

## Innovation and Improvement

### 145 INNOVATION AND IMPROVEMENT IN PROMOTING THE ROLE OF PHYSICIAN ASSOCIATES (PAS) TO THE MULTIDISCIPLINARY TEAM

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**Aims** Given the relatively new role of physician associates & their employment within the Trust. The key aims were:

- To identify areas of improvement in promoting the role of PAs to the multidisciplinary team (MDT).
- To create a greater awareness of the PA role, what PAs can additionally offer, their competences, limits of competences, training and regulations.
- To improve understanding and communication within the MDT and ultimately ensure patient safety and continuity of care.

**Methods** A detailed questionnaire was distributed to the MDT and submitted anonymously. This included aspects of having a PA on their team that worked well.

Additionally, a presentation on ‘Who are Physician Associates?’ was presented. This consisted of the PA role, what they can additionally offer, their competences and limits of competences, their training and regulation. To measure improvement a survey was performed before and after.

This included a comment section.

**Results** 52% of MDT agreed/strongly agreed there is a lack of understanding about what a PAs can and cannot do.

Improvements included a PA trust information leaflet/internet spotlight briefing, grand round/departmental talks, annual inductions talks for new doctors, PA teaching programme, medical rotations.

Following the induction talks there was a 68% increase in the understanding of PA role, a 96% increase in the understanding of their competences and limits of competences, a 89% increase in the understanding of PA training and a 82% increase in the understanding of PA regulation.

**Conclusion** Communication and understanding of individual strengths and weakness is important aspect of leadership and management, directing positive change and quality improvement. Given the new PA profession and its developing scope of practice and regulation, continuously promoting the role important to ensure a clear understanding and benefit to the MDT and patient care.

### 146 DOCUMENTATION OF OFFICIAL DRIVING GUIDANCE AFTER A STROKE OR TRANSIENT ISCHAEMIC ATTACK; A QUALITY IMPROVEMENT PROJECT

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**Aim** To carry out a quality improvement project of the documentation of official driving guidance after a stroke or transient ischaemic attack. Driving advice after conditions such as stroke is a topic often overlooked during medical training. Our project aims for junior doctors to be better informed of their legal responsibility to inform patients of their driving

restrictions and obligations, to improve patient safety and remove any ambiguity of patients driving status.

**Methods** The discharge letters of 60 patients with a diagnosis of stroke/TIA during June 2020 were collected, and documented driving advice (as per NICE guidelines) was assessed, along with obligation to inform the DVLA. After collecting the first loop of data we focused on creating awareness of the issue to all members of staff working on the acute stroke ward by distributed a poster outlining key requirements for documentation on discharge letters and giving a brief presentation to juniors on the stroke ward.

**Results** In total, 73% of patients were given no or incorrect advice regarding driving post-stroke. 98% of patients were given no or incorrect advice regarding need to inform the DVLA.

**Conclusion** Driving too soon post stroke can be dangerous not only to the driver, but to other road-side users. Many patients are unaware of the NICE guidelines, so it is up to the physician to lead the discussion around government advice. Additional documentation of this advice keeps the patient’s GP aware of their driving status, and provides a reminder for the patient themselves. We aim to educate other healthcare professionals on the importance of this, so that patients and the public alike are kept safe.

### 147 DOCUMENTATION OF OFFICIAL DRIVING GUIDANCE AFTER A STROKE OR TRANSIENT ISCHAEMIC ATTACK; A QUALITY IMPROVEMENT PROJECT

Sophie Bondje\*, Camilla Barnes, Vivekka Nagendran. *East and North Hertfordshire NHS Trust, UK*

10.1136/leader-2020-FMLM.147

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