team. The survey was then repeated after 4 months of this system being implemented to see how it had changed the opinions of the doctors using it.

Results. Of 21 participants, 95.2% had used individualised jobs lists (IJLs) with 52.4% having negative experiences of these. Only 76.2% of participants had used centralised jobs lists (CJLs) and 42.9% had negative experiences with these. Overall, 61.9% of participants preferred CJLs.

Negative experiences with IJLs focused on lack of accountability, duplication of tasks and unsafe handover. The negative experiences of CJLs revolved around colleagues not correctly using the platform and the process being time-consuming compared with IJLs due to preference of layout and user interface.

The MS Teams CJL was then implemented into multiple wards within an inpatient psychiatry setting. After 4 months of use, the majority of participants (80.9%) were in favour of CJLs; this could be categorised into three main reasons: 1) reduced risk of overlooking or duplicating tasks, 2) safer handover within the team especially due to shift patterns and sickness, 3) accountability within the wider team for clinical tasks. Those who preferred IJLs stated that the newer system was "difficult to adapt to" and that they lacked senior input on how to incorporate it.

Conclusion. Amongst inpatient psychiatry doctors, the use of a CJL has shown to be preferable due to improvements in efficiency, safety and accountability. Although there are barriers to overcome, namely regarding the initial implementation of the system and lack of customisation to individual preferences, this can be explored in the future with the aim to further increase the appeal to doctors working within a ward team.

Prescribing in First Episode Psychosis

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Aims. This audit aimed to review prescribing in First Episode Psychosis (FEP) in Gloucestershire Health and Care NHS Trust, against NICE guidelines (CG 178) we hoped to develop prescribing guidelines for the Trust and to compare our results with Avon and Wiltshire Partnership (AWP) Trust's results of similar audit (AWP-235 Audit of Prescribing in FEP).

Methods. The sample was the Trust Early intervention (EI) caseload of patients with diagnosis FEP. We developed the audit tool based on AWP's audit methodology.

We gathered information about
- The role of initial prescribers.
- The prescribing of up to three antipsychotics.
- Choices of antipsychotic medication, whether the patient was given choice and information about the antipsychotic.
- Recorded reviews of side effects.
- Duration of treatment.
- Reasons for switching antipsychotic.
- Whether clozapine was offered to patients where indicated.
- Whether a recommended antipsychotic free period allowing for investigations and assessments was adhered to.
- Other medications prescribed alongside the antipsychotics.

Results. 77 patients were identified.
- Adherence to the NICE guideline criterion of initial prescriber being in secondary care was good.
- Olanzapine was the preferred first antipsychotic choice for 50% of patients, aripiprazole was the most common choice as 2nd and 3rd antipsychotic (around 30% patients).
- Recording of Information about antipsychotic treatment was lower than expected, about 30% of the sample at first choice, this increased to 50% for second choice and 40% at the third choice of antipsychotic.
- Around 90% of the sample had recorded review of medication and its side effects.
- 17% of the sample had duration of treatment less than 6 weeks at first antipsychotic, this dropped to 9% and 6% at second and third respectively.
- Reasons for switching were mostly due to side effects and lack of efficacy. Refusal to take the antipsychotic was a common reason for switching to the third antipsychotic.
- Only about 20% of patients who were eligible were offered clozapine.
- An antipsychotic free period up to 7 days was adhered to in almost 70%.

Conclusion. As a result of the audit findings we have developed Trust prescribing guidelines for adults presenting with FEP, which include recommendation for 7-day antipsychotic free assessment period, need to involve patients and family/carers when making decisions about choice of medication and recorded discussion about clozapine for eligible patients.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Narrowing the Gap in Differential Attainment for Psychiatry Core Trainees in East Midlands Through Mentorship Scheme

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Aims. The use of mentorship schemes may be a pragmatic approach to bridging the differential attainment gap for psychiatry trainees. There is robust evidence that mentorship improves outcomes for core trainees across several domains including exam pass rates, ARCP outcomes and clinical practice. A survey was developed to elicit core psychiatry trainees' perspective about the need for mentoring as well as their expectations. This was an initial survey done as part of a Quality Improvement project focused on mentoring scheme for psychiatry core trainees in the East Midlands region.

Methods. A 16-item self-rated questionnaire was designed to elicit information relating to respondents' demographics, professional qualifications, UK experience prior to commencement of training, perception of mentorship as an unmet need as well as expected focus of potential mentoring relationship. These were administered to psychiatry core trainees in the East Midlands region. The data was collected in February 2023.

