

smoking cessation which shows that there might be a need of a more precise implementation regarding support to receive brief intervention for smoking cessation, NRT and specialist advice.

The results also showed that the QRisk is not calculated, a useful marker of cardiovascular risk.

Conclusion. Give leaflets regarding smoking cessation on admission, offer support and advice to all the patients being on the ward. And re-audit in due course to see the effect of this intervention.

Constipation and clozapine: a QI project in Leicestershire Partnership NHS Trust, (LPT)

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Aims. Constipation in patients on Clozapine is the biggest cause of mortality. We have no set protocol in LPT for how to manage and monitor Constipation in Clozapine initiation in the inpatient setting. Internationally protocols, (such as the Porirua protocol) exist but have not been widely used locally.

We wanted to assess local compliance with monitoring constipation in patients admitted to hospital and started on Clozapine. We also wanted to assess whether patients are prescribed PRN or regular laxatives, before considering implementing a local protocol.

Method. In LPT we use the ZTAS system for prescribing Clozapine. They provided us with a list of patient IDs who had recently started on Clozapine.

We captured data on patients started on Clozapine.

1. What date was this started?
2. What date was either PRN or regular laxatives started?
3. Was a bowel chart recorded?
4. Any evidence of constipation or significant bowel issues relating to Clozapine?

Result. We initially analysed 30 patients, (20 of whom were initiated on Clozapine as inpatients, and 10 as outpatients). A bowel chart was started in only 1 inpatient. Laxatives were started in 50% (15, only 3 of whom were outpatients). 14 were regular and 1 was a PRN prescription. 12 inpatients had constipation, and 1 outpatient suffered with constipation. 2 patients suffered with diarrhoea but there were no other significant issues with bowel problems.

Conclusion. From our initial data we can see that there are many inconsistencies in practice.

Existing patients on Clozapine attend a local clinic, (Clozapine clinic) where ongoing monitoring of constipation, (and other parameters, e.g. ECGs etc are completed).

We have written a new protocol which we will share, that the trust has implemented, that identifies when PRN and regular laxatives should be prescribed. We have also expanded the protocol to agree for initiation of Olanzapine bowel charts and PRN laxatives should be used.

Audit on availability, quality and frequency of clinical and educational supervision

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Aims. GMC defines clinical supervisor as a trainer who is responsible for overseeing a specified trainee's clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so¹.

This AUDIT aimed to review the frequency, content and quality of clinical supervision for psychiatric trainees within Somerset NHS Foundation Trust. 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.

Method. All trainees working in Somerset NHS Foundation Trust psychiatry from February 2020 were invited to participate. A survey was designed to quantify the frequency of supervision amongst this cohort. Survey online software, SurveyMonkey, was chosen for the accessibility and user friendly modality and disseminated via email to all junior doctors (n = 27). Survey responses were collected in the last month of the placement (July–August 2020).

Questions on accomplishing workplace based assessments (WPBA), managing e-portfolio requirements were asked, with Likert scale responses available. Quality of supervision was explored via white space answers.

Surveys were reviewed by the AUDIT authors and descriptive data collected.

Result. 63% trainees responded (17 out of 27). Educational objectives were discussed at the beginning of the placement. Over half the respondents stated that time was not set aside to look at e-portfolio.

Workplace based assessments (WBPAs), and Case based discussions (CBDs) were more frequently achieved than observed assessments of clinical encounters (ACEs/Mini-ACEs) (assessment of clinical encounter).

30% core psychiatry trainees respondents (4 out of 7) discussed their audits/QI projects with their supervisors most/always. 42% (3 out of 7) had a discussion sometimes.

2 GP and foundation trainees stated they were unable to obtain community mental health experience. The response rate to this question was disappointing and we think it may be secondary to the pressures of the pandemic.

100% respondents described educational supervisors as supportive and approachable.

Conclusion. Whilst all respondents found their supervisors approachable and supportive, completion of formal WBPAs and portfolio reviews was suboptimal.

Following regional presentation of results, the pertinence of these findings for all trainees was highlighted. A supervision template has been created and extension of this initial audit to a regional quality improvement project is underway.

Specific recommendations included brief and regular supervisor check-ins with trainees regarding projects and psychotherapy competencies and a mid-placement review of portfolio.

Are medications with anti-cholinergic properties prescribed and reviewed appropriately on a male older person's organic ward?

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Aims. Patients admitted to Roker ward (male organic psychiatric ward) should have a decreased anticholinergic burden of