



**National Foundation
Doctors Presentation
Day**

 **UK
Foundation
Programme**

**Abstract
Book**

**Friday 28th
January 2022**

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We are very grateful for the continued support from the following organisations:



Introduction

Welcome to the National Foundation Doctors Presentation Day 2022. This event is proudly supported by the UK Foundation Programme.

We are thrilled to offer this opportunity for current Foundation trainees to present their work at a national meeting and look forward to seeing and hearing about their contributions to medicine and to the NHS.

Format

Foundation trainees from across the UK were invited to submit abstracts relating to Sustainability, Education, Research/Original Work, Clinical Case Reports, or Quality Improvement work undertaken during their Foundation Programme training.

Successful applicants have been invited to present on the day, with the top twenty being selected for Oral presentations in the main programme. Oral presentations will be 10 minutes, with 8 minutes to present and 2 minutes for questions.

Up to 180 further abstracts have been selected for poster presentations. Poster presentations are carried out in a “mini-oral” format. The audience is a much smaller group made up primarily of the other presenters in the poster group and the presentations last just 3 minutes – 2 minutes to talk through the poster to the judges and 1 minute for questions.

Poster presentation groups will run concurrently with the main programme.

Prizes

One oral presentation and one poster from each poster group will be selected for a prize. The oral presentations and each poster group will be assessed by a group of judges against a set of criteria including choice of subject, presentation and visual aid, depth of knowledge, evidence or research or literature review, and conclusions.

About National Foundation Doctors Presentation Day

For over ten years, the National Foundation Doctors Presentation Day has highlighted and celebrated the achievements of Foundation doctors.

Like a conference in format, the event also provides opportunities for organisations such as the GMC, NICE, NCEPOD and more to engage with this dynamic and enthusiastic cohort of junior doctors at the start of their career.

Fascinating speakers have volunteered to give the Keynote talk, covering all sorts of topics – expeditions to Everest, delivering a baby gorilla by caesarean, sleep! And this year, we are delighted to be welcoming Surgeon Lieutenant Commander Tobias Johnson, Royal Navy, as our Keynote speaker.

The primary focus, however, is on F1 and F2 trainees delivering oral and poster presentations, showcasing their work in Sustainability, Case Reports, Education, Research, and Quality Improvement with their peers and senior Foundation faculty, and inspiring us all.

Speakers

Dr Mike Masding, MA (Ed) FRCP



Dr Mike Masding is the Lead Foundation School Director in England and Co-chair of the UK Foundation Programme Office. He is joint Head of Wessex Foundation School with Dr Steve Taylor, having previously been Foundation Programme Training Director and Director of Medical Education at Poole Hospital. The subject of his MA(Ed) dissertation at the University of Winchester in 2010 was Workplace supervision of Foundation doctors. He also continues his clinical work as a Consultant Physician & Diabetologist in Poole, and in what's left of the week spends time with his family, cycles as much as possible and continues to be senior crowd doctor at AFC Bournemouth.

Dr Clare van Hamel

Dr Clare van Hamel is the Severn Foundation School Director and a Consultant Anaesthetist. Clare conceived the National Foundation Doctors Presentation Day in 2011 and she has delivered it as annual event with her hardworking and enthusiastic Severn Foundation School team. The event has become one of the most enjoyable days in her calendar.



Surgeon Lieutenant Commander Tobias Johnson



Lt Cdr Toby Johnson is a Royal Navy GP who has deployed on multiple submarines and worked at the Royal Navy base at Faslane where he was responsible for being the clinical supervisor for the Royal Navy General Duties Medical Officers who work there. He also had a brief period working with the British Army at the Medical Reception Station in Dhekelia Cyprus and is currently working on board the HMS QUEEN ELIZABETH.

Faculty

We would like to warmly thank our faculty who have kindly given up their time to participate in the abstract shortlisting process and as judges on the day:

Rani Ackerman, Severn
Jacqui Baines, North West of England
Natalie Band, Peninsula
Ritwik Banerjee, EBH
Denise Barber, LNR and Trent
Helen Barker, East Anglia
Angela Burton, Northern
Fiona Cameron, Scotland
Gillian Carter, Scotland
Rachel Chall, Medical Schools Council
Julian Chilvers, West Midlands Central
James Choulerton, Severn
Tony Choules, UKFPO
Shane Clark, Yorkshire and Humber
Elaine Colaco, UKFPO
Mark Cottee, South Thames
Keren Davies, North London
Anne Edwards, Oxford
George Fahey, Oxford
Trudi Geach, Peninsula
Alison Ingham, Wales
Craig Irvine, Yorkshire and Humber
Joanne Huish, Wales
Amelia Isaac, UKFPO
Jane Jacobi, NICE
Helen Johnson, East of England
Charlie Mackaness, Trent
Suzanne Maddock, Peninsula and Severn
Nicholas Mahoney, NCEPOD
Mike Masding, Health Education England
Clare McKenzie, NHS Education for Scotland
Abigail Moore, British Medical Association
Jane Morrin O'Rourke, GMC
Chipo Ndlovu, West Midlands North
Anthea Parry, North London
Anna Parsons, Wessex
Jonathan Randall, Severn
Sarah Rawlinson, Peninsula
Christine Rea, Scotland
Sue Reid, Yorkshire and Humber
Winston Rennie, LNR
Paul Reynolds, South Thames
Jon Scott, Northern
Julian Shepherd, North West of England
Maisie Shrubbsall, Severn
Samantha Simpson, UKFPO
Tanu Singhal, LNR
Victoria Stanford, Centre for Sustainable Healthcare
Stephen Taylor, Wessex
Clare Van Hamel, Severn
Tor van Hamel-Parsons, Oxford
Kata Varnai, UKFPO
Emma Wales, West Midlands South
Rachel Ware, GMC
Lynn Wilson, Northern Ireland
Rachel Wood, Severn
Tom Yapp, Wales

Programme

Friday 28th January 2022

10:00	Welcome and Introduction Dr Clare van Hamel Severn Foundation School Director, Clinical Advisor UKFP		
10:05	Oral Presentations	Poster Presentations	
		Case Report Poster Group	Quality Improvement Poster Group 1
11:05	UKFP Leadership Fellows Niamh Woods (Scotland) and Navindi Fernandopulle (Severn)		
11:15	Comfort Break		
11:30	Oral Presentations	Poster Presentations	
		Research / Original Work Poster Group 1	Quality Improvement Poster Group 2
12:30	Lunch Break		
13:00	Oral Presentations	Poster Presentations	
		Quality Improvement Poster Group 4	Research / Original Work Poster Group 2
14:00	Comfort Break		
14:15	Oral Presentations	Poster Presentations	
		Education Poster Group 2	Quality Improvement Poster Group 5
15:15	Key Note Speaker Surgeon Lieutenant Commander Tobias Johnson, Royal Navy 'Supervision of Royal Navy Junior Doctors'		
15:45	Announcement of Prize Winners		
16:00	Close and Evaluation		

Oral Presentations

01ORA

‘Problems, Pitfalls and Panic (PPP) Clinic’ – a novel solution to a crisis in Junior Doctor confidence, aiming to instil a sense of ‘you are never alone’ in an Balint/Schwartz-esque setting but is less formal and more relaxed, with experienced seniors.

Authors

Edmond Rostand, Leila Rezvani

Yorkshire and Humber Foundation School

Background

The pandemic was challenging; confidence and morale among juniors at breaking point, and a reduction in 1-to-1 time with seniors affecting receiving feedback and praise, impacting our development^{1,2}. We needed an alternative solution to challenge this.

Methods

A gap analysis and survey identified a lack of senior availability, impacting growth and development, as well as a need for pastoral support for Juniors. The clinic ran once-weekly, open to anyone. A safe space to gain feedback, support and to reflect.

Results

In 8 weeks, 13 attended. 100% found it helpful, supportive, had more confidence and would recommend to others. ‘After a stressful weekend, it was really useful to talk to a senior about the issues I’d faced and gain advice. I found it extremely cathartic’

Key Messages

The feedback shows that PPP filled a gap in Juniors’ development and helped restore confidence and boost morale. The discussions and learning points often allow for portfolio assessments, relieving another aspect of worry surrounding training.

References

1. Health Education England. Junior Doctor’s Morale: understanding best practice working environments. Published 2017
2. Walesby K, Lyall M, Mackay T, Wood B, Bell D. Valuing our trainees: the future of medicine in the UK. Journal of Royal College of Physicians Edinburgh; 46: 146-9.

02ORA

Sutures versus clips for skin closure following caesarean section: A systematic review, meta-analysis and trial sequential analysis of randomised controlled trials

Authors

Elizabeth Peterknecht, Shafquat Zaman, Ali Yasen Y Mohamedahmed, Reza Md Zakaria, Saeed YY Mohamedahmed, Shahab Hajibandeh, Shahin Hajibandeh

West Midlands Central Foundation School

Background

Caesarean section (CS) is one of the most common surgical procedures in women worldwide. The optimal method of skin closure should be swift, reduce the risk of wound complications, minimise post-operative pain, and leave an aesthetically acceptable scar.

Methods

We conducted a systematic search to identify eligible RCTs for meta-analysis. Wound infection, wound separation, closure time, length of hospital stay, patient scar assessment and observer scar assessment scales were the evaluated outcome parameters.

Results

Sixteen RCTs reported a total of 4926 patients following CS. Use of clips was associated with a higher rate of wound separation (RR:2.33, P=0.004), longer hospital stay (MD:1.21, P=0.03) but shorter closure time (MD:5.35, P=0.00001) compared to sutures.

Key Messages

This meta-analysis of best available evidence demonstrated that although skin closure with subcuticular sutures is more time consuming than clips, it is associated with a significantly lower risk of wound separation and shorter length of hospital stay.

References

Kisielinski K, Conze J, Murken AH, Lenzen NN, Klinge U, Schumpelick V. The Pfannenstiel or so called 'bikini cut': still effective more than 100 years after first description. *Hernia J Hernias Abdom Wall Surg.* 2004 Aug;8(3):177–81.
National Health Service (NHS). Caesarean section [Internet]. NHS. 2017 [cited 2020 Nov 27]. Available from: <https://www.nhs.uk/conditions/caesarean-section/>
Royal College of Obstetricians and Gynaecologists (RCOG). RCOG statement on emergency caesarean section rates [Internet]. Royal College of Obstetricians & Gynaecologists. 2013 [cited 2020 Nov 27]. Available from: <https://www.rcog.org.uk/en/news/rcog-statement-on-emergency-caesarean-section-rates/>
World Health Organisation (WHO). WHO | WHO statement on caesarean section rates [Internet]. WHO. World Health Organization; 2015. Available from: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/

03ORA

Paediatric Pancreatic Transection: Case of Mountain Bike Handlebar Injury

Authors

Mohamed Arshat Unais

Wales Foundation School

Background

Pancreatic injuries accounts for 2-9% of all abdominal trauma but is associated with high morbidity and mortality rates(1).Its subtlety makes it difficult to diagnose. This report shows how serum amylase and commuted tomography can aid with the diagnosis.

Case Presentation

A 14-year-old girl sustained a mountain bike handlebar injury on her upper abdomen during a fall. She presented with worsening abdominal pain, vomiting, but normal vital signs. CT scan identified a pancreatic head transection and left kidney laceration.

Outcome

Patient was treated conservatively with IV fluids, analgesia, and antibiotics in the HDU. She was transferred to a paediatric liver specialist department in London, where she passed away. Her last blood results showed amylase of 1858 and CRP of 127.

Follow Up Discussion

In the diagnosis of abdominal trauma cases, it's vital to consider pancreatic injury due to its mortality risk. Amylase and CT can support early intervention. Management depends on injury site, status of the major duct and extent of parenchymal damage(2).

References

1. Debi U. Pancreatic trauma: A concise review. World Journal of Gastroenterology. 2013;19(47):9003.
2. Krige J, Jonas E, Thomson S, Beningfield S. The management of pancreatic injuries. Trauma. 2017;19(4):243-253.

04ORA

An audit of ascitic paracentesis in patients with decompensated cirrhosis investigating if primary prophylaxis of spontaneous bacterial peritonitis (SBP) was commenced accordingly.

Authors

Chloe Butel

West Midlands Central Foundation School

Background

Spontaneous bacterial peritonitis (SBP) is common amongst patients with decompensated cirrhosis and is associated with significant mortality.(1) Patients with a low ascitic protein concentration are at high risk of developing SBP.(2,3)

Methods

Data from diagnostic paracentesis that were performed on the hepatology ward within a 2 week period was collected and analysed. Data was collected retrospectively using the electronic patient record system.

Results

14 of 16 (87.5%) samples were sent for ascitic protein concentration measurement. 9 of these 14 samples had an ascitic fluid protein concentration of below 15g/L. Only 1 of these patients (12.5%) received primary antibiotic prophylaxis as indicated.

Key Messages

The majority of patients identified at high risk of SBP did not receive prophylaxis as indicated by guidelines. A checklist was created to remind clinicians of the paracentesis procedure and investigations with a focus on primary SBP prophylaxis.

References

1. Lim KHJ, Potts JR, Chetwood J, et al. Long-term outcomes after hospitalization with spontaneous bacterial peritonitis. *J Dig Dis* 2015;16:228–40.
2. National Institute for Health and Care Excellence. Cirrhosis in over 16s: assessment and management [Internet]. NICE; 2016. (Clinical Guideline [NG50]). Available from: <https://www.nice.org.uk/guidance/ng50/resources/cirrhosis-in-over-16s-assessment-and-management-pdf-1837506577093>
3. Aithal G, Palaniyappan N, China L, Härmälä S, Macken L, Ryan J et al. Guidelines on the management of ascites in cirrhosis. *Gut*. 2020;70(1):9-29.

05ORA

The Golden Patient Initiative: A Quality Improvement Project that Led to Annual Cost Reduction of Approximately £226,000!

Authors

Nimesh Jayasuriya, Mei Yen Liew, Bethany Chung, Katarzyna Milto, Hannah Douglas, Domminique Hughes, Phillipa Rust

Scotland Foundation School

Background

Significant theatre delays costing approximately half a million pounds were identified in hand trauma lists at St John's Hospital. We aimed to reduce costs by implementing the golden patient initiative (GPI), which was found via literature review.

Methods

We used multi-stage intervention according to change management models (ADKAR and McKinsey 7s) to implement the GPI. This was accompanied by daily visual and verbal cues to make sustainable changes. We completed 3 audit cycles to validate efficacy of GPI.

Results

There was an average theatre delay of 55 minutes prior to intervention, which cost the NHS approximately £500,000. Post-intervention audits showed improvements to delays by 30-minutes. This has halved delay times and saved an estimated £226,000 annually.

Key Messages

This service improvement project has halved unnecessary costs due to theatre delays and as a result improved patient wait times and overall patient care.

References

1. Javed, S., Peck, C., Salthouse, D. and Woodruff, M., 2013. A predetermined first patient on the trauma list can improve theatre start times. *Injury*, 44(11), 1528-1531
2. Creasey, T., 2021. ADKAR: Core to the People Side of Change. [online] *Blog.prosci.com*. Available at: <<https://blog.prosci.com/adkar-core-to-the-people-side-of-change>> [Accessed 16 October 2021].
3. Gokdeniz, I., Kartal, C., Komurcu, K., 2017. Strategic Assessment based on 7S McKinsey Model for a Business by Using Analytic Network Process (ANP). *International Journal of Academic Research in Business and Social Sciences*, 7(6), 342-353.
4. Ang, W. W., Sabharwal, S., Johannsson, H., Bhattacharya, R. & Gupte, C. M. 2016. The cost of trauma operating theatre inefficiency. *Ann Med Surg (London)*, 7, 24-9.

06ORA

Utility of Ultrasound Surveillance Following Transjugular Intrahepatic Portosystemic Shunts (TIPS) for Refractory Ascites in Detecting Shunt Dysfunction

Authors

Wilson Lim, Imran Karim Janmohamed, Jim Zhong, Sapna Puppala, Jai V Patel

Yorkshire and Humber Foundation School

Background

Current practice is to perform surveillance ultrasound to assess shunt patency for patients with refractory ascites treated with TIPS [1]. The aim of this study is to assess the accuracy of ultrasound surveillance in detecting TIPS dysfunction.

