

proactive measures. We recommend longer placements for medical students in mental health settings for at least 4 weeks or longer. Medical schools should also promote research, discussions, and seminars on different psychiatric illnesses in order to enhance awareness among the students.

Psychiatric liaison referrals and the 4PM Rush

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Aims. Referrals to the psychiatric Liaison team in A&E seem to come in the afternoon in kismet as the day shift is ending. This study looked at the timing distribution of referrals to try improve amount of jobs being handed over to the evening shifts.

Method. Referrals made to Homerton University Hospital (HUH) psychiatric liaison was parsed into 1 hour bins and plotted as a histogram (data between August 2016–October 2019. N = 14182). The data were compared to diurnal human body temperature variation, as well as data published on Hospital Accident & Emergency Activity 2019–20 (digital.nhs.uk) for Ambulance attendances.

Result. Referrals to HUH liaison team appear to closely follow the average human body temperature variations per hour (Pearson Correlation coefficient = 0.90). A peak appears to occur around 4 PM, and a low at 7AM. The referrals data also mirrored timings of official Hospital Episode Statistics (HES) reports 2019–2020 for ambulance attendance in England (Pearson Correlation coefficient = 0.94).

Conclusion. Attendance to A&E and referrals to psychiatric liaison appear correlated to a circadian bound rhythm. “The 4PM referrals rush” appears to be a genuine phenomenon replicated in not only HUH mental health referrals, but general ambulance attendance throughout all of England.

The body temperature analogue for circadian rhythm may be humorously applied here to correlate with the increased referral rates to A&E; the emergency department could be said to be truly heating up in the afternoon. Indeed temperature and activity has already been shown to link strongly via the Arrhenius equation in cricket activity such as chirps per minute.

The conclusions drawn here are that acute mental health attendances, like general health attendances as a whole follow underlying but powerful patterns, and provisions might best be allocated to address this rather than thinking of fixed 9–5 working schedules.

Service Evaluation

Do core psychiatry trainee cognitive behaviour therapy cases meet training needs? An evaluation of core psychiatry trainee delivered CBT cases in Sheffield: implications for training and services

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Aims. This evaluation aims to understand if Cognitive Behaviour Therapy (CBT) cases for Core Psychiatry Trainees (CPTs) in Sheffield provide good training in therapy skills and if these can be integrated into general psychiatric practice.

Background. Completion of psychotherapy cases part of the curriculum for CPTs, with cognitive behavior therapy being one of the common modalities used. Whilst there is evidence that trainees often provide competent therapy it is unclear what cases are appropriate and how these contribute to wider CPT learning objectives.

Method. CPTs who had completed a clinical case in CBT at a tertiary psychotherapy service were identified. All were surveyed and patient demographics and outcomes also collated.

Result. The results showed a significant impact on trainees understanding of CBT, applying theory to clinical context, and changed future practice. Despite being complex, 64% of patients needed no further therapy and 42% were discharged from mental health services.

Conclusion. The evaluation demonstrates the positive outcomes for patients, trainees, future clinical practice, and a move towards collaboration as laid out in the Five-year forward view for mental health. This suggests that medical trainees have a valuable contribution, and role despite minimal experience in CBT.

Are we meeting local and national guidelines for physical health assessment following admission to the meadows?

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Aims. We audited practice at the Meadows Inpatient Unit regarding physical health assessment, against standards set by Surrey and Borders Partnership and NICE.

Background. SABP policy states that within 24 hours of admission to inpatient services, physical health assessment should be offered. It should be completed within 72 hours. Refusal should be documented.

These guidelines state that within 2 weeks of admission blood tests should be completed, and for specific individuals an ECG should be performed.

NICE guidelines state that “physical healthcare needs” should be discussed with newly admitted patients. NICE guidelines regarding physical health monitoring for individuals with psychosis or schizophrenia recommend that assessment includes “full physical examination to identify physical illness”.

NICE suggests use of antipsychotics for individuals with dementia who have severe distress, or are at risk of harming themselves or others. Those with behavioural and psychological symptoms of dementia (BPSD) should therefore be physically assessed to ensure safe use of antipsychotics may be implemented.

Method. All admissions to The Meadows over seven months were audited retrospectively. The clinical notes were accessed from Systm1.

Consensus medical opinion was reached that full examination should include: GCS/level of consciousness, cardiorespiratory, abdominal and neurological examinations.

Age, gender, diagnosis and prescriptions of psychotropic medication at time of admission were recorded.

The sample included 35 patients.

Result. 55% of patients had a diagnosis of dementia.

63.8% of patients were prescribed antipsychotics on admission, more than other psychotropic medication. This may reflect that the most common diagnosis was dementia, commonly with associated BPSD.

97% of patients had a physical examination completed within 24 hours; most excluded neurological examination. 91% of patients had blood tests completed in two weeks, with the most commonly excluded tests being lipids and glucose. 86% of