The African and Caribbean Doctors Buddy Group (ACDBG) at HPFT- Hertfordshire Partnership University NHS Foundation Trust

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doi: 10.1192/bjo.2023.313

Aims. There are increasing amounts of documented evidence that Black and Ethnic Minority (BME) NHS staff are more likely to face exclusion and discrimination. The MWRES- Medical Workforce Race Equality Standards Report details the disadvantages faced by BME doctors in the NHS. This piece of work shows a strategy to support doctors of African and Caribbean origin working in HPFT. Launched in 2021, the HPFT African and Caribbean Doctors Buddy Group (ACDBG) is a group for all doctors of any grade working in HPFT from African and Caribbean backgrounds. The group aims to bring together doctors of these backgrounds to build a group of clinicians who advocate for equity for African and Caribbean patients and medical professionals. Another key focus of the group is to support and motivate each other, focusing on individual health and well-being and sharing mutually beneficial experiences.
Methods. Doctors of the groups' ethnic backgrounds across all grades identified 34 (20.1%) African-Caribbean doctors out of the 169 BAME doctors in Hertfordshire Partnership University NHS Foundation Trust (HPFT). Of this, there are 30 doctors of African and 4 of Caribbean backgrounds, with 14 in Consultant, 7 in Staff Grade, Associate Specialist and Specialty (SAS) and 13 in Training posts.

The identified doctors received an invitation to attend the group meeting. Attendance was optional; membership was free with no long-term commitment. The group has an active social media presence to communicate and attract interested colleagues.
Results. The group has met at least three times a year to provide opportunities for meaningful engagement and networking. These have included formal meetings as well as informal dinner events. Feedback from attendees has been very positive, with members mainly commenting on having found support from fellow members in navigating new experiences or learning from how others have sorted culturally unique challenges encountered in their working lives. Our international doctors have expressed joy in finding a resource to obtain guidance in settling into work and support with career development.
Conclusion. Feedback received from members of the group indicate that the doctors have found the group extremely useful. It gives an opportunity for expressive communication to promptly address concerns of any form or nature, on a personal or collective level, thereby improving positive well-being and career progression. Their positive experiences in pastoral care improved inclusion, productivity, retention and ultimately quality of care provided to service users.

Improving Screening and Standardising Interventions for Patients With Above Normal Body Mass Index (BMI) Admitted to a Male Psychiatric Intensive Care Unit (PICU): A Quality Improvement Project

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doi: 10.1192/bjo.2023.314

Aims/hypothesis.

1. To increase the proportion of patients having their BMI documented on admission to the PICU.
2. To improve rates of standardised interventions when abnormalities in BMI found.

Among patients admitted to PICU, there is lack of consistency in monitoring of BMI and in offering interventions for those with abnormal BMI. We expect an improvement in both the parameter with the quality improvement project. Background: Service users admitted to PICU have severe mental health illnesses, and are known to have several high risk cardiometabolic parameters including excessive weight. In addition, they are often treated with medications known to cause weight gain. Without effective management, this is likely to cause increased morbidity and mortality
Methods. Initial baseline data were collected by reviewing patient notes.

We then tested interventions to improve weight and BMI screening process on the PICU. We used the Plan-Do-Study-Act (PDSA) methodology over 2 cycles. In the first cycle, we engaged the nursing staff to improve screening on admission, including training to overcome the glitch in the electronic form that prevented automatic BMI calculation. In the second cycle, we introduced a protocol to ensure consistent interventions were offered to patients with abnormal BMI. The interventions offered were referral to dietician, referral to PICU gym instructor and MDT discussion about lifestyle changes and medication to manage weight.

Data were collected after each PDSA cycle to monitor change.
Results. Baseline: 47% of PICU patients had their BMIs recorded on admission. 69% of those patients that met the overweight criteria were offered an intervention.

After the first PDSA cycle, 91% of patients had their BMIs recorded. 71% of those patients that met the overweight criteria were offered an intervention.

After the second PDSA cycle, all the consenting patients had their BMIs recorded. 100% of those patients that met the overweight criteria were offered all the interventions in the protocol but not all agreed to engage with the interventions.
Conclusion. As a result of this quality improvement project there has been an improvement in screening for BMI on admission to PICU and in the standardised interventions offered to those with high BMI. The next steps will be to implement this across the other wards and to improve patients' engagement with the interventions.