Methods

TIPS and ultrasounds details for refractory ascites were reviewed. Ultrasounds were grouped into baseline, routine or symptomatic and the TIPS was classified as normal or abnormal based on the ultrasound. Venograms were used to assess TIPS dysfunction.

Results

157 patients were included. 32 (20.4%) patients had TIPS dysfunction, 15 were detected on the baseline scan and 12 presented symptomatically. US correctly predicted TIPS dysfunction in 5 out of 158 surveillance scans (3.2%), confirmed on venogram.

Key Messages

Routine ultrasound surveillance following TIPS for refractory ascites was not effective at detecting TIPS dysfunction and clinical follow-up alone detects the majority of these cases.

References

1. Tripathi D, Stanley AJ, Hayes PC, Travis S, Armstrong MJ, Tsochatzis EA, et al. Transjugular intrahepatic portosystemic stent-shunt in the management of portal hypertension. *Gut* [Internet]. 2020;0:1–20. Available from: <http://gut.bmj.com/>

07ORA

A new Insulin prescription and administration chart for insulin-dependent diabetic inpatients in Greater Glasgow and Clyde.

Authors

Lauren Sawdon

Scotland Foundation School

Background

The current format of GGC's form requires daily rewriting of insulin doses. This often falls to the junior doctor covering the wards and takes a substantial amount of time. This may also lead to prescription errors when glycaemic control is stable.

Methods

Data collected over a 2-week period included: Pre-administration doses documented, number of insulin dose adjustments and the number of prescriptions signed for by prescribers. The time it took to prescribe insulin was also recorded.

Results

47% had no pre-administration doses documented. 45% required no insulin dose adjustments. 53% of insulin prescriptions were not signed for by prescribers. Based on this data capture, on average, 25 minutes per week was spent on insulin prescribing.

Key Messages

With GGC's current design, time is wasted re-prescribing insulin doses for patients with stable diabetic control. A new chart will allow for a prescription to be reused; removing the need for daily rewriting and saving significant time for junior doctors.

References

08ORA

Designing and executing a bespoke four week clinical internship for European medical students and future IMGs in the context of the covid-19 pandemic

Authors

Anisha Mangtani, Benjamin Clayphan, Antash Daryanani, Dawood Razzak, James Williamson, Jessica Daniels

Severn Foundation School

Background

In the context of increasing IMG and EEA doctors joining the NHS and the GMC's priority to augment these numbers (1), we designed an internship in line with concerns highlighted in the literature regarding preparedness for the role and confidence (2).

Methods

We used student feedback from previous cohorts to deliver student-centred teaching, of which one week was virtual, by a multidisciplinary faculty employing a range of approaches including e-Learning, simulation, small group, and clinical shadowing

Results

None of the ten students in our cohort felt prepared for the FY1 role pre-course. Confidence in all domains – communication, clinical skills, ethics, understanding of NHS systems, the FY1 role – increased significantly as a result of the programme.

Key Messages

The increase in confidence is essential to wellbeing and contributes to safe and effective handover. The lack of preparedness in this cohort underlines the need for such programmes and we demonstrate that they run well alongside Covid-19 regulations.

References

1. General Medical Council. The state of medical education and practice in the UK. 2020 [Cited November 6th 2021]. Available from: https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf?la=en&hash=F68243A899E21859AB1D31866CC54A0119E60291
2. Bhat M, Ajaz A, Zaman N. Difficulties for international medical graduates working in the NHS. BMJ: British Medical Journal. 2014;348.

09ORA

Transurethral resection of bladder tumour (TURBT) operation documentation audit – implementing a standardised online form

Authors

Charlotte Andrew, Nurhan Abbud, Claire Fung, Benjamin Starmer, Henry Lazarowicz

North West of England Foundation School

Background

The European association of Urology (EAU) have published clear recommendations on parameters that should be documented following a TURBT procedure. This audit evaluates whether introduction of an online proforma increases adherence to these guidelines.

Methods

50 TURBT procedures were retrospectively audited against EAU standards. An online form specifically for TURBT was introduced and 45 TURBT procedures were re-audited against the same guidelines.

Results

Following introduction of the online proforma, there was a 39% increase in use of a bladder diagram, an 80% increase in documentation of completeness of resection and a 62% increase in documentation of tumour number and size.

Key Messages

The proforma provides a standardised and structured way to document intraoperative findings allowing for improved adherence to EAU guidelines. Clear documentation leads to better risk stratification which is crucial for decision making at MDT.

References

Babjuk M, Böhle A, Burger M, Capoun O, Cohen D, Compérat EM, Hernández V, Kaasinen E, Palou J, Rouprêt M, van Rhijn BW. EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder: update 2016. *European urology*. 2017 Mar 1;71(3):447-61.

100RA

Venous Thromboembolism in Paediatric Inflammatory Bowel Disease

Authors

Charlotte Greene

Scotland Foundation School

Background

VTE is a serious extra intestinal manifestation of IBD associated with high mortality. The risk in the paediatric IBD population compared to the general is 14 times higher for VTE and 41 times for central venous sinus thrombosis (CVST) (1).

Case Presentation

A 15-year-old boy presented with weight loss (BMI 13), headache and a 2-year history of worsening bloody diarrhoea and abdominal pain. On day 3 of admission, he was found collapsed with a GCS of 3. CT showed transverse and sagittal sinus thrombosis.

Outcome

Treatment LWMH was started. Endoscopy diagnosed Crohn's. After a week he had a PR bleed and became haemodynamically unstable. LMWH was held for 10 days and reintroduced at half dose. This was increased to full following further right limb thrombosis.

Follow Up Discussion

CVST should be considered as a differential in paediatric IBD patients presenting with neurological symptoms. Despite the increased risk of VTE, limited evidence exists regarding prophylaxis in paediatric IBD patients.

References

(1) Martine A Aardoom, Renz C W Klomberg, Polychronis Kemos, Frank M Ruemmele, C H (Heleen) van Ommen, Lissy de Ridder, Nicholas M Croft, PIBD-SETQuality Consortium, PIBD-VTE Group, The Incidence and Characteristics of Venous Thromboembolisms in Paediatric-Onset Inflammatory Bowel Disease: A Prospective International Cohort Study Based on the PIBD-SETQuality Safety Registry, Journal of Crohn's and Colitis, 2021;, jjab171, <https://doi.org/10.1093/ecco-jcc/jjab171>

11ORA

Quality Improvement Project for Venous Thromboembolism (VTE) Assessment Compliance

Authors

Eleni Simantira, Patrick Barclay

Yorkshire and Humber Foundation School

Background

Venous thromboembolism causes 60,000 deaths yearly in the UK, half of which are due to hospital admission [1]. Many hospitals do not meet the national CQUIN target that states that >95% of admissions should have a VTE assessment within the first 24 hours.

Methods

Our interventions included a weekly junior doctor as “VTE CHAMPion” ensuring VTE assessments are completed timely, teaching sessions explaining the procedure of assessing a patient’s VTE risk and a dedicated clerking checklist outlining VTE assessment.

Results

Initial results showed encouraging results whereby post intervention compliance rates increased to an average of 86% compared to 46.5% previously, highlighting that lack of education and practical challenges were main factors for low compliance rates.

Key Messages

By targeting the root of low compliance rates on VTE assessments such as lack of understanding as well as practical challenges with memory aids (CHAMP acronym) and proformas, compliance can improve. As a result, patient safety can markedly improve.

References

1. The Intensive Care Society. Venous Thromboprophylaxis in Critical Care. [Online]. Available from: https://icmwk.com/wp-content/uploads/2014/02/guidelines_for_venous_thromboprophylaxis_in_critical_care_2008.pdf [Accessed 5 November 2021].

12ORA

Changes to the FY1 transition during the COVID-19 pandemic and their impact on preparedness for practice: a national survey of UK foundation doctors

Authors

Connor J S Moore, Natalie S Blencowe, Linda Hollen, Clare van Hamel

Severn Foundation School

Background

An interim FY1 programme (FiY1) introduced due to COVID-19 improved preparedness for practice in 2020, leading the GMC to increase the length of induction training in 2021. This study evaluates whether this increase has affected FY1 preparedness levels.

Methods

This was a descriptive cross-sectional study using data from National FY1 induction survey from 2017-2021 (n=6105). Differences in preparedness and anxiety levels of the 2021 cohort were compared previous cohorts.

Results

In 2020, a larger proportion of FiY1s (79%) reported feeling prepared compared to non-FiY1s (54%), the control cohort (64%) and the 2021 cohort (57%). The 2021 cohort had the highest burden of pathological anxiety (43%) and the FiY1s the lowest (29%).

Key Messages

The 2021 changes to induction training (avg. 3 days increase) did not improve preparedness for practice. These data indicate that time spent in an FiY1 type role may have better utility in improving the transition period from medical school to FY1 posts.

References

13ORA

Documentation of Intimate Examinations

Authors

Olivia Darby, Danielle Hill, Lauren Cunningham, Mary McNamara , Nicola Okenden , Sarah Imbush, Hannah Jeffery, Laura Ward

Yorkshire and Humber Foundation School

Background

The Jessop wing delivers 7,000 babies yearly; intimate examinations regularly take place.¹ Chaperone use ensures patient dignity and safeguarding, with the GMC and RCOG recommending their use.^{2,3} The aim of this project is 100% documentation rates.

Methods

A retrospective study reviewed documentation of intimate examinations in obstetric triage between August and November 2019. In cycle one, posters were used. The second cycle re-audited documentation and a whiteboard detailing staff names was implemented.

Results

Pre-intervention rates of consent and chaperone presence were 55% and 63% respectively. After cycle one, they improved to 78% and 81%; run charts demonstrated a significant shift. In the re-audit, these rates had dropped to baseline rates of 51% and 70%.

Key Messages

The second cycle of the quality improvement project aims to collect data from November 2021 to January 2022 to ascertain whether the second cycle whiteboard intervention will improve documentation rates for intimate examinations.

References

1. Sheffield Teaching Hospitals. Jessop Wing [Internet]. Sth.nhs.uk. 2021 [cited 7 November 2021]. Available from: <https://www.sth.nhs.uk/our-hospitals/jessop-wing>
2. GMC. Intimate Examinations and Chaperones [Internet]. GMC; 2013 [cited 7 November 2021]. Available from: https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf?la=en&hash=A6DCCA363F989E0304D17FBC4ECB9C1060028385
3. Royal College of Obstetricians and Gynaecologists. Obtaining Valid Consent [Internet]. 3rd ed. 2015 [cited 7 November 2021]. Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/clinical-governance-advice/cga6.pdf>
4. Chu C. Guide to chaperones - The MDU [Internet]. Themdu.com. 2017 [cited 7 November 2021]. Available from: <https://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>

14ORA

“FY1 - What we wished we’d known” – Preparing final year medical students for transition to FY1

Authors

Qingzi Guo, Peter J. Eves, Michelle T. A. Doherty, Hannah Gardiner, Anna Kearney,
Northern Ireland Foundation School

Background

The move from medical school to FY1 is recognised as the most challenging transition in a medical career. Our goal was to help smooth this transition by reflecting on our own recent experience and identifying core unmet learning requirements.

Methods

An FY1 focus group identified 6 aspects of the transition that had not been fully addressed in undergraduate training or induction. Wider perspective and pre-course survey established baseline data, and 6 teaching sessions were developed and delivered.

Results

Data from survey and iterative feedback shown that student's preparation for FY1 life was significantly improved, and 100% of participants found the teaching programme helpful.

Key Messages

Real time FY1 focus groups we have been able to identify some core FY1 competencies that are soon taken for granted as trainees progress. Our peer teaching approach with emphasis on environment and respect was core to the success of the programme.

References

15ORA

Climate reform a menace to man? A case report of a penetrating oral injury by metal straw.

Authors

Evelyn Qian

Scotland Foundation School

Background

Intraoral penetrating wounds are rare in adults. However, the rise of metal straws in the move to reduce single use plastics may offer a mechanism for more frequent injury in adults. Serious sequelae are rare, though concerning, may manifest late.

Case Presentation

A young man was knocked into his metal drinking straw which penetrated his oropharynx. There was a delayed picture of difficulty breathing, neck swelling, dysphagia and hoarseness. Imaging showed surgical emphysema and massive oedema of the neck.

Outcome

The patient was admitted for intravenous steroids and prophylactic antibiotics with concerns for developing a deep neck space infection. He was discharged 48 hours later having had an uncomplicated admission.

Follow Up Discussion

Usually a benign injury, rare but devastating sequelae such as stroke and deep infections may present up to 60 hours post-injury (1). It has begged the question of whether imaging, antibiotics, or observation are necessary routinely.

References

1. Hellmann J, Shott S, Gootee M. Impalement injuries of the palate in children: review of 131 cases. *International Journal of Pediatric Otorhinolaryngology*. 1993;26(2):157-163.

16ORA

Reducing Unnecessary Blood Tests in a Colorectal Surgery Department.

Authors

Dean McAvoy, Emily Gardener, Anne Ewing, Mr Mark Potter

Scotland Foundation School

Background

Blood tests are expensive, time-consuming, and costly for the environment (1). The number of tests performed is increasing in the UK (2). Eradicating unnecessary testing would save money, create more time for staff and reduce waste.

Methods

Data collected and analysed from patient cohorts pre- and post-intervention. Tests deemed unnecessary: previously normal no change in clinical condition; daily CRP; repeated same day. Interventions: Posters, MDT teaching, reminders in safety huddles.

Results

No significant difference in length of admission, or number of necessary blood tests performed between cycles. Significant reduction in number of blood tests performed in total ($p=0.0267$) and the number of unnecessary blood tests performed ($p=0.000011$).

Key Messages

- Simple interventions effective in reducing unnecessary blood test ordering. (3)
- Substantial departmental savings and improved patient care achievable by reducing the number of unnecessary blood tests ordered.

References

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17ORA

Improving Efficiency and Patient Care in the Acute Medical Unit with a Red Text Auto-text Tool

Authors

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Background

Reductions in efficiency of job completion post ward-round arise due to inadequate documentation. With this quality improvement project we produced a 'Red Text' auto-text to enable rapid conveyance of status updates on CERNER and increase efficiency.

Methods

Junior doctors working in Acute Medicine answered pre- and post-intervention surveys on existing job documentation, with ward round entries examined for status updates. Intervention was implementation of our proposed 'Red Text' tool.

Results

Status update prevalence increased from 15.8% to 51.6%. Time spent checking job completion and job duplication decreased. 100% of individuals implemented our tool and all felt it had improved efficiency, overall patient care and safety.

Key Messages

This quality improvement project has demonstrated that: 1) Inadequate documentation is felt to reduce job efficiency and quality of patient care 2) Our 'Red Text' tool had excellent uptake, and improved ward job documentation in our hospital.

References

18ORA

Unexpected pathological findings in 189 Lung Volume Reduction Surgery patients: clinical relevance.

Authors

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Background

LVRS improves survival and quality of life in selected patients with emphysema. It is important to evaluate the benefit of routine pathological assessment of the resected specimen (1).

Methods

The histopathology reports of 189 consecutive unilateral LVRS procedures were reviewed. Out of 189 operations, 1 was by thoracotomy, 188 were by VATS. The target reduction volume was 30-50% of a lung.

Results

Ten patients, all with radiographic evidence of a lesion preoperatively, had two squamous carcinoma, adenocarcinoma, two atypical adenomatous hyperplasia (AAH), two squamous metaplasia, carcinoid tumourlet, chondroid hamartoma, and DIPNECH.

Key Messages

Our CT and histopathology review shows that the rate of additional findings is 31.7% (60/189). Of these, 83.3% (50/60) were not reported on the pre-operative review of the CT.

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19ORA

Applying to specialty training: assessing the impact of a specialty application teaching series on FY1s in a tertiary teaching hospital

Authors

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Background

Foundation trainees value insight into the process of applying to specialty training (1) and competition has increased over the last year (2,3). A series of talks were designed to optimise knowledge of various specialty application processes.

Methods

FY1s were invited to specialty application talks including core surgical training, core medical training, obstetrics & gynaecology, paediatrics and general practice. These sessions were integrated into the local mandatory teaching, with feedback obtained.

