

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

42 BREAST RECONSTRUCTION SURGERY DISCUSSION

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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 referred to a specialist centre such as East Grinstead for their surgery and those whose procedure was to be performed at the St Richards.

Exclusion Patients less than 18 years and above 85 years.

Patients referred for mastectomy outside the above-stated window period.

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.

20% (5 patients) showed no particular preferences based on the available data and at the time of this audit, had not undergone any breast 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

44 TRAINEES AS LEADERS OF BLS TEACHING IN SCHOOLS FOR 11–16 YEAR OLDS THROUGH #CPRINSCHOOLS: A NATIONAL PROGRAMME ENDORSED BY THE UK FOUNDATION PROGRAMME ORGANISATION

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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 Laedel Resusci Anne mannequins was delivered by foundation doctors to 270 students aged 11–16 years using the #CPRinSchools programme. Pre and post-test 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 teamworking skills which they can apply in other contexts within the clinical environment to improve patient care and outcomes.

Engaging patients in education and training

45 DEVELOPING, EVALUATING, AND IMPLEMENTING PATIENT DELIVERED INTIMATE EXAMINATION TRAINING ACROSS NINE NORTH-EAST LONDON HOSPITALS

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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