Improving Trainee Doctor Participation in Undergraduate Psychiatry Teaching: A Quality Improvement Project

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Aims. Good medical practice encompasses teaching students which is a core competency for trainee doctors. The aim of this project was to assess and improve junior doctor participation in undergraduate psychiatry teaching.
Methods. 2 surveys were conducted: 1) Psychiatry-related trainee doctors working in Severn Deanery were emailed a questionnaire to assess their involvement in undergraduate teaching, including barriers and motivators for teaching; 2) doctors with a formal role in teaching were sent a questionnaire to explore their views on recruiting trainee doctors to teach. Questionnaires consisted of multiple answer questions, matrix questions and qualitative free text answer questions. Trainees were then delivered a presentation advertising teaching opportunities. The impact of this on recruitment into psychiatry undergraduate teaching was reassessed by questionnaire.
Results. 44 responses were received to the first survey; 13 to the second. The most common answer trainees gave for factors that prevented involvement with teaching students was "unaware of teaching opportunities," and "lack of overall availability due to clinical commitments." The most common factor chosen as a motivator for involvement was "notification of session date/timing early in placement" and "protected teaching time in job-plan." The results highlighted difficulties recruiting trainee doctors to teach, resulting in tutors reducing, cancelling or adapting sessions due to lack of support.
Conclusion. This project identifies barriers and motivators of trainee doctor involvement in undergraduate medical education. To ensure lasting participation of trainees in medical education, support is needed for protected time to teach in clinical roles.

Documentation of Driving Status and of Fitness to Drive Following Admission of Patients to Clock View Hospital - How Are We Doing?

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Aims. Developing a mental illness and being commenced on psychotropic medication are factors that may interfere with the ability of an individual to drive safely as both can impact information processing, psychomotor actions and social interpretation. The Driver and Vehicle Licensing Agency (DVLA) suggests that certain medical conditions require driving licence holders to notify them for further assessment of their ability to drive. DVLA notifiable mental disorders include psychosis, schizophrenia, bipolar disorder, dementia and personality disorders. The doctor's legal duty is to assess the patient for any relevant diagnosis, inform the patient of their duty to report their medical condition to the DVLA and for the doctor to comply with the legal duty to inform the DVLA of any patient who won't or can't notify the DVLA of their medical condition. The authors conducted a quality improvement project to evaluate and improve the number of fitness to drive assessments completed for patients admitted to the five wards (three general adult, one older adult and the Psychiatric Intensive Care Unit) at Clock View Hospital.
Methods. The electronic (RiO) record for each inpatient on the five wards was scrutinised for: whether the patient's driving status was established on admission; whether the patient was notified of the DVLA rules if they did drive; whether the patient agreed to fulfil their duty of notification and, in instances where they were not, whether the medical professional had taken appropriate steps to address this.
Results. 74 patients on the five wards were included in the sample. Only nine of the 74 patients had driving status documented on admission. Three of these nine patients were noted to be driving or learning to drive and were not notified of the DVLA rules. Four of the nine patients were no longer driving and so discussion about DVLA guidance was unnecessary. The remaining two patients were confirmed to be driving and informed of the DVLA regulations. Both patients agreed to comply and therefore no further action was indicated.
Conclusion. A review of current practice indicates a deficit in incorporating driving status and fitness to drive assessment into the clerking proforma following admission to Clock View Hospital. The second half of this cycle will implement change and raise awareness amongst inpatient medical and nursing staff of the need to consider this important issue prior to discharge. A re-assessment of the effectiveness of these changes will be carried out in the future.

The Impact of Policing on Involuntary Routes of Admission: A QIP on Patient Experiences

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Aims. Patients often have negative experiences of police in their daily lives. Police involvement in mental health services can make an encounter feel disciplinary rather than therapeutic and exacerbate mental distress. People with mental illness, especially of minoritised backgrounds, are more likely to die after police contact, than other groups. Our aims were to: 1) explore patient experiences of being admitted onto the ward under section via the police, 2) explore patient understanding of the role the police play in mental health services 3) Use experiential data towards introducing trauma informed care in an inpatient setting
Methods. A clinician administered questionnaire was conducted on an acute male inpatient ward, with 12 consenting male inpatient participants. All were involuntarily detained, ranging in age from 22 to 56 years; 11 out of 12 were of an ethnic minority background.

The questionnaire consisted of a mixture of open-ended questions and closed Likert scale questions with answers ranging from "strongly agree" to "strongly disagree". Questions covered themes relating to the experience of admission and the ward environment, personal and communal experiences of policing, views on

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