Results

100% of trainees either agreed or strongly agreed that all sessions were of good quality, well taught, gave them a good understanding of the topic and would recommend the session to a colleague. Trainees valued the personal experiences shared.

Key Messages

FY1s are keen to learn more about specialty application, arguably disadvantaged with lack of experience during the pandemic (4). We recommend foundation schools offer similar talks from recent successful applicants to demystify the process.

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20ORA

A QiP to Improve the Assessment of Patients >75 years admitted under General Surgery: Focusing on Treatment Escalation and Frailty Scoring

Authors

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Background

The completion rate of Treatment Escalation Plan forms (TEP) and Rockwood Clinical Frailty Scale (CFS) score is comparatively low in General Surgery. This project aims for >70% patients >75 years admitted under General Surgery with TEP and CFS scores.

Methods

After the initial audit, the first cycle involved placing TEP forms into clerking proformas and highlighting the CFS section to prompt completion. The second cycle included regular informal teaching to clerking teams. Audit was repeated after each cycle.

Results

The initial audit showed 44% and 37% patients had a TEP form CFS respectively. There was an 18% and 14% increase following the first cycle. However, this was markedly lower after the second intervention, with only 39% TEPs and 29% CFS scores completed.

Key Messages

There is no doubt that there are significant benefits in early completion of TEP forms and CFS scores. The comparative success and failure of methods trialled has helped identify learning points and guide future interventions in this ongoing QI project.

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Case Report Poster Group

01CR1

Mesalazine-induced myopericarditis in a professional athlete

Authors

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Background

Myopericarditis is characterised by clinical criteria for pericarditis, such as chest pain, combined with evidence of myocardial involvement. It can rarely be a complication of therapeutics used for inflammatory bowel disease e.g. mesalazine.

Case Presentation

A professional footballer recently diagnosed with ulcerative colitis and started on mesalazine for disease control was admitted with fever, shortness of breath and chest pain with elevated venous blood cardiac troponin T level (288ng/L).

Outcome

After recognition of mesalazine as a potential cause and consequent cessation of the drug, symptoms resolved, with cardiac MRI showing resolution of myocardial oedema. The patient plans to make a return to competitive sport.

Follow Up Discussion

Patients suffering from myopericarditis should avoid competitive sport to reduce the risk of cardiac remodelling and death. Considerations must be taken in those for whom sport is an essential component of their livelihood e.g professional athletes.

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02CR1

Diagnostic Imaging of Osteomyelitis – A Case Discussion

Authors

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Background

The role of imaging in osteomyelitis is poorly understood, leading to inconclusive tests and delays in management. Utilising a case presentation, we will describe the importance of imaging in diagnosis, management and prognostication of bone infections.

Case Presentation

A multi-comorbid 49-year-old presented with stump pain following an above knee amputation performed a few years prior. A series of radiographs and MRI scans over this 18-month period demonstrated progression to chronic osteomyelitis.

Outcome

A poor response to 6 months of IV antibiotics prompted surgical debridement of the stump, drainage and washout with healing by secondary intention. A follow up MRI revealed near complete resolution of bone changes and a resolved abscess collection.

Follow Up Discussion

We outline a suggest imaging pathway for patients with suspected osteomyelitis, and discuss the key features seen on each modality alongside their relative benefits and limits. Plain film radiographs and MRI provide the mainstay of diagnostic imaging.

References

03CR1

Ischaemic Priapism: A Rare Thromboembolic Complication of Covid-19 Pneumonia

Authors

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Background

Thromboembolic events are well-recognised complications of COVID-19 infection, largely secondary to a hypercoagulable state. However, to date there have been limited reports of COVID-19 cases linked with priapism.

Case Presentation

A 68-year-old male presented with a 24-hour history of ischaemic priapism and tested positive for COVID-19 on admission. No underlying trigger was identifiable. Cavernosal aspiration had limited success and he was deemed unfit for further intervention.

Outcome

After 8 days of conservative management, his priapism gradually resolved and by the time of discharge, he had achieved and maintained detumescence. Due to the length of ischaemic priapism, Urology advised a future prosthesis may be considered.

Follow Up Discussion

We believe his COVID status is likely to have contributed to a hypercoagulable state, resulting in priapism. It is plausible that successful detumescence was achieved by a combination of traditional priapism management, alongside anticoagulation therapy.

References

04CR1

Borderline Personality Disorder. The challenge of management in Primary Care.

Authors

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Background

Borderline Personality Disorder is characterised by mood changes, volatile relationships and impulsive behaviour. NICE guidelines are vague, due to a lack of high-quality research, but describe long-term psychological therapy as the mainstay of treatment.

Case Presentation

Ms X had 45 consultations in 18 months. In our sessions we spoke about her thoughts, feelings, and treatment. These quickly became an endless loop of crisis management. Unsure how to proceed I consulted colleagues and was surprised at the lack of options.

Outcome

Ms X has been deemed too risky for counselling but not risky enough for mental health services. She is receiving no talking therapy and has restarted antidepressants. She presents to the GP regularly at times of crisis, an ongoing huge cost to the NHS.

Follow Up Discussion

Current guidance doesn't acknowledge that patients are often managed solely by GPs. Strategies including further training, open communication, a team-based approach and employment of mental health nurses are discussed.

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05CR1

Management of unresectable insulinoma using cloud-based continuous glucose monitoring (CGM): a case report

Authors

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Background

Insulinomas are a rare type of functioning neuroendocrine tumour. Once diagnosed, achieving normal glycaemic control is difficult which can often lead to hospital admissions. Monitoring of glucose is essential to prevent life threatening hypoglycaemia.

Case Presentation

A 62-year-old man presented with three-month history of hypoglycaemic symptoms and weight loss. Unfortunately, the patient was diagnosed with metastatic insulinoma. CGM in the form of Free Style Libre was initiated to enable blood glucose monitoring.

Outcome

Implementation of CGM with cloud-based-storage enabled physicians to monitor the patient's glucose remotely whilst exploring the options of medical therapy as an outpatient. Overall, the frequency of hypoglycaemia reduced which improved patient safety.

Follow Up Discussion

CGM has advantages to both patients and clinicians; patient confidence and quality of life is not only improved but the clinician also has the ability to manage this complex diagnosis as an outpatient which can also reduce patient time in hospital.

References

06CR1

An acute severe presentation of leptospirosis in a 54 year old male

Authors

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Background

Leptospirosis is an uncommon zoonotic bacterial infection caused by the spirochaete *Leptospira*. Presentation varies from mild to the more severe presentation including jaundice and acute kidney failure (Weil's disease).

Case Presentation

A 54 year old male presented with rigours, haemoptysis and severe leg pain preceded by a mild flu like illness and cough. Blood tests revealed platelets of 34, a CRP >300, renal failure and elevated LFTs. He rapidly became physiologically shocked.

Outcome

He required aggressive fluid resuscitation to maintain a systolic blood pressure above 80 and oxygen to maintain his saturations. All imaging was inconclusive. He was intubated in the intensive care unit where his blood cultures grew leptospirosis.

Follow Up Discussion

There is a wide differential for a patient presenting with an sepsis of unknown origin and Weil's disease though rare, should be included in the differential. Though leptospirosis often has mild course I it can present acutely with a high morbidity.

References

07CR1

A case of Posterior Reversible Leukoencephalopathy Syndrome (PRES) during COVID-19 pandemic.

Authors

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Background

Posterior reversible leukoencephalopathy syndrome (PRES) is a neurotoxic condition coupled with acute neurological symptoms and focal vasogenic oedema on neuroimaging and often reversibility could be achieved with early diagnosis and management.

Case Presentation

A case of 78-year-old man with background HTN, CKD 5, PMR who presented to A&E with unwitnessed seizure followed by fall with the loss of consciousness alongside with significantly raised blood pressure and MRI head confirms radiographic stigmata of PRES.

Outcome

Renal function tests were remarkably abnormal with metabolic acidosis on VBG which all improved on discharge. CSF for encephalitis screen and malignancy was all normal. Vasculitis panels were all normal. CTKUB was normal. COVID-19 PCR swabs were negative

Follow Up Discussion

His admission during the COVID-19 pandemic prompted high suspicion of undiscovered complications including COVID-19 Encephalopathy. The hypothesis of "Cytokine storm" in COVID-19 can lead to pathophysiological changes that could precipitate PRES.

References

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08CR1

A Pregnant lady with Methaemoglobinemia

Authors

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Background

Methaemoglobinemia is a rare condition where red blood cells contain methaemoglobin at levels higher than 1%. This results in a decreased availability of oxygen to the tissues.

Case Presentation

A pregnant lady is admitted whilst in spontaneous. During delivery, she suffered from a third-degree vaginal tear. This was repaired later in the theatre, where anaesthetics noted that her oxygen saturations were lower than expected at around 86%.

Outcome

After initially being diagnosed as having a chest infection, repeated arterial blood gases showed that her methaemoglobin levels were 27%. She was immediately transferred to critical care and was treated with intravenous methylene blue.

Follow Up Discussion

There were several learning points in this case - (1) How to manage a pregnant lady with methaemoglobinaemia (2) Which treatments are safe to use for breastfeeding women (3) Further investigations and follow-up

References

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10CR1

Post thyroidectomy haemorrhage has an incidence of 0.1-2.1% and is a surgical emergency with potentially life threatening consequences. This case report details a male in his 40s with this complication, with a focus on how it was identified and managed.

Authors

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Background

Case history •Amber out hours HAN Bleep call to review a patient with post-operative neck swelling
•On arrival, found a patient in his 40s, day zero post total thyroidectomy for Graves' Disease. •Nil other past medical history

Case Presentation

Symptoms -Neck 'tightness' -Voice change and hoarseness -No pain Clinical signs -Inspiratory stridor -Soft swelling around the midline and surgical wound -NEWS=0, SATS maintained on air - GCS 15, alert and orientated -A to E assessment -No SOB

Outcome

•Early escalation to on call SpR •Crash trolley and stitch cutting pack near by •Theatre, consultant surgeon and anaesthetist notified •Patient promptly taken to theatre and 300ml haematoma evacuated •Patient made a good recovery

Follow Up Discussion

Be aware of patients within 24hrs of thyroid surgery Prompt review if concerns raised Remain calm, escalate early, reassure patient It's a clinical diagnosis, not investigation dependent Plan for deterioration-crash trolley and stitch cutters

References

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11CR1

Untreated lichen sclerosus and subsequent delayed diagnosis of vulval cancer during the COVID-19 pandemic: a case presentation

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Background

Vulval cancer is a rare disease that is strongly linked to lichen sclerosus (LS), which has a 4-6% risk of malignant transformation (1). Delayed cancer cases are more evident amidst the COVID-19 pandemic with reduced face to face GP consultations (2).

Case Presentation

A 77-year old woman with longstanding untreated LS presented with a fungating vulvar mass and bloody discharge. Urgent biopsy and scans were arranged which showed evidence of malignancy.

Outcome

She underwent radical anterior vulvectomy and inguinal lymph node resection. Histological findings found a HPV independent moderately differentiated vulval squamous cell carcinoma with no lymph node involvement.

Follow Up Discussion

Specialist input, treatment and follow-up of LS is imperative alongside clear patient education(3). Improving GP systems to account for rarer entities with malignant potential can reduce diagnostic delays and help to combat cancer in future pandemics (4).

References

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12CR1

A rare case of a migrated Axios stent causing small bowel obstruction

Authors

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Background

Pancreatitis may be complicated by fluid collections, including pancreatic pseudocysts. Contemporary management of pseudocysts may involve endoscopic placement of an Axios stent. Migration of these stents is a rarely reported complication.

Case Presentation

A 57 year old lady presented with abdominal pain and vomiting. She had an Axios stent in situ, inserted to manage pancreatic pseudocyst. A CTAP revealed distal migration of the stent into the mid-ileum, causing small bowel obstruction.

Outcome

An initial period of conservative management was trialled but she failed to respond. A decision was made for operative management. A laparotomy was performed. The stent was milked proximally and an enterotomy made allowing extraction of the stent.

Follow Up Discussion

Endoscopic stents have transformed the management of pancreatic pseudocysts. This case illustrates a rare complication of distal migration, leading to small bowel obstruction. The literature on migrated stents is limited to case reports.

References

13CR1

Large solid pseudopapillary tumour of the pancreas in early pregnancy: When to operate?

Authors

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Background

Solid pseudopapillary tumour (SPT) of the pancreas is a rare malignancy¹ with a low malignant potential and a strong female preponderance. Diagnosis during pregnancy is extraordinary and management is complicated by risks of tumour growth and rupture².

Case Presentation

A large 35 cm pancreatic SPT identified on an MRI in a 24-year-old lady at 6 weeks' gestation following complaint of an abdominal mass. Surveillance MRIs showed incremental mass growth, so surgery was delayed to allow the foetus to reach close to term.

Outcome

Emergency c-section undertaken at 35 weeks' as persistent tachycardia. Hb 70 g/L postpartum despite 5 RCC units necessitated urgent resection for suspected bleed into SPT with distal pancreas, left kidney and colon, spleen, part of stomach and diaphragm.

Follow Up Discussion

Surgical resection is mainstay treatment for pancreatic SPT. Given size of the tumour, surgery during pregnancy was not feasible as has been reported seldomly in the literature³. Decisions for SPT in pregnancy require an MDT approach at a specialist unit.

References

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14CR1

Isolated sixth cranial nerve palsy as the first presenting sign of acute demyelinating disease in a 3-year-old child

Authors

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Background

Acquired demyelinating syndromes (ADS) are immune mediated disorders with varying signs. In children, VI cranial nerve (CN) palsy is often caused by neoplasms(1–3). We report a paediatric patient presenting with a left VI CN palsy as the first sign of ADS.

Case Presentation

A 3-year-old female presented with deviation of the left eye that was getting progressively worse. On examination, ocular movement testing showed a -4 limitation of left eye abduction on laevoversion. There was no nystagmus.

Outcome

The cerebrospinal fluid showed oligoclonal bands and positive myelin oligodendrocyte (MOG) antibody. There was an acute demyelination in the pons, cerebellum, and cerebral white matter bilaterally on imaging.

Follow Up Discussion

Whilst brain stem involvement in ADS is common, isolated CN palsies are not frequently reported as presenting signs in children (4). We highlight the importance of considering ADS in the differential diagnosis of CN palsies in paediatric patients.

References

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15CR1

Iatrogenic calcaneal fracture secondary to Total Knee Replacement

Authors

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Background

Calcaneal stress fractures must be considered in those complaining of heel pain on weight bearing in immediate post-operative period. Threshold for clinical suspicion should be low as X-ray often appears normal initially, CT scan is recommended

Case Presentation

86 year lady complained of right ankle swelling and pain on weight bearing immediately after right total knee replacement. X-ray and ultrasound scan, both were normal. She was re-admitted 10 days later with pain and inability to walk.

Outcome

X-ray showed a new sclerotic zone in the posterior calcaneum and CT scan confirmed impacted fracture. She was kept non weight bearing for 3 weeks and then slowly allowed to full weight bear. The patient was symptom free 8 weeks after surgery.

Follow Up Discussion

It appears that the fracture likely occurred during the surgery. This is a rare complication but should be considered in post operative patients, especially if patient demonstrates difficulty walking because of heel pain.

References

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Quality Improvement Poster Group 1

01QI1

Atrial Fibrillation: Changing an Irregular Practice

Authors

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Background

New AF is a common acute presentation that requires the clinician to rapidly make complex decisions around drug choice, bleeding risks and necessity of specialist follow-up. A clear guideline is necessary to ensure a consistent approach for all patients.

Methods

We carried out an initial audit in Jun-Jul 2020 by reviewing case notes for all patients presenting with new AF. Having identified areas for improvement, we wrote a new Trust-wide guideline, published it and will re-audit after a period of dissemination.

Results

Our initial audit identified inappropriate management in at least a quarter of patients presenting with new AF. The new Trust guideline is in the last stages of approval. A re-audit will show whether its implementation has successfully changed practice.