Results. About a quarter of the core trainees (n = 21) participated in the survey. Majority (47.6%) of the respondents had Black or Black British ethnic origin and 11 (52.4%) were in their second year of training. Although 13 (61.9%) had a non-UK primary medical qualification, majority had some months of UK experience before commencement of training (median = 1.4 years). Twenty (95%) of the respondents identified mentoring as an unmet need and they highlighted the areas of need.
Conclusion. This survey showed a high level of acceptance of the mentoring scheme among the trainees. Their expectations and suggestions helped further the design of the mentoring scheme which is currently ongoing.

DNACPR: Utilising Poster Interventions to Improve Compliance With Scottish Government Guidance

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Aims.
- Study current practices in Old Age Psychiatry (OAP) wards regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation.
- Create an intervention to improve compliance with Scottish Government guidance.

Hypothesis:
- An intervention could improve likely inconsistencies in current DNACPR practices.

Background:
DNACPR forms are a contentious issue in the media, impacting patients and families' views. The Scottish Government's 'Cardiopulmonary resuscitation decisions – integrated adult policy: guidance' from 2016 seeks to prevent inappropriate attempts at CPR and subsequent distress to patients and families. It makes various recommendations for clinicians when making these decisions and completing DNACPR forms.
Methods. This was a two-cycle retrospective audit utilising physical and electronic notes for all patients across two OAP wards at the Vale of Leven Hospital, Alexandria. Data were collected on demographics, presence and adequacy of DNACPR forms based on Scottish Government guidance. Between the first (12/09/22) and second (25/11/22) cycle, a poster to aid DNACPR decisions and documentation was created and displayed in the ward office.
Results. There were a total of 13 patients in cycle 1 and 14 patients in cycle 2. The number of patients with forms increased from 3 to 8 between cycles (including all those with organic diagnoses in cycle 2). Between cycle 1 and 2, there were improvements in the proportion of forms: completed at admission (66.7% to 87.5%, respectively), correctly filed (66.7% to 100%), with review timeframes specified (0% to 62.5%) and consultant signatures (33.3% to 100%). The mean age of patients with DNACPR forms was higher than those without forms in both cycles (86.7 and 85.7 in cycle 1 respectively versus 77.9 and 77.7 in cycle 2). The mean number of comorbidities did not vary significantly between those with and without forms or between cycles.
Conclusion. The project revealed various shortcomings in DNACPR practices across both wards. The creation of a poster intervention helped to improve DNACPR practices and compliance with Scottish Government guidance. Despite this, notable areas for improvement still remain. Incorporating these new practices into hospital policy alongside more audit cycles could aid further progress in outstanding areas for improvement.

Improving Communication at an In-Patient Female Forensic Intellectual Disability Unit – Delamere Ward

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Aims. To improve communication in a Female Forensic Intellectual Disability ward.
Methods. Delamere ward is a medium secure Intellectual Disability female forensic ward in Merseycare NHS Foundation Trust. Admitted patients have varying levels of need and complexities. A Multidisciplinary Team (MDT) comprising of Medical, Nursing, Support workers, Psychology, Occupational therapists and Speech and Language therapists, among others, works with patients in this ward. The MDT meets regularly in various patient meetings with decisions taken communicated to patients and staff through existing means. Communication was noted to be ineffective, leading to patient frequent challenging behaviours and patient dissatisfaction.

The Quality Improvement project was registered with the local Trust Quality Improvement Department at the outset. Staff views on ward communication effectiveness were gathered using entrance and exit questionnaires. 12 and 9 staff members responded to the entrance and exit questionnaires respectively.

The project was conducted over a period of 12 weeks and was divided into Service user and Staff led initiatives. Service user initiatives focused on strengthening existing community meetings, use of ward health promotion boards, MDT walk arounds and utilisation of ward areas. Staff initiatives included introduction of daily morning handover meetings, strengthening of existing staff meetings, listening sessions with staff, and use of reflective sessions. Daily handover meetings were open to the whole ward team and attended per staff availability. Ward dynamics encompassing the previous day were discussed and documented. Qualitative staff views transcribed and compared pre and post project.
Results. Implementation of the quality improvement project eased tension between the MDT and the wider team, helped foster more shared decision making, increased team participation, bridged the gap between fortnightly held ward rounds, created a platform for prompt information sharing, encouraged bidirectional flow of information and helped therapists plan their sessions accordingly.
Conclusion. Effective ward communication was beneficial to staff and patients alike, leading to better implementation of care plans, increased staff confidence and teamwork, and service user satisfaction.