

Prior to project baseline measures of ward teaching best practice were collected. The project started at the commencement of 2022/2023 academic year; duration: 12 weeks. The intervention was that inpatient medical teams were supported to send an introductory email to each student cohort, provide a placement timetable, and use supplied tutorial materials.

Questionnaires were emailed to inpatient medical teams at 6 and 12 weeks and to medical students at the end of placements. Medical team questionnaire covered engagement with best practice teaching. The student questionnaire addressed placement experience.

Results. Outcomes at project conclusion:

- 33.3% of wards sent introductory email.
- 66.7% of wards issued a placement timetable.
- 16.7% of wards used tutorial materials.
- Less than 75% of student reported that the placement exceeded expectations.

Student experiences were varied: from excellent to feeling ignored. Students expressed a strong preference for additional structured teaching.

The medical inpatient teams did not engage with this project as hoped. Feedback suggested reasons:

- Lack of knowledge about the project.
- Time pressures.
- Perceived lack of medical student engagement.
- Team had preferred teaching practices.

Conclusion. Despite this intervention, student inpatient placement experience remains varied.

It may have been optimistic to expect medical teams to change their established practice regarding medical students with only very modest additional support.

Some teams are enthusiastic and thoughtful about student teaching. Other are less so; this may be associated with temporary staff.

Following PSDA cycle 1 no further cycles were attempted as outcome suggested an alternative approach is required.

Possibilities for further PSDA cycles include:

- Supporting placements via regular teaching-focused ward team meetings where expertise can be shared.
- Appointing ward teaching fellows.
- Explicitly rewarding inpatient teams displaying teaching excellence.

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Empowering Patients With Functional Neurological Disorders (FND) Through Information to Facilitate Informed Decision-Making and Active Condition Management

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Aims. This service improvement project seeks to empower individuals diagnosed with Functional Neurological Disorders (FND) by delivering comprehensive information, facilitating informed choices about their care, and encouraging an active role in managing their health.

Methods. Information was gathered relating the concerns and expectations of FND patients upon receiving a diagnosis or attending the neuropsychiatric clinic at a regional neuroscience centre. The identification of a patient information leaflet as a valuable resource became apparent. Consequently, a meticulously designed leaflet was developed to educate patients about their condition, providing useful tips and resources. The content of the leaflets underwent a thorough series of reviews, incorporating input from various professionals within the multidisciplinary team, with additional consideration given to feedback from service users. To assess the impact of this intervention, feedback is required from both clinicians and end-users.

Results. The patient information leaflet contains information designed to enlighten patients about their condition, incorporating psychoeducational content on self-help strategies and available treatment modalities. It also highlights support resources available to them. The leaflet can be conveniently stored in the neurology and neuropsychiatric clinic areas for easy clinician access and distribution to relevant patients. Additionally, it is available in PDF format, enabling clinicians to print it in satellite clinics, and medical secretaries can email it to patients along with clinic letters as directed by the clinicians. Initial feedback from patients and clinicians has been overwhelmingly positive, with many considering it an essential intervention.

Conclusion. This service improvement, realized through a relatively modest intervention, can lead to a substantial impact on patient care and satisfaction. Providing patients with pertinent information is crucial for fostering informed decision-making and empowering them to take an active role in their care. Especially for conditions historically stigmatized and misunderstood, it is imperative to disseminate up-to-date information, establishing a reliable and endorsed source to dispel stigma for both patients and their families.

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Quality Improvement Project on Standardising GP Discharge Summaries in Liaison Psychiatry Services for Older People in Nottinghamshire Healthcare NHS Trust

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Aims. Discharge letters to general practitioners (GPs) are pertinent in summarising patients' care in secondary healthcare settings and communicating follow-up management plans for continuity of care. 26 GPs from 13 GP surgeries in the West Midlands thought that discharge letters lacked important information and standardisation. We developed a quality improvement (QI) project to standardise GP discharge summaries within the liaison psychiatry services for older people in Nottinghamshire Healthcare NHS Trust. We aimed to ensure that 100% of GP discharge letters are written in a standardised format and meet the mandatory subheadings within six months.

Methods. A comprehensive literature search was performed, and we invited six GPs across Nottinghamshire to comment on the quality of anonymised discharge summaries written by our