Key Messages

1. New AF is a common acute presentation and requires complex decision-making that is often inconsistent between clinicians. 2. Clear and updated guidelines are necessary to ensure a standardised approach that is in line with current best practice.

References

- 1) Hindricks G, Potpara T, Dagres N, et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS) *Eur Heart J*. 2020; 00:1–126. doi: 10.1093/eurheartj/ehaa612 <https://academic.oup.com/eurheartj/article/42/5/373/5899003#278710232>
- 2) January CT, Wann LS, Calkins H, et al. 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society in Collaboration With the Society of Thoracic Surgeons. *Circulation*. 2019 Aug 6;140(6):e285. PMID: 30686041. <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000665>
- 3) National Institute for Health and Care Excellence. Atrial fibrillation: diagnosis and management; April 2021 [cited May 2021]. NICE guideline [NG196] <https://www.nice.org.uk/guidance/ng196>
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02Q11

Team-Based vs Ward-Based Surgical F1 Doctors and the Impact on Patient Care

Authors

Jenna Doherty

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Background

Previously, Surgical F1s were assigned a ward, caring for all patients, regardless of specialty. Due to discontent amongst F1s, this project was designed to outline opinions of all doctors and nurses with regards to team vs ward-based Surgical F1s.

Methods

Surveys were sent to F1s (ward-based), F2s (previously team-based), surgical consultants/registrar and nurses on surgical wards. The results were presented at the Junior Doctor Forum. Follow up surveys were sent 3 months later, post-change to team-based.

Results

The first survey showed that doctors of all grades wanted to change to a team-based approach but nurses preferred ward-based. Team-based was trialed from August 2021. F1 doctors were more content but an issue with medical outliers became apparent.

Key Messages

Ward-based allowed for F1s to take responsibility of patients including medical outliers, at expense of their surgical training. However the change to team-based highlighted an important issue of the lack of senior doctors available for medical outliers.

References

03QI1

Belfast Hepatology Unit Clerk In QI Project

Authors

Timothy Spence, Jason Nicoletti, Lewis Bonsell

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Background

Hepatology patients often come to the unit out of hours to be clerked in. This is usually by an F1 and the patients can be complex. Medication chart errors are not uncommon and can be highlighted on morning ward round or by the ward pharmacist.

Methods

Patients identified who had come in overnight and clerked in. This was with aid of the ward sisters. The patient's clerk in medication charts were analysed for errors and these were tallied up for each clerk in.

Results

25 clerk-ins analysed over 7 weeks. Baseline data: mean errors per Kardex: 1.87. VTE completion 66.7%. After the first cycle 0.33, VTE completion 100% after 2nd cycle: 1.33, VTE completion: 57% From baseline to 2nd cycle improvement of 39%.

Key Messages

Risk for error and harm to patients by error. Few clerk-ins had no errors (6/25). VTE assessment completion is poor at clerk in. Feedback suggests: VTE guide and clerk in proforma would be useful for the clerking in doctor.

References

N/A

05Q11

Evaluation of colon cancer service: missed diagnostic opportunities of right colon cancer

Authors

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West Midlands Central Foundation School

Background

Diagnosis of right sided colon cancer can be potentially missed due to several factors including: inadequate assessment, suboptimal investigations or poor patient compliance.

Methods

Clinical records of patient diagnosed with right sided colorectal cancer between 2015-2020 were analysed for missed diagnostic opportunities in the 3 years prior to diagnosis.

Results

235 valid records were used. 49% had at least 1 previous encounter with suggestive symptoms. 71.5% of them were investigated. The most common colorectal investigation was CT AP.

Key Messages

Non-targeted CT scans are a less optimal form of investigation for early right sided colonic cancer. Both normocytic & microcytic anaemias should be adequately investigated

References

1. Colvin H, Lukram A, Sohail I, Chung K, Jehangir E, Berry J, et al. The performance of routine computed tomography for the detection of colorectal cancer. *The Annals of The Royal College of Surgeons of England*. 2013;95(7):473-6.
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06Q11

Appreciative Inquiry for Medicine Out of hours Oncall

Authors

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Background

As part of an ongoing Audit and Quality Improvement Project (QIP) to improve the out of hours service (1) at North Devon District Hospital (NDDH) we organised an Appreciative Inquiry (AI) (2) to investigate the opinions of ward staff.

Methods

On 29/10/21, 4 doctors visited all of the medical wards at NDDH (total = 6). Staff were encouraged to provide feedback on how to improve the service. Additionally they were asked to complete a questionnaire assessing the effectiveness of the AI.

Results

Feedback demonstrated the AI was successful in giving ward staff opportunity to voice opinions; use of resources to aid understanding; relevance to staff; improving clinical practice. Areas for improvement included the access to resources.

Key Messages

Overall the authors believe the AI successfully achieved its primary aims of encouraging communication between ward staff and doctors; receiving suggestions for improvement and raising awareness of Out of hours medicine oncall QIP.

References

1. McKenzie, G., 2018. Evidence-based out-of-hours hospital medicine. *Postgraduate Medical Journal*, 94(1116), pp.588-595.
2. Hung, L., Phinney, A. and Chaudhury, H., 2018. APPRECIATIVE INQUIRY: BRIDGING RESEARCH AND PRACTICE IN A HOSPITAL SETTING. *Innovation in Aging*, 2(suppl_1), pp.142-142.

07Q11

Improving Staff confidence and competence when phoning an ambulance on Cove and Dune wards (older age psychiatry wards in Weston)

Authors

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Background

When calling an ambulance from Cove/Dune wards it is often mistaken as being part of WGH. This results in a misinterpretation by the ambulance service of the medical input available, leading to delays and compromising patient safety.

Methods

Our intervention was to put an informative poster above all phones. We included explanations of the questions being asked and a suggested script. We explained this intervention to staff both at handover and via an email, to further increase awareness.

Results

We have collected pre-intervention data via a staff questionnaire, including quantitative and qualitative data. Our post-intervention data will be collected at the end of November.

Key Messages

- Tackling ambulance waiting times is an important patient safety issue - Equipping staff with the tools to communicate necessary information to the ambulance service including the healthcare limitations of a psychiatric unit

References

08Q11

Actionable Reporting

Authors

Yu Jing Lee, Zi Xin Lim

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Background

Radiologist communicates with doctors through reports. Reports should therefore provide an answer to the clinical questions and if a definitive diagnosis is not available, advice for further investigation should be provided if appropriate.

Methods

CT reports over a week were collected. Reports which did not have a clinical question or radiological findings were excluded. Reports were then assessed to see if the clinical question has been answered, and whether further advice is given if required.

Results

The audits have shown improving patient care, in terms of numbers and intangible metrics such as the quality of clinical advice provided. In order to maintain a high quality of reporting, a repeat audit in 6-12 months is recommended.

Key Messages

Requests for imaging should include a clinical question with relevant details, and reports should answer the clinical questions and if a definitive diagnosis is not available, advice for further investigation should be provided if appropriate.

References

1. Radiology Review [Internet]. Care Quality Commission; 2021 [cited 4 November 2021]. Available from: <https://www.cqc.org.uk/sites/default/files/20180718-radiology-reporting-review-report-final-for-web.pdf>
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10QI1

Preoperative Fasting in Adults – A Quality Improvement Project at Macclesfield District General Hospital

Authors

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Background

The American Society of Anesthesiologists (ASA) and European Society of Anaesthesiology (ESA) produced evidence-based guidelines for preoperative fasting in adults [1,2] Despite clear guidelines, common practice has yet to fully adopt the recommendations.

Methods

Data were collected from 3 surgical ward staff, assessing their knowledge of preoperative fasting guidelines. We also measured the preoperative fasting times for patients and their satisfaction with how the guidelines had been communicated to them.

Results

Percentage staff who knew the correct fasting times for food and clear fluids were respectively 50% and 30%. Average patient fasting times were 12.7 hours (food) and 6.2 hours (clear fluids). Average satisfaction rating was 8.7/10.

Key Messages

Staff viewed the guidelines as a safeguard against aspiration causing them to be risk averse and adopt a 'better safe than sorry approach'. Over-starvation of surgical patients increases the likelihood of dehydration and worsens post-operative recovery.

References

- 1- Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures. *Anesthesiology*. 2017;126(3):376-393.
- 2- Smith, I., Kranke, P., Murat, I., Smith, A., O'Sullivan, G., Sreide, E., Spies, C. and in't Veld, B., 2011. Perioperative fasting in adults and children. *European Journal of Anaesthesiology*, 28(8), pp.556-569.

11QI1

Vitamin B12 levels and hydroxocobalamin injections in an urban GP practice

Authors

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Background

Many patients have regular IM injections of B12. Following the BSH recommendation to reduce the number of these, I quantified the number at our GP practice, assessed if they were required, and produced a protocol from local haematologists

Methods

I performed a search of all patients over 70 having regular IM B12 injections. Having agreed a protocol for who was suitable for injections, who should have them stopped, and the schedule of testing levels, I assessed how many met these standards

Results

1) Many patients did not have their B12 checked after injections (37%) 2) Of those who had their levels checked, only a minority were deficient (20%) 3) Very few patients had their injections stopped after being B12 replete, sometimes to excess (12%)

Key Messages

For many, B12 injections can be safely stopped as per new protocol. B12 levels should be checked six months after last injection. If in range, injections should stop with follow up according to protocol produced by the haematologists.

References

British Society for Haematology (BSH) guidance on Vitamin B12 replacement during the COVID-19 pandemic (2021)
<https://b-s-h.org.uk/media/18259/bsh-guidance-b12-replacement-covid-1924042020finalversion2020-4-3.pdf>

12QI1

Lithium Counselling in Women of Childbearing Age

Authors

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Background

Lithium is a commonly prescribed mood stabiliser given to women of childbearing age. There are risks of teratogenicity in first trimester of pregnancy, most notably cardiac abnormalities. It is not clear whether this is highlighted to patients.

Methods

We analysed records for female inpatients who were commenced on lithium in Goodmayes Hospital from August to September 2021 to see if lithium counselling was done and documented on Rio. This was corroborated with e-prescribing records on ePMA.

Results

Data was collected from 26 patients; 1 was post-menopausal (excluded), final sample size n=25. 16% were given a lithium leaflet, 92% had trialled alternative antipsychotics, 8% were asked if planning pregnancy and 12% were offered contraception.

Key Messages

Lithium counselling needs to improve. We should give patients lithium leaflet and explain it when they improve in mental state. We should arrange contraception referrals if desired and signpost perinatal psychiatry team if planning a pregnancy.

References

McKnight RF, Adida M, Budge K, Stockton S, Goodwin GM, Geddes JR. Lithium toxicity profile: a systematic review and meta-analysis. *Lancet*. 2012;379(9817):721-8. Del Matto L, Muscas M, Murru A, Verdolini N, Anmella G, Fico G, et al. Lithium and suicide prevention in mood disorders and in the general population: A systematic review. *Neurosci Biobehav Rev*. 2020;116:142-53.

13QI1

Transforming the task-board: Improving out-of-hours task identification and prioritisation

Authors

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Background

The RD&E Hospital uses an interactive electronic task-board where staff allocate tasks to on-call doctors. This project aimed to reduce the time taken for a junior doctor to prioritise 15 tasks on the task-board by at least 5 seconds per task by Nov 2021.

Methods

PDSA cycles guided making changes to a simulated version of the task-board, followed by the live task-board. This involved repeated testing of the time taken to prioritise 15 tasks, and gathering feedback from task-board users to create improvements.

Results

Our proof-of-concept cycle showed completion of our aim to reduce the time taken to prioritise tasks by 5.7 seconds per task. Our current cycle is collecting data to measure the impact of changes made to the live task-board, and plan future changes.

Key Messages

Satisfying the MDT by including nurses, site practitioners and software engineers was paramount to making successful changes. We plan to share improvements with other trusts who use EPIC software (1) to further facilitate safer patient care.

References

1. Epic Software [Internet]. Epic.com. 2021 [cited 1 November 2021]. Available from: <https://www.epic.com/software>

14QI1

The Diagnosis of Anal Intraepithelial Neoplasia and Anal Cancer: An Audit of Practice and Ongoing Quality Improvement Project in a District General Hospital

Authors

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Trent Foundation School

Background

Anal intraepithelial neoplasia is a premalignant dysplasia that may progress to anal cancer. Diagnosis must include eliciting symptoms and risk factors, performing digital rectal and vaginal exams, and testing for HIV and HPV. (1)

Methods

Recommendations were collated from 4 published guidelines (1-4). Patients diagnosed with AIN or anal cancer at Burton Hospital between Sep 2020-21 were identified and their electronic letters and clinic documentation were reviewed to assess compliance.

Results

12 patients were audited. All had co-morbidity assessments and DRE. Sexual risk assessment was poor. Only half had vaginal examinations, 1 patient was tested for HIV, none were offered cervical smear testing and none were given written information.

Key Messages

A QIP is ongoing to improve compliance with guidelines. Patient information leaflets have been designed and an education programme for staff is in development. Outcomes of these interventions will be re-audited over the next year.

References

1. Geh, I., Gollins, S., Renehan, A., Scholefield, J., Goh, V., Prezzi, D., Moran, B., Bower, M., Alfa-Wali, M. and Adams, R., 2017. Association of Coloproctology of Great Britain & Ireland (ACPGBI): Guidelines for the Management of Cancer of the Colon, Rectum and Anus (2017)–Anal Cancer. *Colorectal Disease*, 19, pp.82-97.
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15Q11

Long-term Prescribing of Benzodiazepines in Primary Care

Authors

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Background

NICE recommends that patients taking benzodiazepines should be counselled about stopping the medication and supported through a withdrawal programme through a shared decision-making approach (1).

Methods

Data was collected from a General Practice (with >2,000 patients) in a deprived area of Liverpool. Data regarding long-term Benzodiazepine prescribing was extracted using the primary care electronic system EMIS for a one-month period.

Results

105 long-term prescriptions were identified, of which 65.7% were initiated by a GP and 34.3% were initiated by a specialist. The practice rate for counselling patients or offering a weaning regime was greater in coded patients (96% vs 72%).

Key Messages

A cultural change is required with prescribing, to encourage prescribers to re-consider the appropriateness of the initial prescription or to prescribe with an end game. There may be a role for specific clinics to support patients on the weaning regime.

References

1 <https://cks.nice.org.uk/topics/benzodiazepine-z-drug-withdrawal/> (Accessed on 4th October 2021)

Education Poster Group 1

01ED1

OSCE Prep UK: A virtual, interactive series designed to mitigate teaching gaps due to COVID-19

Authors

David Hewitt

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Background

The COVID-19 pandemic prompted paradigm shifts in medical education, leading to reduced face-to-face contact and potential gaps between expected standards and methods to reach these. This online OSCE teaching series aimed to partially mitigate this.

Methods

Junior doctors delivered 15 online system-specific clinical skills tutorials. Medical students from across the UK completed pre and post-session surveys demonstrating knowledge, confidence and opinions on the impact of COVID-19 on their education.

Results

856 people responded to our survey. 85% reported reduced face-to-face contact and <20% were satisfied with their current teaching. Scores of average knowledge and confidence increased by 25% and 42% respectively ($p < 0.001$).

Key Messages

Reduced clinical contact and curricula gaps have caused dissatisfaction. This scalable, reproducible series, received overwhelmingly positive feedback and statistically significantly increased knowledge and confidence.

References

02ED1

The Development and Delivery of an “Introduction to Anaesthesia” Day for Foundation Trainees

Authors

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Peninsula Foundation School

Background

Foundation doctors receive little exposure to anaesthetics (1). A commitment to a career in anaesthesia requires experience and the opportunity to ask questions to consultants (2). An “Introduction to Anaesthesia” day was organised to address this.

Methods

The regional teaching day was delivered to a group of 20 foundation doctors. Lectures, workshops and a simulation was included. Feedback was obtained following each session and a pre and post course questionnaire was completed by attendees.

Results

Attendees felt that their confidence in airway management, intravenous access and knowledge of basic anaesthesia drugs improved after the day. All participants agreed that the day improved their knowledge of career options in anaesthesia.

Key Messages

Given the success of the day, it will be repeated on a larger scale with the aim of providing the course twice a year for trainees across the region. Feedback gained will be taken into account for the further improvement and development of the day.

