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%–48.5%)] and participant confidence [difference 1 (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.

**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 UHWC (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.