

future plan includes a more regular intervention arranged around the beginning of new postings for doctors to ensure they have adequate exposure to the assessment of smoking-related addiction problems.

Audit on Availability, Quality and Frequency of Clinical Supervision

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Aims. We have completed a cycle of audit on the availability and quality of clinical supervision in Somerset NHS Foundation Trust. Last year we had highlighted the results of our first survey (run in 2020) in local teaching and audit meetings. We have now completed the cycle following the intervention. Both Severn deanery and Somerset NHS Foundation Trust both recommend psychiatry trainees have one hour of supervision per week, involving exploration of trainee clinical and educational needs. This audit is now part of a quality improvement project being run across Severn Deanery. This particular audit focuses on the results from Somerset NHS Foundation Trust.

Methods. Trainees working in Somerset NHS Foundation Trust were invited to participate in this survey. We used the original survey from last year but added further white spaces to invite feedback and to explore what was particularly good about the clinical supervision currently offered. Questions on accomplishing workplace based assessments (WPBA), managing e-portfolio requirements were asked, with Likert scale responses available. The survey was sent out in the form of Microsoft Forms disseminated via email to all junior doctors (n = 27).

Survey was run from May till June 2021 (nearing the end of placement). We sent out 3 reminders before closing the survey. The authors of the audit then reviewed the data.

Results. 9 out of 27 doctors responded, response rate of 33%. Our last survey had a response rate of 63%. Supervision appears to be more regular now with only 11% stating that they were meeting their supervisor sometimes in comparison to 17% the last survey. Similar percentage of respondents were able to complete WBPAs as in the last survey (88% Vs 89%).

QI project/audits were being discussed at a similar rate (60% Vs 66%). 75% of psychiatry trainee respondents were discussing their psychotherapy competencies (42% were having some discussion in the last survey). There was a better response from GP and FY doctors for this survey.

Conclusion. Response rate appears to have fallen, however supervision appears to be more regular with more focus on competencies.

White space answers showed that most trainees were satisfied with supervision. However, supervision could be more consistent and serious attempts must be made to protect it from clinical work overshadowing it.

We will be comparing the results of our audit in Somerset NHS Foundation Trust to the results from other parts of the deanery.

Audit of Lithium in a Psychiatry of Old Age Service

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Aims. The aim of this audit is to compare our prescribing and monitoring practices in the Mental Health Service for the Elderly team (MHSE) in County Monaghan with current NICE guidelines (National Institute for Health and Care Excellence, UK). Lithium is used in the management of Bipolar Affective Disorder (BPAD) and refractory Depression in the elderly and across other patient groups. The elderly population is more vulnerable generally than other patient groups to adverse effects and toxicity from Lithium including at therapeutic doses. This is due to the increased likelihood of having other medical morbidities, interaction with other medications and the higher prevalence of renal impairment.

Methods. The audit duration was from the beginning of April to the end of June 2021. Data were collected for demographic variables and for therapeutic variables such as Lithium dose, serum Lithium level, adverse effects due to Lithium, weight and signs of Lithium toxicity. Re-audit was completed during the month of June 2021.

Results. Ten patients attending the MHSE team were prescribed Lithium at the time of the audit and were included in the audit. 60% were females and 40% were males. The mean age was 77.3 years. 50% had a Depressive disorder and 50% had a diagnosis of BPAD. The mean Lithium dose was 310 mg and the mean serum Lithium level was 0.5mmol/L. All 3-monthly Lithium levels were completed. 100% were provided with information booklets, record books and BMI recorded. 60% of six-monthly Lithium levels were completed. 20% of six-monthly bloods were completed but not documented. There were eight patients prescribed Lithium in the re-audit. 62% were females and 38% were males. The mean age was 78.8 years. 75% were diagnosed with refractory Depression and 25% with BPAD. The mean Lithium dose was 337.5 mg and the mean serum Lithium level was 0.6mmol/L. 100% of patients completed their three and six-monthly serum Lithium levels and documentation was complete for 100% of patients.

Conclusion. We recommend the establishment of a Lithium Clinic to ensure proper monitoring of this group. This includes clear pathways for patients to have their bloods taken (GP or hospital), pro forma reminder letters for GPs and patients, a recording table for blood results and physical variables in the patient file, alert cards and the provision of written information about Lithium for patients and carers.

Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication in North West Edinburgh Community Mental Health Team (CMHT)

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Aims. To assess the effect of interventions in the physical health monitoring of patients prescribed depot antipsychotic medications. We hypothesised that compliance with monitoring would improve post-intervention. It is well recognised that patients with severe mental illness have a significantly reduced life expectancy. Depot antipsychotic medication increases the risk of