References

1) Jukaku S, Barron A, Shaikh T, Watt N. A career in anaesthesia. *BMJ*. 2008;;cffeajuk2301. 2) The Complete Guide To Becoming An Anaesthesia Doctor [Internet]. *BMJ Careers*. 2021 [cited 20 October 2021]. Available from: <https://www.bmj.com/careers/article/the-complete-guide-to-becoming-an-anaesthesia-doctor/>

03ED1

Near peer family and child teaching project in Royal Preston Hospital

Authors

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Background

RPH is a base for 80 4th year medical students taking a family and child block. Much of this is new knowledge to cover in a short time. Aims: to develop a teaching series covering relevant topics and key exam concepts that students struggled with.

Methods

We developed 12 lecture presentations. These were approved by clinical educators and delivered over Zoom weekly. A Modified Likert scale assessed pre and post session knowledge along with open questions. Data was used to improve future sessions.

Results

Overall sessions were rated positively especially obstetrics teaching and the final clinical cases session. Attendance at sessions fluctuated. Feedback suggested changing the format to be case based, interactive and to include an OSCE session.

Key Messages

Students struggle with the volume of new information during this block, making it an ideal opportunity for supplemental near peer teaching. We are currently re-running the program changing to interactive case-based sessions.

References

Rashid, M.S., Sobowale, O. and Gore, D. (2011). A near-peer teaching program designed, developed and delivered exclusively by recent medical graduates for final year medical students sitting the final objective structured clinical examination (OSCE). *BMC Medical Education*, [online] 11(1). Available at: <https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-11-11> [Accessed 28 Feb. 2019].
www.bmh.manchester.ac.uk. (n.d.). Study medicine at The University of Manchester. [online] Available at: <https://www.bmh.manchester.ac.uk/study/medicine/>.

04ED1

Mock virtual OSCE(vOSCE) for the University of Edinburgh medical students - The Examiner Experience

Authors

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Scotland Foundation School

Background

The COVID-19 pandemic forced rapid changes in medical school examinations. Our aim was to provide online mock OSCEs for University of Edinburgh 4th, 5th and final year students to support them during this challenging time.

Methods

We recruited doctors and medical students to a dual role of patient and examiners for five common clinical scenarios. Over five months, we examined 450 medical students via Zoom and provided them with feedback. Examiners also provided feedback.

Results

Over 90% of examiners were satisfied with the use of Zoom. Although only half of them watched the tutorial video we created, the majority knew what was expected of them. Feedback highlighted inadequate time to fill out markschemes for students

Key Messages

Online platforms are an accessible, and reliable means to conduct medical assessments and their usefulness is evident. However, facilitators experienced clear challenges in their dual examinee/patient role.

References

05ED1

Delivering Medical Education webinars to an international audience – key messages for sustained ongoing delivery of multidisciplinary teaching

Authors

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Background

COVID-19 has significantly increased the use of online teaching methods. We analyse the key findings of a 21-webinar series delivered over 5 months, aimed initially at junior doctors but expanding to a multidisciplinary audience.

Methods

Each webinar was followed by a survey to enable content improvement through QI methodology, with attendance certificates given post-survey to incentivise completion. Suggestions from surveys were actioned upon and re-assessed in subsequent webinars.

Results

Webinars were attended by over 200 viewers per session, with over 50% being from outside of the UK. Viewer confidence in the topic pre- and post-webinar increased by 1.5/5 on average. Starting a weekly email schedule increased viewership significantly.

Key Messages

We are keen to share further learning points, however the key messages are: -Webinars proved a sustainable means of teaching with high engagement and multidisciplinary attendance -Providing recordings of webinars allows for greater asynchronous learning

References

06ED1

Teaching through a pandemic - Lessons learned from small group, interactive teaching sessions, based on University of Nottingham's Musculoskeletal Disease module for Final Year Medical Students

Authors

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Background

UoN students perceived a disadvantage due to reduced face to face or small group teaching and a lack of orthopaedic teaching fellows during the pandemic. This project aimed to provide a comprehensive teaching series and boost confidence entering finals.

Methods

A 12 session interactive series was conducted from October 2020 to January 2021. Quarterly feedback was used to tailor sessions. Area-specific pre and post course confidence scores, from 0-10, and written feedback was taken to assess the course's impact.

Results

16 students signed up, with an average attendance of 12. Mean overall confidence scores rose by 3 points, with 4, 3.1 and 3.8 point rises for interpreting Xrays, answering MCQs and OSCE-style scenarios respectively. Written feedback was overall positive.

Key Messages

Cold call questioning, a culture of error and consistency in teaching approaches were cited as key benefits to this course. A small, consistent group of students showed benefits over larger, depersonalised online group teaching.

References

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07ED1

Anaesthetics and ITU: A Regional Initiative

Authors

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Essex, Bedfordshire and Hertfordshire (EBH) Foundation School

Background

A career in Anaesthetics/ITU is increasingly popular (1). In 2020, only 17 of 285 foundation posts in EBH offered Anaesthetics/ITU. An initiative was set up to identify junior doctors who are interested and to provide additional guidance for application.

Methods

An initial survey was sent out to gauge interest. A series of regional teaching sessions were delivered on MS Teams. Feedback was obtained to assess the relevance, clarity, ability to maintain concentration, engagement and appropriateness.

Results

62.7% (n=75) were interested in Anaesthetics/ITU, 72% were FY1 and 2. 82.4% (n=17) rated a 4 or 5 for relevance and 94.1% for clarity. 64.7% were able to maintain concentration, 52.9% wanted more engagement and 100% rated as appropriate.

Key Messages

The initial survey identified a significant number of trainees interested in Anaesthetics/ITU. Engagement remains an area of improvement. Future events could consider small group discussions and the impact on the interest in specialty could be evaluated.

References

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08ED1

A virtual near-peer teaching programme organised for medical students by foundation year 1 doctors in Plymouth

Authors

Zhangqi Zhao, Nicholas Bridger

Peninsula Foundation School

Background

Near-peer teaching for medical students from doctors has been known to improve students' knowledge and doctors' professional development. A virtual near-peer teaching course was set up for Plymouth medical students by foundation doctors in 2020-21.

Methods

Students from Plymouth medical school Years 3-5 and Foundation year 1 doctors were recruited. Weekly lectures and fortnightly tutorials were delivered online for up to 6 months, topics were based on students' needs. Feedback was analysed.

Results

26 F1s and 71 students signed up. 26 lectures and 50 tutorials were delivered over 6 months. 62% of feedback rated the teaching as "excellent". Feedback was also analysed thematically. Tutor feedback on the programme organisation was at least "very good"

Key Messages

Positive feedback was received from tutors and students for the programme. The programme helped to supplement learning and professional development during a time when clinical in-person teaching was not always possible.

References

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09ED1

Implementing a Structured Teaching Programme in Orthopaedics

Authors

Bianca-Rose Low, Lucy Buchanan, Amit Putti, Mujahid Syed

Scotland Foundation School

Background

Continued medical education is integral to post-graduate training. In FVRH no formal teaching programme existed within orthopaedics. Our aim was to implement a structured orthopaedic teaching programme for FY1s and assess the impact of this.

Methods

A questionnaire was disseminated to all FY1s starting their surgical block. Responses were collected and analysed. A structured teaching programme was implemented. A follow up questionnaire was distributed.

Results

Participants rated confidence in topics from 1-10. Average confidence increased from 2.9 to 5.5. Pre-intervention 100% of FY1s felt not/a little confident in their orthopaedic work. Post-intervention 86% of participants felt confident/very confident.

Key Messages

Structured teaching increased confidence of FY1s in their knowledge of, and work in, orthopaedics. Ward teaching was more effective than online. Continued engagement is required to ensure integration of a teaching programme for all FY1s in orthopaedics.

References

10ED1

Clinical Foundations: Facilitating near-peer face-to-face teaching sessions for medical students across Wales

Authors

Isabelle Ray , Jessica Randall , Faris Hussain

Wales Foundation School

Background

The COVID-19 pandemic disrupted placement experience and teaching at Cardiff University Medical School. We aimed to organise regular near-peer face-to-face teaching sessions for Cardiff University medical students across Wales.

Methods

Under the title Clinical Foundations, we organised teaching sessions at five Welsh hospitals from September 2020. Sessions were organised following government restrictions. For each session, students were asked to fill in an online feedback form.

Results

So far, we have organised 47 sessions. These sessions involved 479 students and 89 teachers, mostly foundation doctors. There have been 235 feedback responses; 98% of respondents found the sessions useful and 97% found they improved clinical confidence.

Key Messages

The feedback reflects how a varied face-to-face teaching programme was successfully delivered to students during COVID-19 restrictions and how our programme has continued as restrictions ease. Further result analysis to follow as the programme continues.

References

11ED1

The FY101 Handbook in Altnagelvin Hospital

Authors

Peter Pereira, Padraic Lagan, Dr. Athinyaa Thiraviaraj, Nicole Simpsons

Northern Ireland Foundation School

Background

75% of UK Medical graduates report lack of preparedness in starting their job as a junior doctor (1). This study evaluates the effectiveness of a locally developed handbook to guide F1s to increase confidence levels in new practicing F1 doctors.

Methods

The handbook was developed in collaboration with senior healthcare professionals and was provided to F1s in Altnagelvin Hospital. The confidence levels of the F1 trainees prior to and 3 months following the handbook implementation was assessed.

Results

17 F1s were included. With the handbook, 65%(n=11) felt confident starting F1. Confidence making consults increased from 12%(n=2) to 94%(n=16). Confidence in answering bleeps from 6%(n=1) to 88%(n=15). Confidence in prescribing from 6%(n=1) to 76%(n=13)

Key Messages

This study proves the benefits of having a handbook aids the transition from medical school to being Foundation Year 1 doctor.

References

1. Monrouxe L, Grundy L, Mann M, John Z, Panagoulas E, Bullock A et al. How prepared are UK medical graduates for practice? A rapid review of the literature 2009–2014. *BMJ Open*. 2017;7(1):e013656.

12ED1

Preparation for FY1: Still Thrown into the Deep End

Authors

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North West of England Foundation School

Background

A 6% increase in mortality on changeover day points to a lack of preparation for FY1s (1). Despite medical school initiatives like assistantships and shadowing, new FY1s report feeling underprepared. We aimed to identify gaps in their preparation.

Methods

A survey of final-year students assessed gaps in their preparation. After distributing a booklet addressing these gaps as a low-cost intervention, a second survey sought remaining areas for improvement. This inspired a re-edition of the booklet.

Results

13% of respondents felt ready to start foundation years; their concerns included pre-work preparation, daily routine and future planning. After the intervention, the second survey found more specific issues, which were address in the final booklet.

Key Messages

Common concerns for incoming foundation year doctors can be addressed with a well-informed, low-cost intervention. Future surveys would be important for up-to-date interventions, especially in light of disruption to clinical years by the pandemic.

References

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13ED1

Teaching on the job for Foundation Doctors- a Literature review and Practical Handbook

Authors

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East Anglia Foundation School

Background

Every medical student undergoes clinical rotations where they shadow foundation trainees (FYs). However, most FYs have little preparation or guidance towards delivering on-the-job teaching; one of the most challenging roles of a clinical teacher.

Methods

A narrative review was undertaken, specifically looking at teaching “on-the-job”. This covered both general principles of clinical teaching, and teaching strategies for the ward setting, such as “The One-Minute Preceptor”.

Results

A practical handbook (in progress) is being written for FYs and their students. It provides a stepwise guide towards applying principles into the clinical setting, encourages reflection and formalises 2-way feedback between the FY and their student.

Key Messages

FYs face the challenge of fulfilling clinical responsibilities while providing a meaningful learning experience for medical students. This practical handbook hopes to ease the transition from student into their first steps as a clinical teacher.

References

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14ED1

Improving understanding, care and management of tracheostomy and laryngectomy patients amongst Foundation Year (FY) doctors - A Quality Improvement Project (QIP) completed across two district general hospitals

Authors

Samsul Islam, Elaine France, Nawaid Ahmad

West Midlands North Foundation School

Background

FY trainees are part of teams caring for 'neck breathers' (tracheostomy/ laryngectomy patients), more so during the COVID pandemic. Knowledge, understanding differences, and how to manage these patients, has been found to be poor (1).

Methods

Methods: Improve junior doctors knowledge of 'neck breathers' using PDSA cycles (3 cycles completed, 4th in progress) and root cause analysis. Cycle 1: Knowledge and confidence in managing 'neck breathers' following online teaching. To FY doctors.

Results

Cycle 2: Face-to-face teaching. Confidence in identifying red flag symptoms of airway distress & oxygenating 'neck breathers' increased. Cycle 3: Teaching session for all new FY1 doctors at induction. E-lfh modules recommended. Cycle 4 (in progress).

Key Messages

Knowledge and understanding of 'neck breathers' is important for junior doctors. The small number of junior doctors involved in the QIP reflects challenges of delivering a trust-wide teaching programme. We suggest protected teaching time on this topic.

References

(1) Darr A, Dhanji K, Doshi J. Tracheostomy and laryngectomy survey: do front-line emergency staff appreciate the difference?. *J Laryngol Otol.* 2012;126(6):605-608. doi:10.1017/S0022215112000618

15ED1

Psychiatry Crisis Team Assistantship for Final Year Medical Students – Evaluation of a novel placement for students at a UK Medical School

Authors

Alexander Hutchings, Prof. Samuel Dearman

Northern Foundation School

Background

Assistantships are an effective, well-evidenced placement structure yet no literature yet exists for their use in psychiatry, despite evidence suggesting more students choose a career in psychiatry following a positive placement (Choudry et al 2017).

Methods

Likert scale questionnaires (n=4) were used to assess a pilot Crisis Psychiatry assistantship, comparing perceived competence against learning outcomes pre- and post-placement as well as against the designated aims and further qualitative input.

Results

At time of writing, results have been collected for the two students who have completed the placement. In areas assessed they rated the placement mostly excellent. Both students agree they feel more competent post placement against learning outcomes.

Key Messages

Preliminary results show this assistantship has been well perceived and valued. So far this study concurs with the research base surrounding assistantships and shows that an assistantship within a Crisis team is appropriate for students learning.

References

Choudry A, Farooq S. Systematic review into factors associated with the recruitment crisis in psychiatry in the UK: students', trainees' and consultants' views. *BJPsych bulletin*. 2017 Dec;41(6):345-52. Likert R. A technique for the measurement of attitudes. *Archives of psychology*. 1932.

Research / Original Work Poster Group 1

02RO1

COVID-19, lockdown 1.0, and the move to telemedicine: impact on glycated haemoglobin in paediatric diabetes mellitus

Authors

Emily Armon-Drewett, Nivedita Aswani, Julie Smith, Tracy Tinklin

Trent Foundation School

Background

Our paediatric diabetes face-to-face clinics were converted to telephone appointments due to the first COVID-19 lockdown, thus quarterly HbA1c testing stopped. We set out to determine whether the move to telemedicine affected our patients' HbA1c levels.

Methods

Each patient's final HbA1c in January-March before lockdown (Pre-LD) was compared to their first HbA1c after lockdown and the mean of their HbA1cs after lockdown. Comparisons were analysed grouping patients by Pre-LD, assumed to be their baseline.

Results

HbA1c testing fell during lockdown and never returned to normal levels. HbA1c levels improved in the 4 groups with the highest Pre-LD, with the >69mmol/mol group improving by 10.18mmol/mol. In the 2 groups with the lowest Pre-LD, a deterioration was seen.

Key Messages

The pandemic disrupted chronic disease care and made many reluctant to go to hospital. Lockdown provided more routine and parental supervision for those with poor control but disrupted the effective routine and sport activities of those with good control.

References

03RO1

Obese, non-eosinophilic asthma: frequent exacerbators in a real-world setting

Authors

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Background

In the UK, asthma deaths are at their highest level this century (1). Increased recognition of at-risk patients is needed. This study phenotyped frequent asthma exacerbators, and used machine learning to predict frequent exacerbators.

Methods

Asthma exacerbators admitted to Watford General Hospital were included: “Infrequent Exacerbators” (1 admission in the previous year) and “Frequent Exacerbators” (≥ 2 admissions). Machine learning models were used to predict frequent exacerbators.

