team. However, this alone was not sufficient to reduce the stress derived from trying to meet clinical demands with inadequate staffing levels.

Interventions improving job satisfaction, like this project, could play an important role in fighting workforce erosion if combined with long-term commitment to a sustainable workforce on an institutional level.

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Assessing Confidence in Antidepressant Prescribing Amongst the Foundation Year Cohort

Dr Abigail Spiteri and Dr Gareth Smith

NELFT, London, United Kingdom

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Aims: The aim of this quality improvement project was to assess, and improve the confidence in antidepressant prescribing and management of common side effects amongst the Foundation Year (FY) trainees.

Methods: PDSA cycles involving a questionnaire sent out to 25 FY doctors in psychiatric jobs.

Results: A survey was sent out to the FY cohort currently doing a psychiatry job placement to assess their baseline confidence in antidepressant prescribing, which highlighted a lack of confidence. With regards to management of depression and anxiety, 25% felt unconfident, 50% felt neutral, and 25% felt somewhat confident. With regards to prescribing antidepressants, 75% felt neutral, and 25% felt somewhat confident. When it came to managing side effects of antidepressants, 25% felt very unconfident, 50% felt somewhat unconfident, and 25% felt somewhat confident.

A flowchart detailing indications for antidepressant prescribing and basic principles on swapping and titrating doses was distributed to help improve confidence. The group was reassessed with the same questionnaire to accurately identify any improvement.

When re-assessed, there was still a lack of confidence with regards to the management of side effects, with 63% feeling somewhat unconfident, 13% feeling neutral, and 25% feeling somewhat confident.

A presentation was prepared and delivered at the weekly teaching, which detailed the use of common antidepressants, their side effects, and the management of complications including serotonin syndrome.

The cohort was again re-assessed, showing an overall improvement in confidence in all aspects, with 80% feeling somewhat confident in management of depression and anxiety, and 100% feeling somewhat confident in prescribing antidepressants and management of side effects.

Conclusion: Positive outcomes included an overall improvement in confidence in prescribing antidepressants. Additionally, some participants found that the gaps in their knowledge were greatly reduced through these two cycles of information sharing.

Potential improvements to the study include using a larger cohort sampling outside of the FYs in psychiatry rotations to get a broader idea of the general FY cohort confidence. Furthermore, some participants still feel they have gaps in their knowledge, which could be addressed through more teaching sessions tackling individual cases in the future.

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Re-Audit of Preadmission Handover Meeting on a Medium Secure Rehabilitation Ward

Dr Neeti Sud, Dr Yousra Ghandour, Dr Melissa Harris and Dr Thomas Cranshaw

Cumbria Tyne and Wear NHS Foundation Trust, Morpeth, United Kingdom

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Aims: Patients are admitted to our medium secure rehabilitation ward from high secure hospitals or other medium secure wards from within and outside our trust. We have a waiting list. There is extensive documentation and updates shared prior to any transfer over months. For patients within our trust, we share the same electronic records system. The legal status of most patients requires mandatory information sharing prior to any transfer for example via Ministry of Justice applications.

We examined our process of preadmission handover meetings for all five admissions in 2023–2024. We identified a lack of structured approach to preparing for the preadmission meeting. We concluded that a structured checklist may help. At the time of the re-audit in January 2025, we had two vacant beds and therefore two planned admissions from our waiting list were imminent in the coming weeks.

Methods: We used the following broad national, forensic and trust standards. NICE NG53: "1.2.7 During admission planning, record a full history or update that covers the person's cognitive, physical and mental health needs, includes details of their current medication, identifies the services involved in their care." Trust Policy: "Lead professional should make contact with service that covers the area the service user is to move to/from and arrange a formal hand over." QNFMHS: "When patients are transferred between services there is a handover which ensures that the new team have an up to date care plan and risk assessment."

We re-audited our service using a preadmission checklist based on last year's audit to review what information has already been handed over and what needs to be specifically requested prior to admission. We then compared the preadmission meeting minutes of the last five admissions of 2023–2024 with the first two admissions of 2025 to reflect on our learning.

Results: There was no difference in terms of overall information sought by our team both pre- and post-audit. Updates were needed regarding physical and mental health and third party safeguarding information in the meeting.

Conclusion: Going through the preadmission list in preparation for the formal transfer meeting in a structured manner ensured any