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 0.6–3.0)].

At the end of the clinical rotation, when compared with the control intervention, 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 DNA CPR DOCUMENTATION & TREATMENT ESCALATION PLANS IN ELDERLY PATIENTS WITH A NECK OF FEMUR FRACTURE

David Evans*, Megan Bowen, Tim Fowler. Department of Trauma and Orthopaedic Surgery, North Bristol NHS Trust, UK

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Aim To improve the documentation of DNA CPR 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 DNA CPR 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 DNA CPR 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 DNA CPR 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 DNA CPR decision increased from 40% to 70%, and in the re-audit 100% of DNA CPR 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 DNA CPR form signed, and as such we have concentrated on improving the documentation of DNA CPR decisions, rather than the proportion of DNA CPR forms signed.

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