During this placement I had opportunities to learn with the multidisciplinary team.

Students participated in the OT and physio therapeutic programme in a way that had never happened before and felt positive about the experience. Nursing colleagues felt strongly medical students should understand their role in inpatient care and welcomed their involvement. Students qualitatively reported feeling more welcome by other professions, felt safer and that they got to know patients more rapidly.

Conclusion: Medical students welcome changes to placement planning to enhance their engagement and assimilation with the mental health ward MDT. Ward MDT members place importance on medical students understanding their role and contribution. With planning, student placements can enhance interprofessional learning. We suspect that better student integration enhances their safety on wards. Foundation doctors can lead placement planning and embed change sustainably. Quality Improvement methodology can be applied to enhance medical education.

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Improving Patients' Sleep in an Acute Mental Health Ward Using Non-Pharmacological Interventions

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Aims: Interruption of sleep-wake behavioural patterns and circadian rhythms has been associated with the development and worsening of a range of mental health disorders, including depression, bipolar disorder, and schizophrenia, and specific high-risk outcomes such as aggression and suicidality. In full knowledge of the above, we aimed to improve patients' self-reported sleep quality in an acute male ward, by 20% by the end of January 2025.

Methods: An initial survey was conducted for patients to rate their sleep quality on a Numeric Rating Scale (1–10, where 1 = a worst night sleep and 10 = a best night sleep). This survey included close- and open-ended questions for patients to identify perceived barriers to good sleep. Responses were collected over one week from all consenting patients on the ward (10/18 patients). Insights from the survey were used to design targeted interventions addressing the key contributors to poor sleep. These interventions included: a) Offering earplugs to patients; b) Posters with QR codes for a free white noise app to mask disruptive noises; c) Sleep hygiene education through leaflets, with practical tips to improve sleep. A following survey was conducted after two weeks to measure the results of our interventions.

Results: Initial survey results included: a) 6/10 median sleep rating reported by our patients, pre-intervention; b) 5/10 of our patients reported their sleep to be disturbed by noise on the ward; c) none of our patients reported sleep to be disturbed by the temperature or lighting of the room; d) 2/10 reported psychiatric symptoms such as auditory hallucinations to disturb their sleep. Results after interventions included: a) all of our patients stated that they received the sleep hygiene booklet, were counselled about the tips, and saw the posters around the ward; b) 11/16 included in the post-intervention survey reported that they found the tips useful; c) 10/16 had used the earplugs and 7/10 of these had found them helpful; d) 1/16 downloaded and used the white noise app; e) 7/10 median sleep rating was reported post-intervention.

Conclusion: Non-pharmacological interventions such as earplugs and sleep hygiene education proved to be effective in improving patients' quality of sleep. The development of a standardized protocol that includes these sleep-friendly practices has been implemented on the ward. Methods' limitations such as baseline sleep medications and the complexity of contributing factors were taken into consideration.

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Improving Communication Pathways – A Technological Intervention

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Aims: To streamline the communication process for doctors by integrating essential contact numbers into the Accurix system, making information readily accessible and reducing time spent searching for contact details.

Methods: Pre-intervention survey among junior doctors; Integration of trust directory into Accurix; Post-intervention survey with analysis of results and feedback.

Results: Before: Ease of locating correct ward/unit numbers:
58.6% find it difficult (rating 1–2 out of 5).
34.5% neutral (rating 3 out of 5).
Only 6.9% find it easy (rating 4–5 out of 5).
Before: Current methods for finding phone numbers:
65.5% use Google.
62.1% use WhatsApp Group Chat/Word document.
51.7% use KFC Doctor Office.
After: Ease of locating correct ward/unit numbers:
Now, nearly 60% find it easy (rating 4–5 out of 5).
After: Current methods for finding phone numbers:
With 70% of people now using Accurix.

Conclusion: The implementation of our technological intervention has significantly transformed the way healthcare professionals communicate across different units, leading to improved patient care and efficiency. Prior to the introduction of the app, many clinicians faced considerable challenges when attempting to contact colleagues in other units. The reliance on outdated methods, such as word of mouth, personal contacts, or searching through Google, often resulted in delays, miscommunication, and frustration. These inefficiencies not only hindered the flow of information but also impacted patient care, as timely communication is critical.

The Accurix app, which serves as a comprehensive and up-to-date phone directory for multiple trusts, has addressed these issues head-on. Since its introduction, the majority of doctors across the trusts have adopted the app, with usage rates steadily increasing. Feedback from users has been overwhelmingly positive, with many reporting that the app has made it significantly easier to contact the right person at the right time. This streamlined communication has had a direct impact on patient care, as doctors can now quickly consult with professionals, arrange transfers, or coordinate care across units without unnecessary delays.