Improving the Screening and Diagnosis of Delirium for Older adult Patients Admitted to Hillingdon Hospital

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doi: 10.1192/bjo.2023.315

Aims. The aim was for 80% of adults aged over 65 years to be screened for delirium at the point of admission to hospital.
Methods. We implemented multiple interventions including:

- Teaching sessions for doctors, nursing staff and healthcare assistants on delirium.
- Designed a new proforma using a more specific tool for screening delirium (4AT)
- Making the clerking proforma and delirium screening tool more user friendly

Results. Results have shown statistically significant improvement in the detection of delirium with a sample in October 2022 showing 68% of older adults admitted to Hillingdon Hospital having been appropriately screened for delirium.
Conclusion. Current results suggest significant improvements with our interventions, however further progress is still required to reach our aims with regular data collection being paramount.

Improving Physical Health Monitoring on an Inpatient Dementia Assessment Unit – a Quality Improvement Project

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doi: 10.1192/bjo.2023.316

Aims. Meadowview Ward is a dementia assessment unit based at Thurrock Community Hospital as part of Essex Partnership University NHS Foundation Trust. Patients with advanced dementia are routinely admitted with significant physical comorbidities and, as such, robust physical health monitoring is required. Members of the nursing team felt that it would be helpful to formalise the approach to physical health monitoring in order to allow all members of the multidisciplinary team to be aware of the necessary requirements. It was decided to formulate a physical health monitoring prompt sheet to facilitate discussion regarding physical health during ward rounds.
Methods. A multidisciplinary discussion took place to identify the areas of monitoring which should be routinely highlighted in ward rounds. Items labelled as routine monitoring requirements were also listed. A prompt sheet was then devised which divided ward round discussion into nursing and medical feedback, with each section having specific areas for discussion (for example oral intake, recent blood results, any pending investigations). This included prompts for other staff groups including physiotherapists and occupational therapists. A section was also added regarding ongoing monitoring requirements, such as routine outpatient appointments and whether transport had been booked.

In order to assess the impact of the introduction of the prompt sheet a questionnaire was provided to members of the multidisciplinary team who regularly attend ward round. This assessed their perception of the quality of physical health monitoring both before and after the introduction of the prompt sheet, the impact of the sheet on ward rounds and whether they wished the intervention to continue.

Results. There was a significant increase in staff satisfaction with physical health monitoring on the ward (n=7, P = 0.0065). 100% of staff surveyed rated the introduction of the prompt sheet as "strongly helpful" and that they "strongly agree" the use of the prompt sheet should continue. An initial concern from the team had been the potential for the use of the sheet to delay ward rounds, however 57% of respondents reported no impact on ward round duration and 43% felt it strongly expedites assessments.
Conclusion. The introduction of the physical health monitoring prompt sheet has been widely perceived as a success within our multidisciplinary team. It has also demonstrated the effectiveness of a multidisciplinary approach to quality improvement projects, ensuring the wide variety of expertise within teams is utilised.

Trans and Non-Binary Healthcare QIP: Improving GPST Knowledge and Confidence

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doi: 10.1192/bjo.2023.317

Aims. Trans and non-binary people present with condition-specific health needs. General Practitioners (GPs) face increased demand to care for this population. The Royal College of General Practitioners note that "the gaps in education, guidance and training for GPs around treating gender dysphoria… and managing broader trans health issues… needs to be urgently addressed." We are an interdisciplinary team using QI methodology to assess current self-reported knowledge and confidence amongst GP Specialty Trainees in the North-West of England (NWGPSTs) and deliver interventions targeting problem areas.
Methods. Following engagement with Health Education England North-West, a preliminary questionnaire was distributed to all NWGPSTs to assess baseline knowledge and confidence regarding gender-diverse peoples' healthcare.

Results were used to design a teaching session covering basic language and concepts; history and physical exam; gender affirming therapies; psychiatric, medical, and sexual health.

Teaching was delivered in a pilot scheme at four NWGPST training locations. Data were gathered before and after each session, with 3 additional questions to assess the quality of teaching and open-text feedback.
Results. In the preliminary questionnaire (n=150) the most common answer was the lowest amount of knowledge, confidence, or training (1 out of 6) for 11 out of 17 questions. Most reported no training during medical school or GP training programmes. Lack of knowledge in gender affirming therapies, fertility preservation, legal framework and referral pathways were identified.

Using a Likert scale (1 to 5), comparison between pre (n=61) and post-teaching (n=49) questionnaires showed improvement in knowledge in all areas (CI 95%). Overall knowledge improved with a mean of 1.05 (95% CI 0.72–1.38). Teaching quality feedback achieved a total mean score of 4.18. Open-text feedback was overwhelmingly positive about teaching material, enthusiasm of presenters, and contained useful suggestions for improvement.
Conclusion. Baseline knowledge of trans and non-binary healthcare is generally very low. A brief educational intervention made a