvement in self-reported confidence across all cycles. Overall confidence in critically appraising research increased from approximately 50–55% at baseline to nearly 80% following cycle III. Improvements were seen across appraisal of diagnostic, prognostic, qualitative, and randomised control trial designs, as well as systematic reviews. The structured journal club format, use of Critical Appraisal Skill Program checklists, and accessible online resources were consistently rated positively by trainees.
Conclusion: Restructuring of the Journal club sessions with a focus on the peer-led critical appraisal teaching model improved trainee confidence and engagement with evidence-based medicine. Incorporating the Critical Appraisal Skill Program checklists provided a consistent, practical appraisal framework, with online resources supporting independent learning. Successful implementation within the SABP East locality further enabled the rollout of this approach across other SABP localities. Future work will aim to evaluate implementation and impact across all localities, including longer-term effects on training outcomes, success in MRCPsych examinations and clinical decision-making. However, findings should be interpreted in the context of trainee turnover, as only core psychiatry trainees contributed consistent longitudinal data.

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Improving Resident Doctors' Preparedness in Psychiatric Intensive Care: A Teaching-Based Quality Improvement Initiative

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Aims: This quality improvement project aimed to improve resident doctors' self-reported confidence and preparedness for managing clinical, legal, and safety-related aspects of Psychiatric Intensive Care work through a structured teaching intervention.
Methods: A scenario-based teaching session titled *Safe Working on PICU* was developed and delivered across two teaching cycles (February and September 2025). Anonymised pre- andpost-session questionnaires assessed confidence across key domains using a 1–5 Likert scale and free-text feedback. Iterative refinement of the teaching content was guided by Plan–Do–Study–Act (PDSA) methodology.
Results: Across two teaching cycles, improvements in self-reported confidence were observed in 6 of 7 assessed domains. Mean confidence scores increased by between 0.2 and 0.65 points on a 5-point Likert scale, with the largest gains seen in understanding of seclusion processes, Intensive Care Unit roles, management of aggression, and multidisciplinary collaboration. Confidence relating to Section 5(2) showed a small reduction following more detailed legal teaching, interpreted as increased awareness of legal complexity. Qualitative feedback consistently highlighted improved clarity, relevance to on-call practice, and the value of case-based discussion.
Conclusion: A structured, scenario-based teaching intervention can meaningfully improve resident doctors' perceived preparedness for Psychiatric Intensive Care work. Teaching-based QI offers a practical approach to addressing safety-critical learning needs in high-acuity psychiatric settings, with potential for wider implementation and sustainability.

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Improving Orientation to Psychiatric Inpatient Admission Through a Co-Produced Video: A Quality Improvement Project

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Aims: A psychiatric inpatient admission can be the most challenging part of navigating mental illness. Patients are often at their most vulnerable when facing the unknowns of an admission. Patients are usually oriented to the wards through conversation, a quick tour or written material provided at the time of admission. These existing interventions vary in delivery and uptake and standardised, accessible orientation materials remain scarce. This quality improvement project (QIP) evaluated the impact of a co-produced animated orientation video on patients' perceived knowledge and anxiety around admission. Secondary aims included exploring experiences of existing orientation interventions, identifying anxiety sources and knowledge gaps, and gathering feedback.
Methods: This mixed-methods QIP was conducted at two acute mental health wards for adults at the Whiteleaf Centre, Aylesbury. An animated orientation video was co-produced by the in-patient transformation team, clinicians, and experts-by-experience. A brief questionnaire was designed with inputs from service users and administered to patients admitted between July and November. Predetermined exclusion criteria were: declined participation, in seclusion, not oriented, and >48 hours since admission. Patients rated knowledge and anxiety on single Likert items pre- and post-video, and answered open-ended questions about anxiety sources, knowledge gaps, existing interventions, and video feedback. Quantitative data were analysed using Wilcoxon signed-rank tests.
Results: Of 31 patients approached, 20 were included (14 male, 6 female; age range 17–63; mean 36.1 years); 80% were experiencing their first admission. At baseline, 55% reported anxiety and 35% reported that they did not know what to expect upon admission. Helpfulness of existing interventions varied: ward tour 82% (14/17), one-to-one chat 86% (12/14), patientinformation pack 50% (8/16). 85% (17/20) found the video helpful. Knowledge improved significantly (median 3.0 to 4.0; W=55.0, p=0.001); anxiety showed a favourable but non-significant trend (median 4.0 to 3.0; W=6.0,