Results

200 asthma exacerbators were analysed. Eosinophilia was uncommon (20%). Frequent exacerbators used more SABA inhalers in the year before admission (10.9 vs 7.40; $P = 0.01$). Logistic regression accurately predicted frequent exacerbators (AUC = 0.80).

Key Messages

Patients admitted for asthma are mainly female, obese and non-eosinophilic. Frequent exacerbators have poorer asthma control at baseline. Machine learning algorithms can predict frequent exacerbators using clinical data available in primary care.

References

(1) Asthma UK. The Great Asthma Divide: The Annual Asthma Survey 2019 [Internet]. 2019 [cited 25 November 2020]. Available from: <https://www.asthma.org.uk/58a0ecb9/globalassets/campaigns/publications/The-Great-Asthma-Divide.pdf>

04RO1

'As easy as riding a bike': a systematic review of injuries and illness in road cycling

Authors

Daire Rooney, Neil Heron , Inigo Sarriegui

Northern Ireland Foundation School

Background

1 in 4 adults does not meet the physical activity guidelines recommended by the WHO (WHO). Road cycling is an effective form of exercise that can help overcome the population's failure to meet physical activity guidelines

Methods

To allow the implementation of injury/illness prevention programmes for cyclists, we aimed to identify the injury/illness burden to this group of athletes. We therefore undertook a systematic review of all reported injuries/illness in road cycling.

Results

The most common injuries sustained were abrasions, lacerations and haematomas Fractures were the second most frequent type of injury. Head injuries and musculotendinous injuries were also common. Patellofemoral syndrome the number one overuse diagnosis

Key Messages

This is the first review undertaken of road cycling injuries in cyclists. The review highlights the different ways that injury is reported in epidemiology. We call on future studies to implement standardised injury reporting to allow direct comparison

References

05RO1

Efficacy and Safety of Dapagliflozin Versus Placebo in Patients with Heart Failure – a systematic review

Authors

Esther Omotoso

North West of England Foundation School

Background

Dapagliflozin is a SGLT2 inhibitor, an oral hypoglycaemic agent (1). SGLT2 inhibitor has shown to reduce the rate of heart failure hospitalisation and cardiovascular death in HF patients with or without type 2 diabetes (2).

Methods

PubMed and Cochrane databases were searched using specific keywords and the synonyms, and by applying inclusion and exclusion criteria, to retrieve open-access randomised clinical trials (RCTs).

Results

Seven RCTs (3–9) were included. Dapagliflozin decreased the incidence of hospitalisation for HF, urgent visit for HF, cardiovascular death and all-cause death. Dapagliflozin causes more volume depletion and reduces occurrence of renal adverse events.

Key Messages

Dapagliflozin is effective and safe for the treatment of HF in patients with or without diabetes mellitus regardless of the age and aetiology of HF. However, it has the risk of volume depletion and postural hypotension, especially in elderly.

References

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07RO1

A Stitch in Time: 10-year Audit of Emergency Cerclage in a Tertiary Hospital

Authors

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Severn Foundation School

Background

Emergency cerclage (EC) is used to prevent / delay preterm birth to reduce mid-trimester loss and avoid consequences of extreme prematurity. It can be controversial due to risks of extreme preterm delivery and neonatal mortality/morbidity remaining high.

Methods

A retrospective note review was completed on cerclage between January 2010-2020. Data was collected against NICE/local guidelines. Those included were “true ECs” (TEC), defined as patients with a dilated cervix of <4cm and exposed unruptured membranes.

Results

11 patients identified as TEC. 100% were inserted in the correct gestation. 73% born premature, of which 63% were extremely premature. Of the 11, there were 13 fetuses. Livebirths accounted for 85%, with 2 stillbirths, both classed as extremely premature.

Key Messages

EC is a rare procedure but has shown to result in a high percentage of livebirths. However, a majority were born premature, so counselling with consultant obstetricians/neonatologists around risks are crucial to manage expectations of long-term outcomes.

References

08RO1

Non-pharmacological methods to reduce pain and anxiety during intravitreal injection procedures

Authors

Ngee Jin Yap, Nathan Ng, Juan Lyn Ang, Peng Yong Sim, Shyamanga Borooah , Peter Cackett

Scotland Foundation School

Background

The aim of this study was to assess if non-pharmacological methods (NPM) such as holding the patient's hand, playing music, chatting, and explaining the procedure can reduce intravitreal (IVT) injection associated anxiety and pain in patients.

Methods

Consecutive patients undergoing IVT over a 5-week period (n=313) were prospectively recruited. 153 patients from the first 2 weeks did not receive NPM and acted as the control group. 160 patients recruited in the last 3 weeks, had NPM in place during IVT.

Results

NPM during IVT reduced pain score ($P < 0.01$). Males overall had lower anxiety and pain scores. Also, patients who were older, had more prior IVT injections and poorer best corrected distance visual acuity (BCVA) in the injected eye experienced less anxiety.

Key Messages

NPM should be provided to patients undergoing IVT as it significantly reduces pain. Demographics and visual acuity can be used to risk stratify patients who are at increase risk of experiencing pain and anxiety during IVT.

References

09RO1

Urinary p75: A New Biomarker for Motor Neuron Disease?

Authors

Laura Chapman, Pamela Shaw, Mary-Louise Rodgers, Nick Verber, Stephanie Shepheard, Martin Turner, Andrea Malaspina

Yorkshire and Humber Foundation School

Background

To assess whether the urinary neurotrophin receptor p75 extracellular domain (p75ECD) can be used as a biomarker in motor neuron disease (MND) to aid with diagnosis, stratifying severity and as a therapeutic marker for future clinical trials.

Methods

The population comprised of 29 controls and 99 people with MND, 24 of which were sampled longitudinally. Urinary p75ECD was measured using an enzyme-linked immunoassay and the results linked to creatinine levels and were analysed using SPSS.

Results

Urinary p75ECD was significantly higher in patients with MND (7647.73 +/- 6696.90mg/ml) than in all controls (5255.28 +/- 3904.27mg/ml) at first study visit. There was also a significant correlation between severity and p75ECD concentration ($p < 0.001$).

Key Messages

The use of urinary p75ECD as a biomarker will allow for easy, rapid diagnosis, with the ability to assess disease progression and for use as a therapeutic marker in future clinical trials for MND.

References

N/A

10RO1

Brain Tissue Pulsations: An Updated Hypothesis

Authors

Jonathan Ince

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Background

It has been demonstrated that with each cardiac cycle, brain tissue pulsates (1). Whilst the underlying mechanism has been thought to rely on blood flow, literature has suggested that other factors may also be involved in pulsation generation (1, 2).

Methods

Existing theories on the generation of brain tissue motion were reviewed and used to formulate an updated hypothesis of the underlying mechanism. The hypothesis draws on existing literature, including neuroimaging, in-vitro studies, and basic principles.

Results

The proposed mechanism involves anatomical and physiological features which may generate and alter brain motion. Cerebral blood and spinal fluid flow are thought to be large contributing factors, although other features are likely of high importance.

Key Messages

This updated hypothesis offers a clearer understanding of brain tissue pulsations and proposes how disease may affect them. This offers a basis for future investigation and highlights how brain motion measurements may prove clinically useful.

References

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11RO1

Random C-peptide is a pragmatic measure of beta cell function, predicting glucose variability and hypoglycaemia risk

Authors

Simon Brackley, Nicholas Thomas, Angus Jones

Peninsula Foundation School

Background

In insulin treated diabetes the best pragmatic measure of endogenous insulin secretion / beta cell function (BCF) is unclear. We compared the extent to which previously published measures of BCF predict glucose variability and frequency of hypoglycaemia.

Methods

40 participants with insulin-treated diabetes underwent mixed meal tolerance tests (MMTT), glucose monitoring and provided blood. Pearson's correlation and regression modelling were used for statistical analysis.

Results

Random c-peptide showed strong correlation with the gold standard MMTT AUC ($r=0.84$) and was similarly predictive of glucose variability ($\beta=-0.38$ and -0.42) and most predictive of hypoglycaemia frequency. Newer derived measures were less predictive.

Key Messages

Random non-fasting c-peptide is pragmatic clinically relevant alternative to the formal MMTT, outperforming novel derived measures.

References

12RO1

Reconstructive Surgery for Major Burns in Children in Low, Middle and High Income Countries: A Scoping Review

Authors

Bhirom Subramaniam, Joshua Ling, Eamon Raith, Kokila Lakhoo
Leicester, Northamptonshire and Rutland (LNR) Foundation School

Background

This review aims to compare the accessibility and quality of paediatric plastic reconstructive surgeries between World Bank Income Group.

Methods

A structured search will be done on selected online databases including OVID, PubMed/MEDLINE, SCOPUS and EMBASE, then studies will be selected based on a prespecified inclusion criteria. Methodology for JBI Scoping Reviews will be used.

Results

Protocol published, results pending. Comparison will be made between proportions of paediatric patients worldwide with burn equivalent or more than deep partial thickness that receive reconstruction surgery and its associating outcomes.

Key Messages

The results of this review will shed light on the current state of global paediatric reconstructive surgeries, and will potentially be used to guide the implementation of programs that allow exchanges of healthcare professional skills.

References

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13RO1

Associations Between Certainty Of Covid-19 Infection Status And Reporting Of Long Covid Symptoms: The Role Of Nocebo

Authors

Catherine Macleod-Hall, Marcus Munafò, Maddy Dyer

Severn Foundation School

Background

Some COVID-19 patients develop symptoms after the acute viral phase, known as 'long COVID'(1). Neuropsychiatric factors may contribute(2). Belief of being infected with COVID-19 may act as a nocebo, causing attribution of sensations to long COVID(3).

Methods

Using the Avon Longitudinal Study of Parents and Children (ALSPAC), we will examine associations between belief in COVID-19 infection status and reporting of long COVID symptoms. We will also explore the possible moderating influences of sex and anxiety.

Results

We plan to present these results at the time of the conference.

Key Messages

Nocebo effects may contribute to the development of long COVID symptoms. This will shape future research and therapies. This research will have implications for the doctor-patient relationship and public health communication in the current pandemic.

References

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15RO1

Why Should ACT work when CBT has Failed? A study assessing acceptability and feasibility of acceptance and commitment therapy (ACT) for paediatric patients with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME).

Authors

Jamie Leveret, Prof. Esther Crawley , Dr Sam Gubb, Hannah Kwuo

Severn Foundation School

Background

Many patients with paediatric CFS/ME do not recover with current NICE recommended treatments including CBT for fatigue [1]. ACT is an effective treatment in many chronic illnesses [2]. There are no studies investigating ACT for paediatric CFS/ME.

Methods

This cohort study enrolled 11 to 18 years old's with CFS/ME, who had not fully recovered with standard treatment, to receive ACT. Participant retention and recruitment data; questionnaires; and interviews were analysed.

Results

Results indicate acceptability and feasibility of ACT. 95% of those approached were recruited. Only 4 participants did not complete treatment. Participants commented that the absence of thought challenging (used in CBT) was positive.

Key Messages

It is feasible to recruit and retain 11 to 18 year old's with CFS/ME to a study offering ACT. Interview data suggests ACT is an acceptable treatment in this population.

References

1. Nijhof, S. L., Bleijenberg, G., Uiterwaal, C. S., Kimpen, J. L., & van de Putte, E. M. (2012). Effectiveness of internet-based cognitive behavioural treatment for adolescents with chronic fatigue syndrome (FITNET): a randomised controlled trial. *The Lancet*, 379(9824), 1412-1418.
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Quality Improvement Poster Group 2

01QI2

Improving pain recognition and management in the Trauma and Orthopaedic wards across NHS Tayside: A quality improvement project

Authors

Lekaashree Rambabu, Samantha Ng, Branwen Wilson, Darcy Wilson, William Lee, Rachel Pennington, Peter Davies, Gavin Love

Scotland Foundation School

Background

RCOA suggest that less than 5% of postoperative patients should feel severe pain 48h after surgery [1]. The main aim of our project was to determine if pain was being adequately assessed and managed on the trauma and orthopaedic wards in NHS Tayside.

Methods

We collected data from patients 48h post-surgery by direct questioning and we sent a pre-intervention survey to foundation doctors. The in-patient service team conducted an education session in April 2021 and data was collected again after intervention.

Results

Our study included 50 patients. 7% reported severe pain at rest pre-intervention, but this was reduced to zero post-intervention. The proportion of doctors who indicated they would not reassess patients after reviewing pain reduced from 50% to 28.6%.

Key Messages

Educational session by in-patient service teams improves pain management by foundation doctors among post-operative patients. However, more frequent assessments that comply with evidence-based guidelines are required to further improve pain management.

References

[1] Colvin JR, Peden CJ. Raising the standard: a compendium of audit recipes. 3rd ed. London: Royal College of Anaesthetists, 2012.

02QI2

Pharmacological Strategies of Reducing the Risk of Violence and Aggression in an Old Age Psychiatric Ward. An Audit of the Documentation of Administration of P.R.N. Medication.

Authors

Jane Elford

Wales Foundation School

Background

PRN medication is administered to patients in cases of agitation and anxiety. NICE states that the reason for PRN, therapeutic effects, timescale and emergence unwanted effects should be recorded. This is reviewed to inform decisions about medication.

Methods

This is a retrospective audit of PRN medication administered on a dementia assessment unit. Records kept of PRNs administered were analysed against NICE standards. A new form was introduced to record this information and re-audited.

Results

This audit is still ongoing. Following implementation of the new form, the number of records in each area defined by NICE improved, but more results are expected by the time of this presentation.

Key Messages

The updated form has improved records of PRN medication administered, increasing adherence to NICE guidance. This will improve patient safety as medication reviews will be based on more accurate information.

References

03QI2

VTE prophylaxis admission assessment three cycle audit and QI project.

Authors

Krystyna Drewniak, Dr Mark Fielding

North West of England Foundation School

Background

Dova Unit is an acute mental health inpatient unit based in Barrow-in-Furness. All patients admitted to the unit are assessed by a healthcare professional who is expected to complete an admission proforma, including VTE risk assessment.

Methods

Randomly selected patients admitted to Dova Unit (20 in the first cycle, 10 in the second cycle and 8 in the third cycle) were identified and included in the project. Data was collected from the online system Rio and analysed using an excel spreadsheet.

Results

In the first cycle of the audit and QI project the overall compliance was found to be 35%. In the second cycle the overall compliance was found to be 50%. Finally, in the third cycle the overall compliance was found to be 78.125%.

Key Messages

There was an overall improvement in the completion rates for the VTE prophylaxis admission assessment as a result of conducting the project. Working with the junior doctors and other healthcare professionals we aim to improve our completion rates further.

References

04QI2

A quality improvement project of the Short Stay Ward (SSW)/ Endocrinology and Diabetes induction booklet

Authors

May Khine, Dr Gemma Gardner

Peninsula Foundation School

Background

Starting as newly qualified foundation doctors can be a daunting prospect. We felt the induction booklet on Endocrinology/SSW at Derriford Hospital required some changes to help smooth the transition into working as a junior doctor.

Methods

We performed two cycles; the induction booklet was reviewed and changes were implemented before asking junior doctors on the ward at the start of each rotation to complete a five-question feedback questionnaire. The feedback helped with improvements.

Results

The most valued improvements to the booklet included adding sections such as ward practicalities, logistics of on-call shifts and final tips to surviving F1/useful apps. Clinic and MDT timetables were also included which were greatly received.

Key Messages

The new booklet has provided juniors essential information, helped improved time efficiency on the ward and most importantly improved patient care. Receiving an e-booklet prior to their rotation on SSW has further helped improve juniors' confidence.

References

06QI2

Ottawa rules

Authors

Ghadaq Enad, Queen Mavichak

North West of England Foundation School

Background

Ottawa Rule is a clinical-decision tool to help determine whether a patient with ankle, foot or knee injury requires radiographic imaging or not and has sensitivity of nearly 100%, using it can reduce the Xray for the patients by 30%.