The reduced dependence on informal communication methods, such as word of mouth or searching for contact details online, has not only saved time but also improved the accuracy and reliability of

information. This has led to a more efficient patient flow, as clinicians can now focus on delivering care rather than spending valuable time trying to track down contact information. Furthermore, the app has contributed to a more standardized approach to inter-trust communication, ensuring that all healthcare professionals have access to the same resources, regardless of their location or specialty.

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Clinical Management of Self-Harming Children and Adolescents in the United Kingdom: A Student-Led Multicentre Audit

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Heather McAdam (presenting), Ruth Goh, Gloria Cheung, Felicity Allman, Samyak Pandey, Julia Alsop, Annabelle Hook, Jessica Randall, Benjamin Perry, Katherine Beck, David Codling, Judith R Harrison

Aims: Self-harm is increasingly prevalent among adolescents in the UK, with rising hospital admissions for those under 18. The updated National Institute for Health and Care Excellence (NICE) guidelines (NG225) for managing adolescent self-harm, published in September 2022, emphasised the need for timely, structured care, including risk assessments, psychosocial support, and family involvement. This study aimed to assess the clinical management of children and adolescents presenting to Emergency Departments (ED) for self-harm, evaluating compliance with the updated NICE guidelines across nine teaching hospitals in Scotland, England, and Wales.

Methods: This retrospective, multicentre study reviewed ED records of individuals aged 8–17 years who presented with self-harm between 7 September and 7 November 2022. Consecutive sampling was used, with data collected by medical student regional leads, who were recruited and trained through a national steering group. The leads followed a structured protocol to ensure consistency in reviewing records, focusing on risk assessments, psychosocial evaluations, consent for family involvement, and age-appropriate ward admissions. Data was centralised for analysis, where compliance with each audit criterion was assessed, and statistical analysis was conducted to identify trends and areas for improvement.

Results: A total of 328 patient records were analysed. The majority of patients were female (82.0%) and white (68.2%), with a mean age of 14.7 years (σ = 1.58). Compliance with NICE guidelines varied significantly across audit criteria. The highest compliance was for family involvement, with 73.5% of records documenting consent. However, social media interactions, a key component of risk assessment, were documented in only 21.5% of cases. Delayed psychosocial assessment was noted in 17.8% of records. Only 26.1% of 16–17-year-olds requiring inpatient care were admitted to age-appropriate wards, suggesting gaps in the provision of suitable care.

Conclusion: This audit demonstrates variability in adherence to the updated NICE guidelines across nine hospital sites. Family/carer involvement showed the highest compliance, but there were significant gaps in the use of risk assessment tools and timely psychosocial evaluations. The findings highlight the need for improvements in these areas and the importance of further training for clinical teams. The study also illustrates the value of student-led research in engaging future healthcare professionals in academic psychiatry and national data collection.

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Optimizing Care for Ketamine Use Disorder: An Interdisciplinary Treatment Model

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Aims: Ketamine use among young adults in England has increased significantly, with prevalence more than doubling in the past five years. Ketamine use disorder (KUD) is a disorder of regulation arising from repeated or continuous use of ketamine for at least three months. The systemic effects can include urinary, sexual, hepatic and cardiovascular dysfunction, memory impairment and mental illness. Although people who use ketamine constitute a smaller proportion of patients in addictions services compared with opioid or alcohol users, the complexity and morbidity of KUD dictates the need for interdisciplinary collaboration. In 2024, a collaborative effort between a local addiction and urology service was initiated to address KUD and ketamine uropathy (KU).

Methods: Both services presented at the local Addictions Continuing Professional Development Day to share knowledge and develop staff understanding on KUD and KU. Meetings were held to evaluate local prevalence of KUD and KU, address barriers to treatment and develop easier referral pathways into both services. Best practice guidance on KU was reviewed and a new interdisciplinary treatment model implemented. Re-strategisation required clinician time and adjustments to clinic schedules.

Results: In 2024, nine patients from Urology and 23 patients from the addiction service with ketamine use were seen. Key improvements included the establishment of a direct two-week referral pathway to Urology, development of referral and assessment proformas and initiation of monthly interdisciplinary team meetings. These changes aimed to reduce delays in initiation of treatment and improve co-ordination between services. However, the major challenge faced was a high attrition rate in the clinics.

Areas identified as requiring further attention included management of weight loss and constipation, medication for symptomatic relief of ketamine withdrawal and cravings, safe analgesic alternatives, treatment of co-occurring mental illness and trauma, safeguarding and risk considerations and psychological therapeutic