Assessing the compliance of accurately documenting medication history in CAMHS – completion of the audit cycle

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Aims. To assess the documentation of medication across all Child and Adolescent Mental Health Service (CAMHS) teams in the south region of Derbyshire Healthcare NHS Foundation Trust against a locally agreed protocol. The aim is to ensure accurate and timely documentation of medication history in a standardised way to reduce the risk of medication errors.

Method. We randomly selected 78 patients across seven teams within CAMHS that were currently prescribed medication as of November 2020. We reviewed each patient to see if medication history had been recorded in the specified section of the trust's patient database PARIS. We then cross referenced this information with the patient notes, clinic letters and prescriptions to review accuracy of information in terms of recording of drug name, dose, frequency, and whether the medication was regular or as required. We compared the data to the results of a previous audit in 2017 which used the same methods.

Result. Of the 78 patients, 74% (n = 58) had medication recorded in the correct section of PARIS compared to 13% in the 2017 audit. We found that compliance varied between different CAMHS teams ranging from 0% to 100%. Of those with medication history recorded, 86% had all drug names listed correctly, 79% had all drugs listed at the correct dose, 71% had the correct frequency recorded and 81% had whether the medication was regular, or PRN recorded.

Conclusion. Although we have seen improvement in standardised documentation of medication history since 2017, it remains difficult to rely on this information being up to date and reliable. There was a wide range of compliance in documentation of medication history across different teams, possibly reflecting how effectively the teaching following the previous 2017 audit had been delivered to each team. We have completed more teaching for medical and non-medical prescribers across all localities to highlight the importance of timely and standardised documentation. This is particularly important in CAMHS where the prescribing of medication often remains the responsibility of secondary care, with clinicians regularly prescribing on behalf of colleagues from other teams. Our findings support the move within the Trust towards a system where medication can be both documented and electronically prescribed in the same place (System One).

Validation of the internet addiction test (IAT) to Sinhalese and assessment of internet addiction among school children in Sri Lanka

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Aims. To translate Young's Internet Addiction Test (IAT) to Sinhalese and validate for use in a Sri Lankan population. Following validation of the questionnaire, to use the validated questionnaire to assess the prevalence of internet addiction in a school going population in the Western province of Sri Lanka and identify characteristics of those addicted to the internet.

Background. The internet is widely used across the world and in Sri Lanka. Though essential for everyday life there are many negative aspects of internet use. Addiction to the internet is one such problem and identified to exist among the general population and students in other countries. The most common tool used to measure internet addiction is Young's internet addiction test. The phenomena of internet addiction has not been scientifically studied in Sri Lanka according to our knowledge.

Method. A school-based cross-sectional analytical study conducted in two stages among students aged 15 to 19 years. In stage 1 of the study, 200 students were administered the Sinhalese translation of the IAT and internal consistency and test retest validity assessed. Once validation of the scale was established the translated scale was used on a sample of 2800 students to assess presence of internet addiction.

Result. The Sinhala translation of the Internet addiction test showed good reliability and validity The Chrohnbach's alpha value was 0.78 and Pearson correlation coefficient of 0.85 and therefore suitable to use in a Sinhalese speaking population in Sri Lanka.

Internet addiction was identified among the study population. 8% of the entire study sample and 12.6% among those using the internet showed features of internet addiction. The majority of cases of internet addiction identified were mild 8.2% followed by moderate internet addiction in 3.6% and only 0.9 % having severe internet addiction. There were no significant demographic or internet use related features identified among those with internet users and those not addicted to the internet.

Conclusion. This study demonstrated that the Sinhala translation of Young's IAT is suitable to assess internet addiction in Sri Lanka. It also identified that there are students in Sri Lanka who are addicted to the internet. This will possibly impact negatively on their lives at a crucial stage of development and have immediate as well as long term detrimental effects. More studies are required to identify characteristics of those who are addicted to the internet and to plan interventions.

Differential attainment in undergraduate medical education: a systematic review

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Aims. Differential attainment (DA) amongst Black and Minority Ethnic (BAME) medical students and postgraduate trainees including Psychiatry trainees has been extensively documented in medical education, with non-white medical students being 2.5 times more likely to fail high-stake examinations compared to their White counterparts. The Equality Act 2010 places a

responsibility on public bodies such as Royal Colleges to address discrimination in training and assessment. Understanding DA in undergraduate medical education can help understand DA in the postgraduate setting. Consequently, this systematic review aims to detect the processes that enable and impede DA in UK undergraduate medical education.

