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

effectiveness of patient-delivered training in the short and medium term.

Results During the clinical rotation, when compared with the control group, there was no difference in the number of examinations performed by participants in the experimental group.

At the end of the clinical rotation, when compared with the control intervention, the experimental intervention had a moderate effect on knowledge [difference 29.9% (95% CI 11.2%–48.6%)] and participant confidence [difference 1 (95% CI 0–2)], and a large effect on participant comfort [difference 1.8 (95% CI 0.6–3.0)].

At the end of the academic year, the experimental intervention had a small effect on technical and interpersonal skills when compared with the control intervention. Median values were 24 (IQR 21–27) and 20 (IQR 17–24) in the experimental group compared with 24 (IQR 20–26) and 19 (IQR 17–22) in the control group, respectively.

Lessons learnt Among medical students taught the female pelvic examination by low-fidelity simulation, additional training by trained patients improved student, knowledge, comfort, and confidence at the end of the clinical rotation but did not improve examination skills at end of the academic year.

Messages for others Medical schools considering new or continuing investment in patient-delivered pelvic examination training should carefully consider its cost effectiveness, as it did not appear to produce any gains in summative assessments.

Leading innovation and improvement

46 DNACPR DOCUMENTATION & TREATMENT ESCALATION PLANS IN ELDERLY PATIENTS WITH A NECK OF FEMUR FRACTURE

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Aim To improve the documentation of DNACPR decisions and Treatment Escalation Plans (TEPs) in elderly patients (>75 year) presenting with a neck of femur fracture.

Methods Initial Audit (January 2018) + Re audit (March 2018)

- Inclusion Criteria: 20 consecutive patients over the age of 75 years, presenting with a neck of femur fracture (AO–31 A–C)
- To assess:
- Was a DNACPR decision made during the admission?
- Was discussion of this decision with the patient documented in the medical notes?
- Was discussion with the NOK documented in the medical notes?
- Was the DNACPR form countersigned by the responsible orthopaedic/orthogeriatric consultant?
- Was a TEP clearly documented in the medical notes?
- AMTS, ASA and PRISMA7 score to assess frailty

Interventions

- Staff education sessions (junior doctors + nursing staff)

- Improved availability of DNACPR and treatment escalation plan paperwork
- Posters within the doctors' office

Results Comparison of the two audit cycles shows an improvement in all aspects measured. The percentage of a documented DNACPR decision increased from 40% to 70%, and in the re-audit 100% of DNACPR forms were countersigned by a consultant. TEPs were also seen to increase by 100% in the re-audit.

Conclusion Fractured neck of femur has a high mortality rate. Therefore these discussions should be had early, ideally on admission and prior to surgery. As such, we have targeted our interventions towards reminding the admitting doctor, when appropriate, to have the resuscitation conversations. We acknowledge that it is not appropriate for every patient with a fractured neck of femur to have a DNACPR form signed, and as such we have concentrated on improving the documentation of DNACPR decisions, rather than the proportion of DNACPR forms signed.

The staff education sessions, the improved availability of DNACPR paperwork and visual reminders around the doctors' office clearly improved the documentation of DNACPR decisions.

Quality improvement project

48 STREAMLINING FOLLOW UP PROCESS IN OBSTETRIC ANAESTHESIA

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A problem with follow up was identified in our Obstetric anaesthetic department at UHCW (Coventry). The follow up process was conducted on paper, and had a lot of steps in the process, which added to unnecessary waste, and ultimately frustration with the anaesthetists. It also meant a unified patient record was not possible. There are a lot of different methods employed in different hospitals, including commercial electronic products, which were suggested. Due to cost constraints as well as practicality issues, this was not feasible.

An alternative method was needed. The idea was to modify our existing patient portal to incorporate anaesthetic follow up onto, so that it doesn't add to any costs, the infrastructure is already in place and the system was familiar to everyone.

This QI project was very ambitious to start with but received a lot of support from colleagues. Eventually after 8 months of collaboration with the ICT department a potential solution was found.

We have implemented a new electronic follow up system which is incorporated into the existing patient portal and has replaced the previous paper system. The feedback has been excellent, with the 18 anaesthetists who completed the questionnaire, all of them found the new system to be easier to use. Over 90% of them found every element of the new follow up process to be easier. This has eliminated steps that added waste and improve the time we spend with our patients, and ultimately adding value to them.