

CORE-34 questionnaire was replaced with a shorter version, the CORE-10. This was in order to test our hypothesis that a shorter questionnaire would result in an increase in the response rates.

**Result.** In the first cycle of change, 197 patients were emailed for both the CORE-34 and ESQ and a total return rate of 31% was achieved. This signified an increase of 26% in the response rate. Overall more ESQ forms were completed (35% uptake) compared to CORE-34 forms (28% uptake). In the second cycle 199 patients were emailed with the CORE-10 and ESQ forms. The response rate was 21% and 18% respectively. Although the response rates decreased slightly in the second PDSA cycle the results indicated that this method of distribution was capturing a greater range of patients who had not previously provided the service with this sort of feedback.

**Conclusion.** Sending out the outcome measures electronically and adopting shorter versions of the CORE questionnaire increased the feedback response rate significantly, and provided the service with useful data as to patients' experience of their treatment journey here.

### Inspiring our future psychiatrists: a quality improvement project to optimise the medical student experience in community CAMHS settings

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**Aims.** To improve the structure, quality and experience of medical student placements in Community Child and Adolescent Mental Health Services (CAMHS). To increase the likelihood of pursuing a career in Psychiatry or CAMHS by 50% over their 3 week placement.

**Background.** There is evidence in the literature of the widely variable medical student experiences when it comes to Psychiatry placements. Medical students from Kings' College London (KCL) have a 3 week placement in Lambeth Community CAMHS services. Despite this being a good opportunity for learning and development, the feedback from students reports that they often feel lost and were unable to fulfil the potential of the placement. The main challenges reported were identifying beneficial educational experiences and gaining clinically relevant exposure. This exposure includes getting involved beyond observation and following a patient longitudinally. These challenges will likely have a knock-on effect on their attitude towards Psychiatry and overall enjoyment of CAMHS placements when there is already a struggle to recruit trainee Psychiatrists.

**Method.** A structured and immersive educational placement was designed through consultation with previous students, the multi-disciplinary team and the university program directors. This included:

- A new induction
- Having a role in initial assessments of young people
- Formalised medical and psychology teaching
- Communication sessions
- Case discussions in a 'grand round' format providing opportunity for end of placement assessment

Feedback was gathered using the Qualtrics analytical software, which was easily accessible through student's mobile devices.

Pre placement questionnaires were used to assess the student's initial level of knowledge, expectations from the placement and

motivation or interest in a career in CAMHS. Post placement questionnaires were used to assess any change in the above baseline scores. Brief, online feedback was collected after every clinical activity and was used to assess the interest and utility of each attended session during the placement. The questionnaire feedback was analysed and using these data, adjustments were made to improve the program for the next students in a "Plan-Do Study-Act" quality improvement methodology format. We analysed whether improving placement experience and learning affected students' interest in careers in Psychiatry.

**Result.** The Quality Improvement Project is currently on-going and results are pending. So far, there is an improvement in student attendance and engagement following the introduction of induction, structure and active involvement in case management.

**Conclusion.** The COVID-19 pandemic has resulted in community services having significantly reduced face to face contact, therefore our proposed changes for future cycles include various virtual elements. Ensuring medical students have access to online platforms such as Microsoft teams is vital in ensuring an effective medical student placement can be established. Although the change to more remote working has been challenging, it is vital that medical students gain appropriate clinical experience during their Psychiatry placement to support further developments in Psychiatric recruitment.

### Standards for lithium monitoring. "Are we good at adhering to these standards in Lanarkshire"?

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**Aims.** The National Institute for Health and Clinical Excellence (NICE) recommend that renal and thyroid function must be checked before lithium is prescribed and for all patients who are prescribed lithium should have their renal and thyroid function checked every six months, and their serum lithium checked every three months. The aim of this audit is to ascertain whether or not routine blood monitoring for bipolar disorder patients, taking lithium is in keeping with the guidelines.

**Background.** Lithium has been a mainstay in the management of bipolar disorder since the 1970's; indeed, lithium carbonate was first used in the early 1880's for the treatment of mania. Despite its usefulness however, the drawback of lithium treatment remains its very narrow therapeutic index, toxic side effects and as such its need for close therapeutic monitoring.

**Method.** A list of patients with a diagnosis of bipolar disorder being treated with lithium was collated from an electronic database of psychiatry patients in Cumbernauld Community and inpatients at Glencairn unit Coathill Hospital and Cleland Hospital. A retrospective analysis using Clinical Portal was conducted looking at blood results; Lithium levels checked 3 times a year and Kidney functions and Thyroid function checked twice a year, over the previous year. Our results were then compared to the NICE Guidelines for lithium monitoring to see if they complied with the expected routine monitoring schedule. We may have missed patients open to Community Psychiatric Nurses (CPN) but not open to Consultant psychiatrists. Other group that might have been missed could be open to General Practitioners but not to secondary care. We attempted to contact them but this was unsuccessful.