An audit of breast reconstruction surgery discussion among patients diagnosed with breast cancer requiring mastectomy

Background/rationale: It is the recommendation of the National Institute of Clinical Excellence that breast reconstruction be discussed with all patients scheduled to have a mastectomy for breast cancer with the exception of those with significant morbidity and/or a need for adjuvant therapy. This is irrespective of the availability of the service locally.

Aims/objectives: To determine the number of patients referred for a mastectomy at the St Richard’s hospital
To determine patients who had the breast reconstruction discussion, those who did not and the reasons behind the exclusion
To present the result of the audit locally/regionally
To ascertain an appropriate intervention if required

Data collection/methodology: Data was collated retrospectively from clinical notes of patients referred for mastectomy following a diagnosis of breast cancer.

Inclusion: All patients over 18 years and under 85 years from clinical notes of patients referred for mastectomy and those whose procedure was to be performed at the St Richards.

Exclusion: Patients less than 18 years and above 85 years.

Key Findings: 64% (16 patients) of the subjects discussed breast reconstruction with the breast surgeon, out of which 44% (11 patients) signified a preference for delayed reconstruction.

36% (9 patients) were excluded, 8 based on the comorbidities/need for adjuvant therapy.

There was a 2.4% improvement when compared to the 61.6% for the audit in 2014.

Recommendations: Explicit entries of breast reconstruction discussion and reasons for exemption should be available at the multidisciplinary meeting notes.

MDT outcomes to be entered into the Somerset cancer register which now available online.

Leading innovation and improvement

Engaging patients in education and training

Background: The present study, #CPRinSchools, explores healthcare professionals in training as leaders of BLS teaching in UK secondary schools for children in aged 11–16. This initiative which has gained endorsement from the UK Foundation Programme Organisation and attracted medical education stakeholder interest (GMC, AoMRC, RCP) has been piloted amongst foundation doctors nationally and delivered to over 1000 pupils.

Aims: BLS training in schools is associated with improved cardiac arrest outcomes. The present study aims to: A) Identify an evidence-based approach to leading BLS teaching in schools, B) Explore the extent to which trainee engagement with #CPRinSchools enhances their leadership skills as per the Medical Leadership Competency Framework (MLCF).

Methods: BLS teaching using Laerdal Resusciti Anne mannequins was delivered by foundation doctors to 270 students aged 11–16 years using the #CPRinSchools programme. Pre and posttest questionnaires were used to assess student knowledge. 90 students completed these. Surveys and focus groups were carried out among foundation doctors to explore impacts of leading BLS teaching through #CPRinSchools on developing leadership skills.

Results: Results identified a statistically significant improvement in children’s ability to identify when to commence chest compressions or put someone in the recovery position and, where indicated, how long to carry out chest compressions. Phenomenographic analysis identified perceived significant improvements in foundation doctors’ leadership qualities in the MLCF domains: ‘Demonstrating personal qualities’ and ‘Working with others’.

Conclusions: #CPRinSchools significantly improves secondary school children’s knowledge of the key principles of Basic Life Support. Foundation Doctor engagement with #CPRinSchools improves their personal qualities and teamwork skills which they can apply in other contexts within the clinical environment to improve patient care and outcomes.

Context: Pelvic examination is an essential component of the care women receive. Medical students are required to acquire these pelvic examination skills as a core competency. However, learning to perform the pelvic examination is difficult.

Objective: We developed a novel patient delivered pelvic examination training intervention to improve educational outcomes.

Strategy for improvement: Ninety-four medical students scheduled to undertake pelvic examination training were recruited into a randomised trial evaluating the educational