Methods

This project is conducted in the emergency department of Blackpool Victoria Hospital. X-rays of ankles were obtained retrospective using the electronic database Maxims. Descriptive statistics (Microsoft Excel) was used to analyse data.

Results

49 ankle X-rays were included in this study. 12 of 49 X-rays (24.49%) were positive for ankle fractures. 21 of 49 clinical notes (42.86%) stated elements of Ottawa Rules, (14.29%) that mentioned elements of Ottawa rule were positive for ankle fractures.

Key Messages

Ottawa rules used to avoid unnecessary x-rays for the patients, we are aiming to implement changes by doing teaching for juniors doctors and triage nurses, introduce the Ottawa rule as checklist on Maxims in addition to post intervention data collection.

References

1. Our Data Has been collected from the electronic data base Maxims in Blackpool Victoria Hospital ED.
2. Radiopedia
3. Stiell IG et al. Multicentre trial to introduce the Ottawa ankle rules for use of radiography in acute ankle injuries BMJ 1995;311:594-597.

08QI2

Quality Improvement Project: Video Consultations in Maxillofacial Surgery

Authors

James Barraclough, Andrew Power

Yorkshire and Humber Foundation School

Background

Consultations in maxillofacial surgery have to continue during the Covid-19 pandemic. This QIP aims to implement video consultations into our practice, assess patient satisfaction, and determine if they should be implemented into standard practice.

Methods

A modified validated questionnaire(1) was sent to all patients who had a video appointment between May and July 2020 (63 patients). A 5-point Likert scale was used by clinicians to assess the call quality immediately following each call.

Results

Response rate for the patient survey was 75%. 91% felt their appointment was suitable for a video consultation. 81% agreed that video consultations would be useful after the pandemic. Scan results was the best performing appointment type.

Key Messages

The use of video medicine has helped provide a safe remote service for patients. The results were presented locally. It was decided to limit the use of video appointments to scan results and selected others. A second round survey is underway.

References

1. Barsom EZ, Jansen M, Tanis PJ, van de Ven AW, van Oud-Alblas MB, Buskens CJ, Bemelman WA, Schijven MP. Video consultation during follow up care: effect on quality of care and patient-and provider attitude in patients with colorectal cancer. *Surgical Endoscopy*. 2020 Mar 20:1-0.

09QI2

Medicines Reconciliation: a quality improvement project aimed at creating systems for effective communication between pharmacy and clinical teams to ensure safe prescribing

Authors

Atmadeep Banerjee, Georgia Ralph, Christine Cadman, Thalia Groom

Severn Foundation School

Background

Medicines reconciliation (MR) involves the review of prescribed medications to resolve discrepancies. MR potentially reduces hospital stay and re-admissions, but its efficacy can be reduced by suboptimal communication between pharmacists and clinicians.

Methods

Drug charts were reviewed for pharmacists' MR notes. The findings were presented locally. A pre-printed jobs-list form has been prepared where pharmacists can mark specific patients requiring MR and VTE review, and handover directly to junior doctors.

Results

The baseline audit revealed only 19% of MR notes had been actioned in time. This improved to 56% following local presentation and teaching. A re-audit (expanded to include VTE) will be performed once the pre-printed jobs-list handovers are implemented.

Key Messages

Local awareness can improve the effectiveness of communication via written notes. However, a lack of direct verbal handover can still be limiting. If the new printed forms are effective, they can be easily repurposed for our upcoming e-prescribing system.

References

1. Splawski J, Minger H. Value of the Pharmacist in the Medication Reconciliation Process. *P & T : a peer-reviewed journal for formulary management* 2016;41(3):176-178.
2. Patel E, Pevnick JM, Kennelty KA. Pharmacists and medication reconciliation: a review of recent literature. *Integrated Pharmacy Research & Practice* 2019;8: 39-45.
3. Blenkinsopp A, Bond C, Raynor DK. Medication reviews. *British Journal of Clinical Pharmacology*. 2012;74(4):573-580.

10QI2

Timing of Prophylactic Antibiotics for Implantable Cardiac Devices

Authors

Eoin Curran

Northern Ireland Foundation School

Background

Prophylactic antibiotics have been proven efficacious in preventing infection post implantation of cardiac devices. However, there is little research to guide timing of antibiotics. Target time in Belfast Trust was <60 minutes prior to incision.

Methods

Antibiotic administration time and surgical incision time was recorded for 100 patients receiving implantable cardiac devices in Belfast City Hospital from March to June 2021. Time from antibiotic administration to surgical incision was recorded.

Results

Minimum time 0 minutes, maximum time 90 minutes, mean time 43 minutes, median time 40 minutes. 100% of patients received prophylactic antibiotics with 87% within the target time of <60 minutes prior to surgical incision.

Key Messages

Interestingly, BNF suggests surgical prophylactic administration of Teicoplanin and Cefuroxime (antibiotics used in Belfast Trust) <30 minutes prior to procedure. If this was guidance then only 8% would have been compliant.

References

1. de Oliveira JC, Martinelli M, Nishioka SAD, Varejão T, Uipe D, Pedrosa AAA, et al. Efficacy of antibiotic prophylaxis before the implantation of pacemakers and cardioverter-defibrillators: results of a large, prospective, randomized, double-blinded, placebo-controlled trial: Results of a large, prospective, randomized, double-blinded, placebo-controlled trial. *Circ Arrhythm Electrophysiol.* 2009;2(1):29–34.
2. Sandoe JAT, Barlow G, Chambers JB, Gammage M, Guleri A, Howard P, et al. Guidelines for the diagnosis, prevention and management of implantable cardiac electronic device infection. Report of a joint Working Party project on behalf of the British Society for Antimicrobial Chemotherapy (BSAC, host organization), British Heart Rhythm Society (BHRS), British Cardiovascular Society (BCS), British Heart Valve Society (BHVS) and British Society for Echocardiography (BSE). *J Antimicrob Chemother.* 2015;70(2):325–59.

11QI2

The Correct Dose Is Just A Few Clicks Away: An Audit Of Creatinine Clearance (CrCl) Monitoring Of Direct Oral Anticoagulants (DOACs) In Over 75s In General Practice

Authors

Anna Barnes

Trent Foundation School

Background

DOACs simplify blood thinning to prevent fatal conditions. The kidneys perform up to 35% of elimination(1). Reduced CrCl requires dose adjustment to avoid complications. SystmOne includes an automatic CrCl calculator to facilitate correct dosing.

Methods

A SystmOne search performed identified over 75s prescribed a DOAC without a CrCl calculated in the last 13 months. Analysis included proportions with Urea and Electrolytes blood tests performed, recall in place and assessment of correct dosing.

Results

CrCl was not calculated in 55.3% (n=63) despite 85.7% having U&Es performed. The proportion without U&Es performed was identical (14.3%) whether a recall was in place or not. Dosing was incorrect in 14.3% however 100% had a U&Es performed.

Key Messages

CrCl is essential for safe DOAC prescribing and was missed in over half of this group risking bleeding or undertreatment. Most had the necessary U&Es test but a extra few clicks are needed. Education for practitioners could improve patient safety.

References

1. Weber J, Olyaei A, Shatzel J. The efficacy and safety of direct oral anticoagulants in patients with chronic renal insufficiency: A review of the literature. *Eur J Haematol.* 2019;102(4):312–8.

12QI2

Quality of Operation Notes in Neurosurgery in NHS Tayside

Authors

Chika Iheobi, Mohammed Fadelalla

Scotland Foundation School

Background

The GMC requires that every procedure documentation be legible and clear. Operation notes, of crucial importance for patient management and medicolegal purposes, should detail the procedure, operative findings and postoperative instructions.

Methods

The operation notes by neurosurgery registrars were audited to assess the degree of coherence to RCS guidelines and presented in a departmental meeting. Subsequently, a standard operation note pro forma was introduced and distributed.

Results

Adherence to RCS guidance improved significantly in the second loop following the use of a standard operation note. Of note, documentation of the urgency, timing and blood loss involved in the procedure increased from 2% or less to 100% compliance.

Key Messages

Operation notes documentation should give sufficient detail to enable continuity of care by another doctor. The introduction of an operation note proforma successfully enhanced the compliance of departmental operation notes to RCS guidelines.

References

The Royal College of Surgeons of England (2008). Good Surgical Practice. RCS Eng – Professional Standards and Regulation.

13QI2

Quality improvement project: Advanced airway management in cardiac arrests in view of 2021 Resuscitation Council Guidelines.

Authors

Luisa Valentini, Christopher Hardy, Paul Marlow, Nour Al-Jamil, Simrin Chaudhri

East Anglia Foundation School

Background

The 2021 Resuscitation Council Guidelines have updated standards on advanced airway management for cardiac arrests (1). This project aims to identify the Queen Elizabeth Hospital in Kings Lynn meets these standards or if changes need to be made.

Methods

Clinicians and ODPs attending cardiac arrests were asked to complete a questionnaire including an estimation of the time taken to achieve successful airway management, the attempts taken and years of clinician experience.

Results

So far, the results show 91% of advanced airways are successfully inserted within two attempts or less, with 56.5% within the recommended time of less than five seconds.

Key Messages

Whilst the data is promising, more results need to be collected. So far, standards are not fully being met. Measures for further airway training to meet these new guidelines may need to be introduced.

References

1. Jasmeet S, Deakin CD, Nolan JP, Perkins GD, Yeung J, Couper K, et al. Adult advanced life support Guidelines. 2021.

14QI2

Improvement of the pre-operative information folder for FY1 doctors in Urology.

Authors

Husain Anwar

Leicester, Northamptonshire and Rutland (LNR) Foundation School

Background

The aim of the project was to assess use and quality of the pre-operative information folder and identify areas of improvement. Once the folder was revised, a repeat survey of incoming doctors evaluated the level of improvement.

Methods

A survey was done by a FY1 cohort with multiple choice questions about the folder as well as written feedback responses to questions. A subsequent cohort completed the same survey once the folder had been updated and changes were implemented.

Results

There was an 86% increase in the perceived organisation of the folder and a 42.9% increase in the awareness of the folder as an available resource. Responses showed better utilisation and increased helpfulness of the folder.

Key Messages

Projects focusing on improving and updating resources regularly used by incoming FY1 doctors can lead to increased confidence in their new role and ultimately aid a department to provide better care for their patients.

References

15QI2

Improving the psychological wellbeing of patients on a Diabetes and Endocrine Ward

Authors

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North London Foundation School

Background

Patient wellbeing is a vital factor in the recovery of inpatients and concurrent psychological distress can prolong recovery. We aimed to review factors on an inpatient ward that contributed to the psychological wellbeing of inpatients.

Methods

This was a cross-sectional study performed across three weeks on inpatients at the time of assessment. Suitable patients were identified on the ward and given two forms to complete; the PHQ-9 and a questionnaire created by our team.

Results

- A large number of inpatients are exhibiting signs of depression but remaining undiagnosed • Factors important to patients regarding their mental wellbeing are reduced noise, updates on their health and information on scans/procedures

Key Messages

Factors important to patients regarding their mental wellbeing are reduced noise, updates on their health and information on scans/procedures. These factors are ward specific.

References

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Quality Improvement Poster Group 3

01QI3

Banish the Famish

Authors

Komalpreet Kaur , Emily Stokes

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Background

Historically patients have been NBM from midnight. Guidelines - patients can eat 6 hours & drink clear fluids 2 hours before induction. Excessive fasting is harmful. In a DGH, patients arrived overly fasted. We designed a QIP to assess fasting guidelines.

Methods

5 days data collection Scheduled & elective cases Excluded RSI Asked when last ate or drank Fasting times calculated Teaching & ward posters encouraged staff to reduce fasting Re-audit assessed if interventions reduced fasting times

Results

The median fasting from food time was 15 hours for both the initial audit and the re-audit. The median fasting from fluids time decreased from 13 hours to eight hours ($p=0.00$).

Key Messages

Teaching sessions and posters educate and encourage staff to optimise pre-operative care. Further audit cycles are required to further reduce unnecessary pre-operative fasting.

References

Hamid S. Pre-operative fasting – a patient centred approach. *BMJ Open Quality* 2014;2:u605.w1252. doi:10.1136/bmjquality.u605.w1252 NICE guidelines Perioperative care in adults NG180 Aug 2020 Royal College of Anaesthetists: Raising the standards: RCoA quality improvement compendium.4th Edition, September 2020. El-Sharkawy AM, Daliya P, Lewis-Lloyd C, Adiamah A, Malcolm FL, Boyd-Carson H, Couch D, Herrod PJJ, Hossain T, Couch J, Sarmah PB, Sian TS, Lobo DN; FaST Audit Group; East Midlands Surgical Academic Network (EMSAN). Fasting and surgery timing (FaST) audit. *Clin Nutr*. 2021 Mar;40(3):1405-1412. doi: 10.1016/j.clnu.2020.08.033. Epub 2020 Sep 5. PMID: 32933783; PMCID: PMC7957363. Hewson DW, Moppett I. Preoperative fasting and prevention of pulmonary aspiration in adults: research feast, quality improvement famine. *Br J Anaesth*. 2020 Jan 21:S0007-0912(19)30999-7. doi: 10.1016/j.bja.2019.12.018. Epub ahead of print. PMID: 31980163. Two hours too long: time to review fasting guidelines for clear fluids by Morrison et al., *Br J Anaesth* 2020;124:363e366, doi: 10.1016/j.bja.2019.11.036

02QI3

Screening for mental health in chronic lung disease: a review of current practice.

Authors

Melissa Nagar, Michiala Cafferkey, Patrick Liu, Devesh Dhasmana

Scotland Foundation School

Background

Mood disorders are increased in chronic lung disease patients and co-existence worsens function.^{1,2} Guidelines recommend that these patients be screened for psychological co-morbidities.^{3,4} The PHQ-4 is an ultra-brief screening scale for mood.⁵

Methods

We included patients admitted to medical wards at Victoria Hospital with an acute exacerbation of chronic lung disease between February-March 2021. We looked at history of input from Mental Health team and measured psychological distress using PHQ-4.

Results

A total of 30 patients were included, of which 73% had a diagnosis of COPD. 14 patients had no previous MH input, with PHQ-4 scores demonstrating mild psychological distress in 4 patients, moderate in 3 and severe in 7.

Key Messages

This audit has shown significant levels of psychological distress in current in-patients, and current poor practice in screening in chronic respiratory disease. Therefore, we would like to promote the use of PHQ-4 screening scale in this population.

References

1. Vanfleteren L, Spruit M, Wouters E, Franssen F. Management of chronic obstructive pulmonary disease beyond the lungs. *Lancet Respir Med*. 2016 Nov;4(11):911-924
2. Zawada K, Bratek A, Krysta K. Psychological distress and social factors in patients with asthma and chronic obstructive disease. *Psychiatr Danub* 2015 Sept;27 Suppl 1:S462-4
3. Global Strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. GOLD 2021 Report.
4. SIGN 158. British guideline on the management of asthma. 2019
5. Kroenke K, Spitzer R, Williams J, Lowe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*. Nov-Dec 2009;50(6):613-21

03QI3

DVLA Advice in the Emergency Department

Authors

Rachel Buxton, Clea Fawcett, Andrew Newton

Severn Foundation School

Background

The role of the ED clinician in giving appropriate DVLA advice is vital. This QIP researches the following questions; 'How confident are ED clinicians in giving DVLA advice?' and 'what current resources are available to aid this advice giving?'

Methods

An initial questionnaire was sent to ED Staff, followed by implementation of interventions; Easy access staff guidelines, DVLA patient advice leaflets and a teaching video. Follow-up questionnaires were completed and remain ongoing.

Results

Questionnaire results demonstrated reduced confidence and varied range of knowledge in giving DVLA advice. It highlighted the lack of current resources and demand for further teaching in this area.

Key Messages

- Confidence and knowledge of medical clinicians in giving DVLA advice is varied.
- Resources such as advice cards and clinical condition summaries can be valuable to aid advice giving.
- There is scope and demand for further teaching on this topic.

References

[1] G. M. Council, "Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA," [Online]. Available: www.gmc-uk.org/guidance. [2] D. a. V. L. Agency, "Assessing fitness to drive: a guide for medical professionals," Driver and Vehicle Licencing Agency , [Online]. Available: <https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>.

