

over telephone reviews, e.g. for developing rapport, assessing mental state, etc.

These data are limited to the pilot project and a detailed review is planned for qualitative information with a larger cohort. Following this successful pilot and promising results, video consultations have been rolled out to other trust clinical areas.

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### Implementing 'Train 2 Retain' Simulation Training Programme for the Mental Health Liaison Practitioners: A 6 Month Pilot Project

Dr Qaiser Javed\*, Dr Sruthi Easwaran and Dr Aamer Shamim  
Mersey Care NHS Foundation Trust, Liverpool, United Kingdom  
\*Corresponding author.

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**Aims.** The authors designed a unique simulation training programme exclusively for the liaison practitioners based in Aintree University Hospital Mental Health Liaison Team (MHLT). The simulation training aimed to improve the knowledge, confidence and competence of liaison practitioners through exposing them to realistic mental health related scenarios in an Accident and Emergency department (AED) and teaching them clinical skills in a safe environment.

**Methods.** The programme had been delivered by a Liaison Psychiatrist, core and higher trainees in once-monthly session lasting 45 minutes. Six clinical scenarios were picked based on the most common AED presentations. Scripts for all six scenarios were prepared in advance and both content and quality were checked with a liaison consultant psychiatrist. The scenarios depicted the journey of a patient being referred by the AED doctor to MHLT. Various clinical skills were embedded in the training programme including history taking, risk assessment, eliciting psychopathology, brief physical examination, managing co-morbid physical and mental health conditions, use of Mental Capacity and Mental Health Act, and collaborative working with AED colleagues. Each station lasted 10-15 minutes and was accompanied by pre-briefing and debriefing with a higher trainee and experienced liaison psychiatrist for a further 30 minutes.

Liaison practitioners rated their confidence managing common but complex scenarios on Likert scales from 1 to 5 immediately before and after the session. Free-text questions explored practitioner's favourite aspects of the training, areas of further improvement and topics they would like the authors to include in the future training. Feedback had guided subsequent programme development and topic selection.

**Results.** The strength of the target audience was between 6 and 15 nurses per session, with increasing attendance at each session. Dropouts were mainly related to their busy shifts in AED. On average, Likert scale scores were between 1-2 before and 5 after sessions (100% in all feedback forms), indicating a statistically significant improvement in overall confidence and competence. Participants highlighted the format, real-life performance, quality of clinical scenarios and power point slides including group discussions as the most useful aspects of the training. 100% of respondents felt that the content covered was useful and the session content was pitched at the appropriate level.

**Conclusion.** Overall, 'Train 2 Retain' Simulation training was well-received amongst liaison practitioners. Embedding simulation training can improve the confidence and skills of liaison practitioners working in a busy AED setting which will improve well-being and staff retention. The next phase in the development of

the training will be to include competence-based assessment and involving practitioners from other liaison services within the trust.

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### Reviewing the Effectiveness of Clozapine Monitoring in Community Patients: Including the Monitoring of Physical Health Through Blood Monitoring & Reporting of Side Effects

Dr Amina Kahtoon\* and Dr Sangram Pathania  
Studdert Kennedy House-Herefordshire and Worcestershire Health and Care NHS Trust, Worcester, United Kingdom  
\*Corresponding author.

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**Aims.** Clozapine is an atypical antipsychotic used mainly in treatment resistant schizophrenia. Clozapine is known to have various side effects including neutropenia, agranulocytosis, constipation, hypersalivation, myoclonus, tachycardia, dry mouth, gastrointestinal reflux, and hypotension. Therefore, it is important that patients have regular monitoring of their physical health through blood tests and side effect monitoring. The Glasgow anti-psychotic side effect questionnaire allows patients to report side effects whilst on clozapine. This can then be used to review patients' symptoms and treat them as required. The aim of our project was to review compliance of current blood monitoring of patients on clozapine with NICE guidelines and elucidate the effectiveness of the Glasgow anti-psychotic questionnaire in reporting of side-effects. Thirdly, we aimed to introduce a robust new monitoring system to ensure that clozapine monitoring was optimum.

**Methods.** Compliance of the current blood monitoring was checked by reviewing the blood results for all 68 patients on clozapine. The latest blood results were compared to observe if they were within the required timeframe as per NICE. Secondly, the Glasgow antipsychotic questionnaire was distributed to patients on clozapine and then data collated. Following, this a new computer spreadsheet monitoring system was introduced to improve compliance. This allowed patients with overdue monitoring to be flagged up.

**Results.** The overall compliance for the various blood parameters varied from 3% to 100% (glucose- 3%, prolactin- 19%, lipid profile- 68%, HbA1c- 69%, liver function- 72%, renal function- 74%, and full blood count- 100%). Following the introduction of a new monitoring system the overall compliance improved as follows (glucose- 8%, prolactin- 32%, lipid profile- 81%, HbA1c- 61%, liver function- 90%, renal function- 88% and full blood count- 100%). We observed a 41% uptake of the Glasgow antipsychotic questionnaire. The most common reported side effects included hypersalivation (86%), GI side effects (nausea and gastric reflux- 64%), postural hypotension (56%) and anticholinergic side effects (blurry vision and dry mouth- 46%).

**Conclusion.** The findings show that the previous system was not effective. The introduction of a computer-based spreadsheet to flag up patients for clozapine monitoring has substantially improved compliance with guidelines. The Glasgow antipsychotic self-reporting questionnaire is effective in allowing patients to report the symptoms that they are experiencing. These changes continue to be utilised in our team.

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