Method. Seven online databases including PubMed, Scopus, PyschInfo, and ERIC were searched. A formal grey literature search was also conducted. Inclusion criteria comprised studies dated from January 1995 to present and included UK undergraduate medical students. We present the preliminary findings from 13 papers, analysed to create a conceptual framework for a further mixed methods analysis. The studies were critically appraised for methodological quality.

Result. Five key themes emerged from the preliminary analysis of 13 papers. BAME students experienced:

Being 'divergent': Not feeling part of the current organisational learning milieu

Lack of social capital: Difficulty in being absorbed into existing 'networks' of relationships in a manner that is 'approachable' and not 'intimidating'

Continuum of discrimination: 'Indirect' impact of subtle communication processes in the learning environment undermining individual 'belief' in own performance

Institutional discriminatory factors: Culture, rules, norms, and behavioural routines of educators that lead to differential outcomes for learners

Lack of external support: Relative lack of interventions tackling DA.

Conclusion. The key finding of this review is that British BAME undergraduate medical students experience discriminatory behaviours early in medical schools that impact on personal, educational, and professional outcomes. These factors may need to be borne in mind by postgraduate training organisations such as the Royal College of Psychiatrists as they commence the challenging task of addressing DA.

Improving the safety of rapid tranquilisation in older people

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Aims. To identify intramuscular rapid tranquilisation (IMRT) events in all >65 years inpatients in Sussex Partnership NHS Foundation Trust (SPFT) and to establish whether accompanying documentation meets SPFT guidelines. This is a re-audit, initial data were collected in 2016. Multimodal intervention has been implemented since initial data collection. In psychiatric inpatients IMRT should be administered as a last resort to calm acutely disturbed patients after verbal de-escalation and an offer of oral medication has failed. IMRT can cause physical health complications and impact therapeutic relationships. Quality improvements made since initial data collection were: an IMRT treatment algorithm for >65s, a teaching package for staff, IMRT prescription area on medicine cards and post IMRT physical monitoring forms – in line with updates to trust IMRT policy.

Method. Retrospective case note audit cycle of 119 patients. Electronic and paper records were reviewed for inpatients >65 years on 1/9/2019. Records were examined for instances of IMRT– the following features were noted: diagnosis; verbal de-escalation; oral medication offered prior to IMRT; IMRT prescription location; and post-IMRT monitoring. Descriptive statistics were performed. This audit was approved by the trust audit committee.

Result. There were 34 RT events in 17 patients, reduced from 83 RT events in 20 patients in 2016. De-escalation was attempted in 62% versus 34% in 2016, oral medication offered first in 71% versus 59% in 2016. Physical monitoring was fully completed in 50% of instances in 2019, an improvement from 23% in 2016.

Conclusion. Education, a new treatment algorithm, medicine card changes, and IMRT physical monitoring forms have improved adherence to trust standards. There was a 49% reduction in IMRT events in 2019 versus 2016. De-escalation is being performed more frequently, and oral sedation offered in more cases. The physical monitoring of patients has improved.

The psychiatry virtual-on-call experience: Can it improve confidence of foundation and GP trainees with out-of-hours work in psychiatry?

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Aims. Out-of-hours ('on-call') work can be perceived by junior doctors to be a daunting experience, associated with feeling unprepared and less supported. Simulated on-call programmes have been used to great effect in medicine and surgery to improve junior doctors' skills in task prioritisation, interpersonal communication and confidence on-call. However, few psychiatry-specific programmes exist.

We aimed to: i) Develop a psychiatry specific virtual-on-call programme, ii) Investigate if the virtual-on-call programme improved confidence amongst junior trainees in key areas of psychiatry practice.

Method. The Psychiatry Virtual-On-Call programme commenced in December 2020. It involves attending an introductory on-call lecture, followed later in the rotation by a 2-hour simulated on-call shift. All trainees are expected to attend during their attachment and the simulated shifts are ongoing. During the shift, trainees are 'bleeped' with different psychiatry specific tasks. They work through the tasks, using local intranet policies and telephone advice from the on-call psychiatry registrar. Due to COVID-19 the sessions were delivered virtually. Participants completed a questionnaire evaluating confidence in ten domains, rated on a Likert scale from 0–10. Questionnaires were completed at four time-points during the programme; pre- and post-introductory lecture and pre- and post-simulated shift. Scores were compared using Mann-Whitney U tests. Significance was defined as $P < 0.05$ with Bonferroni correction applied for multiple testing.

Result. Twenty-nine trainees attended the introductory lecture, 25 and 21 trainees completed the pre- and post-lecture questionnaire respectively. A non-significant improvement in confidence was reported in three domains: seclusions reviews, prescribing, detention under the mental health act.