Associate Director of Physical Healthcare, ECG Trainer, Physical Healthcare Nurse, and Ward managers.

Subsequently, we designed and delivered a bespoke 'First On-Call Workshop for Resident Doctors', held as two 90-minute sessions in September 2024. The workshops used interactive tools, case-based scenarios, and audio-visual aids on psychiatric medication side effects, managing psychiatric emergencies, risk assessment, escalation pathways, legal procedures e.g., Section 5(2), demonstration videos for ECG and catheterization, along with site orientation videos.

Results: Cycle-1: Results displayed a 7% increase in confidence and competence.

Cycle-2: Outcome measures displayed positive qualitative feedback and an increase in confidence in quantitative feedback by 17% in handling common on-call tasks and clinical scenarios.

For sustainability, online resources and tools, i.e., workshop materials, videos, and podcasts, were made accessible and included in Resident Doctors' Survival Guide. Senior medics are now equipped with resources to facilitate these workshops, ensuring the project's longevity.

Conclusion: This project contributed to enhancing the competence and confidence of first on-call doctors, thereby improving patient safety, and fostering a supportive learning environment within NHCFT. This initiative has underscored the importance of structured educational interventions and collaborative support systems in promoting both trainee and patient well-being.

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Bridging the Physical Health Gap in Mental Health Settings: A Ward-Based Multidisciplinary Educational Intervention

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Aims: Adults with severe mental illness face a significantly higher risk of morbidity and premature death from preventable physical health conditions, with life expectancy reduced by 10–20 years compared with the general population. Early identification and management of physical health issues in mental health settings are crucial to reducing these disparities. We designed a Quality Improvement Project (QIP) focused on enhancing physical health outcomes through a ward-based multidisciplinary educational intervention on an acute male psychiatric unit in London.

Methods: We conducted an initial questionnaire to determine the MDT's general knowledge level around physical health. We also surveyed the MDT on which teaching topics would be most relevant and interesting. The first audit cycle evaluated the MDT's knowledge in physical health and baseline confidence on specific physical health topics. Our intervention involved a six-week, ward-based short course on physical health for mental health professionals taught by the ward's resident doctors. A re-audit measured post-intervention improvements in topic specific confidence and knowledge.

Results: Fourteen members of the MDT completed the initial knowledge questionnaire, which, along with our survey, helped identify common gaps in knowledge and guided the selection of teaching topics for our intervention. The selected topics were: (1) Identifying and Escalating Abnormal Vital Signs, (2) Managing an Acutely Unwell Patient, (3) Commonly Used Psychiatric Drugs and Side Effects, (4) Clozapine, (5) ECGs, and (6) Medical Emergencies in the Psychiatric Setting. Before and after each teaching session MDT attendees were asked to complete a questionnaire assessing their knowledge and confidence on the given topic. On average, each session was attended by six MDT members. Baseline confidence in individual topics varied but improved following the intervention. Post-session knowledge scores were higher compared with pre-session assessments, demonstrating the effectiveness of the teaching sessions.

Conclusion: Ward-based interventions are effective in bridging gaps in physical health knowledge and improving confidence among MDT members. As learning is a continuous process, single teaching sessions may not be sufficient. On our ward, our QIP has led to the continuation of MDT teaching sessions by resident doctors. To further expand the impact of our QIP, we plan to extend MDT teaching to other wards within our Trust. To support this, course materials and summary infographics have been made available online, ensuring accessibility for our MDT and other wards looking to implement similar initiatives.

This work was carried out under the supervision of Dr Sarah Parry (Psychiatry Registrar) and Dr Jonathan Beckett (Psychiatry Consultant).

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.

Tools for Stools – Recognising and Managing Constipation on an Older Adult Inpatient Ward: A Quality Improvement Project

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Aims: Constipation is a common problem in psychiatric patients and can have serious consequences. Patients taking antipsychotics with anticholinergic properties are at higher risk of constipation. The risk is further increased in older adults due to reduced mobility and polypharmacy. To treat constipation, patients should have their bowel movements monitored and preventative laxatives considered. We faced similar challenges and this project was undertaken following a Serious Untoward Incident due to constipation related complications,

This quality improvement project aimed to increase detection, recording and management of constipation on an 18 bedded older adult inpatient ward. Thus, preventing complications like delirium, faecal impaction and bowel obstruction.

Methods: For this QI project, we used the Model for Improvement (MFI) framework, which involves defining the aim, measuring progress, and identifying changes that lead to improvement, along with the Plan-Do-Study-Act (PDSA) cycle. Bowel monitoring was initiated using the Bristol stool charts, with staff training and awareness sessions. Data collection was conducted for all 18 patients. In the second half of 2023, charts were integrated into MDT discussions, and further staff training was provided. In 2024, the bowel charts and Norgine risk assessment tool were used, a patient