04QI3

The transfer and admission of prisoners under S47 and S48 of the Mental Health Act – are standards being met ?

Authors

Pragya Chaturvedi, Dr Tom Grew

North West of England Foundation School

Background

The incidence of mental illness in prisoners is significant. Mental health provision in prison is incomparable to an inpatient unit. Prisoners requiring detention under the MHA should be transferred within 14 days and many prisoners face delays.

Methods

This is a retrospective audit based at HMP Liverpool , analysing transfers to psychiatric facilities over the past year using data from hospital and prison records. This will be compared to national data.

Results

The data is still being analysed - however almost all transfers were significantly >14 days. 1 prisoner had to wait 9 months for a bed. Almost all prisoners transferred were known to services prior to admission.

Key Messages

Complex and comorbid mental health needs are the norm in the prison population. Delay in the transfer process can result in further deterioration of mental state and a prolonged admission.

References

Forrester A, Henderson C, Wilson S, Cumming I, Spyrou M, Parrott J. A suitable waiting room? Hospital transfer outcomes and delays from two London prisons. *Psychiatric Bulletin*. Cambridge University Press; 2009;33(11):409–12.

05QI3

Improving peri-operative glucocorticoids supplementation in patients on long-term steroids

Authors

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Peninsula Foundation School

Background

Patients on long-term steroids are at risk of HPA axis suppression and adrenal crisis perioperatively. New national guidelines for patients with adrenal insufficiency highlights the importance of adequately supplementing patients on long-term steroids.

Methods

Interventions included an alert feature added to PICIS, providing steroid alert cards and departmental data presentation. Data was exported monthly from PICIS, we calculated percentage of adults on steroids who were adequately covered perioperatively.

Results

The mean percentage of patients who received adequate steroid supplementation improved from 30.6% to 55.7 % 8 months post interventions. On the run chart, we observed 6 consecutive points above baseline median showing special cause variation.

Key Messages

Improvement was noted in the adherence to the new national guidance for perioperative provision of steroids to patients at risk of HPA axis suppression after the introduction of IT system changes, staff education and use of steroid cards.

References

1. Woodcock, T., Barker, P., Daniel, S., Fletcher, S., Wass, J.A.H., Tomlinson, J.W., Misra, U., Dattani, M., Arlt, W. and Vercueil, A. (2020), Guidelines for the management of glucocorticoids during the peri-operative period for patients with adrenal insufficiency. *Anaesthesia*, 75: 654-663. <https://doi.org/10.1111/anae.14963>
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06QI3

Improving Authorisation of Immediate Discharge Letters in St John's Hospital, Livingston

Authors

Amy Cox, Rachel Ademokun

Scotland Foundation School

Background

On NHS Lothian's electronic patient record system "TRAK", a specific button needs to be pressed in order to "authorise" a patient's Immediate Discharge Letter (IDL) to be sent to their GP. We sought to improve the rates of authorisation of patient's IDLs.

Methods

We measured the rates of authorisation of patient's IDLs within 48 hours of their discharge for 4 days before and after interventions were implemented. The interventions included a presentation at a departmental meeting and an IDL process flow chart.

Results

Over the four-day period in April 2021 (pre-interventions), 64% had IDLs authorised within 48 hours of the patient's discharge, which improved to 89% in the four-day period in July 2021 (post-interventions).

Key Messages

Our Quality Improvement Project successfully improved rates of authorisation of IDLs from the department which improved communication between secondary and primary care. We are currently implementing systems to allow these improvements to be sustainable.

References

07QI3

Improving the induction experiences of rotational foundation trainees in a tertiary level Urology department.

Authors

Stephanie D'Costa

North West of England Foundation School

Background

Departmental inductions for rotating trainees improve competence and confidence entering a new field of work(1). Evidence suggests FY1s are experiencing inadequate inductions at this level and therefore may feel unprepared in their upcoming placement(2).

Methods

A questionnaire was designed to examine the induction experiences of urology FY1s. 3 rotations of FY1s were surveyed and their recommendations were integrated into an accessible urology handover booklet, after which one rotation of FY1s were surveyed.

Results

All trainees were unaware of written induction information; 50% had a formal induction. Their recommendations (referral/peri-operative advice) were integrated into a handover booklet. Post-intervention, all areas of induction experience had improved.

Key Messages

This study is consistent with the idea that many FY1s are experiencing inadequate departmental inductions and that sign-posted information can instil confidence(3). Trainees should always have access to a verbal and written updated induction information.

References

1. Induction | Health Education England East Midlands [Internet]. [cited 2021 Nov 5]. Available from: <https://www.eastmidlandsdeanery.nhs.uk/foundation/trainees/induction>
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3. K C, J C, M P. Creating more than a directory: improving handover of information by renovating the induction app for University Hospital Wishaw. BMJ open quality [Internet]. 2020 Dec 30 [cited 2021 Nov 5];9(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/33380452/>

08QI3

See the Shrink: improving quality of referrals to the Psychiatry Liaison Team

Authors

Aditya Krishnan, Amanda Brickstock

West Midlands Central Foundation School

Background

As two junior doctors, we observed the conflicted interface between psychiatry and other directorates. This project aims to reduce inappropriate referrals to Psychiatry Liaison (PLT), and improve junior doctors' understanding of referring to PLT.

Methods

Baseline data was collected by retrospectively auditing all ward referrals made to PLT over two weeks. Referral reason and outcome data were recorded. Foundation doctors were surveyed on confidence with referrals, with a scenario-based assessment.

Results

PDSA methodology was used to design three cycles, including a signposting poster and teaching delivered to doctors. Compared to baseline data, a 50% reduction of inappropriate referrals was achieved, going from an average of 38.5% to only 16%.

Key Messages

The cycles demonstrated a consistent and sustained improvement in quality of referrals to PLT, as well as a positive understanding of the PLT role. We encourage our colleagues to understand mental health services to ensure best patient care.

References

09QI3

Improving the quality of external clinical advice documentation in surgical inpatients.

Authors

Jason Nicoletti, Andrew Martin

Northern Ireland Foundation School

Background

Accurate documentation is central to patient safety. The quality of documentation of external advice was raised at governance meeting. Aim: Increase the accuracy of external advice documentation in surgical patients in a DGH by 25% from baseline median.

Methods

Quality improvement methodology was used. Essential information was defined for external advice. A set of baseline data was collected. Driver diagram completed. Interventions were targeted to deliver improvement over 6 weeks and displayed on a run chart.

Results

Outcome measure % of essential information recorded Process measure Usage of advice pro forma Baseline median 54% essential information recorded Post introduction of external advice pro forma 72% essential information recorded. Pro forma used in 50%

Key Messages

This project is ongoing and requires further improvement cycles to demonstrate special cause variation and illustrate a shift in data to achieve the project aim. Further interventions will focus on the usage of pro formas and user feedback.

References

1. General Medical Council. Good Medical Practice. London: GMC; 2013.
2. The Royal College of Surgeons of England. Good Surgical Practice. London: RCSEng; 2014. 60p.
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10QI3

Oxygen is a drug and must be prescribed: an audit in General Surgery

Authors

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Background

Inspired oxygen in peri/post-op periods are proposed to improve clinical outcomes including reduced incidence of surgical site infection(1,2).This prospective audit aimed to assess if oxygen is prescribed on admission and to improve prescribing adherence.

Methods

Drug charts were audited on the acute surgical take and re-audited after peer teaching and departmental posters.BTS Guidelines were used as the standard for oxygen prescribing(3).Data was collected on target saturations and signed and dated prescriptions.

Results

The 1st cycle audited 72 drug charts, 26% had oxygen prescribed with target saturations selected. The 2nd cycle audited 69 drug charts and found oxygen prescriptions increased to 64%. Signed oxygen prescriptions decreased (100% to 93%) in the 2nd cycle.

Key Messages

Oxygen prescribing adherence increased from 26% to 64% after implementing change. The take home message is: oxygen is a drug and must be prescribed.

References

- 1) Al-Niaimi, A. and Safdar, N., (2009). Supplemental perioperative oxygen for reducing surgical site infection: a meta-analysis. *J Eval Clin Pract.* 15(2), 360–5.
- 2) Qadan, M., et al., (2009). Perioperative supplemental oxygen therapy and surgical site infection: a meta-analysis of randomized controlled trials. *Arch Surg.* 144(4), 359–66.
- 3) O'Driscoll, BR., et al., (2017). British Thoracic Society Guideline for oxygen use in adults in healthcare and emergency settings. *BMJ Open Resp Res.* 4:e000170.

11QI3

The Mess provides not only a place to rest your head but is a key source of social interaction for doctors, coined the 'unsung resource' (1). The pandemic highlighted its importance as a place of refuge. Thus, novel ways to support juniors were needed.

Authors

Leila Rezvani, Edmond Rostand

Yorkshire and Humber Foundation School

Background

Doctors' wellbeing during COVID-19 has been assessed globally, highlighting increased levels of burnout impacting health, absenteeism and patient care (2,3). How can the Mess improve the wellbeing of junior doctors dealing with a pandemic?

Methods

Data was collected on the perception of the Mess and doctors' wellbeing using surveys and focus groups. Gap and root cause analyses identified key areas to address with interventions. These included food, peer prizes, and a wall of appreciation.

Results

We developed a combination of Likert scale and free text questions, with 24 survey responses. 80% reported the interventions improved their wellbeing and morale, with 67% believing this improved their patient care.

Key Messages

Evidence has established the importance of promoting staff wellbeing (4). This demonstrated simple interventions can be cost-effective in improving wellbeing and thus patient care. Further research may provide evidence to fund these in the post-covid era.

References

1. Raw J. The doctors' mess: the unsung resource. *Bmj*. 2003 Sep 18;327(7416):689.
2. Jalili M, Niroomand M, Hadavand F, Zeinali K, Fotouhi A. Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives of Occupational and Environmental Health*. 2021 Apr 17:1-8.
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4. Weiss PG, Li ST. Leading change to address the needs and well-being of trainees during the COVID-19 pandemic. *Academic pediatrics*. 2020 Aug 1;20(6):735-41.

12QI3

Identifying Barriers to Young Diabetic Patients (16-25) who fail to attend Diabetic Screening Appointments

Authors

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Background

Screening can detect early signs of retinopathy and allow early treatment. The aim of our audit identify if Lancashire Diabetic Eye Screening Programme is meeting the standard of screening at least 80% of type 1 and type 2 diabetics aged 16-25 annually.

Methods

44 diabetic patients(16-25) had failed to attend at least one appointment. Their contact details were retrieved from the electrical records from Optomize and the author conducted telephone interviews with these patients to clarify reasons of any absences.

Results

In total, 44 out of 1209 diabetic patients(16-25) had missed at least one diabetic screening appointment(3.6%) proving Lancashire is meeting the 80% screening standard set by NICE.

Key Messages

Barriers for young diabetics include work, educational commitments or forgetting appointments. We recommend online booking systems to allow flexibility with timings and accommodate for their busy schedules.

References

1. https://www.nice.org.uk/media/default/sharedlearning/721_clinicalaudit_report_729_re-auditcopd.pdf
2. <https://www.nice.org.uk/guidance/ng18/chapter/Recommendations>
3. <https://www.gov.uk/government/publications/diabetic-eye-screening-programme-standards/diabetic-eye-screening-programme-supporting-information>
4. <https://www.sciencedirect.com/science/article/pii/S0033350613001303?via%3Dihub>
5. <https://pubmed.ncbi.nlm.nih.gov/23973045/>

13QI3

Detection of clinically significant prostate cancer in MRI-negative prostate zones: saturation biopsy is necessary

Authors

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Background

Multiparametric MRI improves the sensitivity of prostate cancer detection. There is debate on the saturation biopsies's value in combination biopsy. Histology findings from trans-perineal template biopsies were compared with suspected findings on mpMRI.

Methods

Data from electronic patient records included: patient demographics; MRI findings; and histology findings. TPTBs were done using a cognitive fusion technique. Records were assessed over 14 months, reviewing 232 patients who underwent TPTB following mpMRI.

Results

In 117 patients, malignancy was in MRI-negative areas, and there was Gleason>7 disease in 82 cases. In 43 patients a higher-grade cancer was in MRI-negative areas compared to MRI-positive areas. 50% of detected cancer was in MRI negative areas.

Key Messages

We conclude that it is clinically beneficial to biopsy the whole prostate. MRI-targeted biopsies, alone, under-diagnose patients with clinically significant prostate cancer.

References

14QI3

Improving the management of patients admitted with decompensated liver disease

Authors

Wing Kan Venus Liang, Etienne Chew, Luke Lake, Mirela Chitul, Irina Mladenova, Jade King, Aruna Dias

North London Foundation School

Background

Patients with liver disease decompensate quickly with severe complications. The aim of the QI project was to ensure appropriate initial investigations and interventions are conducted at an early stage when specialist advice may not be available in a DGH.

Methods

The management decompensated patients admitted over a 3-month period were audited against the BSG cirrhosis admission care bundle. Several interventions including teaching, posters were introduced. Audit was conducted over a 2-month post-intervention.

Results

The median length of stay in pre-intervention group was 6, and 7 in post-intervention group.

Key Messages

Our experience indicates that it can take time for a change to become embedded in clinical practice. Next steps include regular education sessions for junior doctors, especially in changeover months.

References

McPherson, S., Dyson, J., Austin, A. and Hudson, M., 2014. Response to the NCEPOD report: development of a care bundle for patients admitted with decompensated cirrhosis—the first 24 h. *Frontline Gastroenterology*, 7(1), pp.16-23.

15QI3

Benign Paroxysmal Positional Vertigo Management during COVID-19 in a Primary Care Setting.

Authors

Hamza Usman

Severn Foundation School

Background

This audit assessed the management of Benign Paroxysmal Positional Vertigo (BPPV) in a primary care setting during the Covid-19 pandemic. Whilst a benign condition, BPPV, can lead to significant injury, leading to prolonged hospital stays.

Methods

Data was collected on the EMIS database using search parameter "BPPV", the number of presentations & interventions offered were then recorded. Two separate sets of data were collected, before Covid & during Covid, then compared to NICE guidelines.

Results

Good effort was made to offer treatment in line with NICE guidance. However, the incidence of medication prescribing increased 1200% in the pandemic. This was not in keeping with guidance which states medication plays no role.

Key Messages

A change was suggested by advising practitioners to not prescribe medication, instead offer treatments such as the Epley manoeuvre and educate patients. Also ensure up to date practice by reviewing NICE guidance regularly.

References

Hornibrook J. Benign paroxysmal positional vertigo (BPPV): history, pathophysiology, office treatment and future directions. International journal of otolaryngology. 2011 Jul 25;2011. <https://cks.nice.org.uk/topics/benign-paroxysmal-positional-vertigo/> https://www.uptodate.com/contents/benign-paroxysmal-positional-vertigo?search=bppv&source=search_result&selectedTitle=1~23&usage_type=default&display_rank=1

Quality Improvement Poster Group 4

01QI4

A Standard Operating Procedure in The Assessment, Diagnosis and Management of Urinary Incontinence in Post-stroke Patients.

Authors

Antoni Bochinski, Dr Rajinder Singh

Yorkshire and Humber Foundation School

Background

Urinary Incontinence (UI) is often a new problem in stroke patients and has been shown to be a strong predictor of death and poor functional outcome after a stroke, while severity of a stroke has been positively correlated with UI incidence.

Methods

A literature search was performed to identify the currently available evidence. A Standard Operating Procedure (SOP) was constructed aiming to provide practical guidance for the assessment, diagnosis, and management of UI in post-stroke patients.

Results

This SOP informs on the key points of an initial assessment of a post-stroke patient with UI, differentiates between the different types of UI and their specific management, and provides an overall framework on treatment of UI in post-stroke patients.

Key Messages

An initial assessment of a post-stroke patient with UI should be completed within 72h of admission. Management may vary significantly depending on the type of UI diagnosed. Catheterisation should be avoided where possible. Review improvement weekly.

References

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02QI4

Audit to evaluate current renal tract imaging practices in children under 16 years with urinary tract infections

Authors

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Background

UTIs are extremely common in childhood. (1) Inappropriate investigation leads to progressive renal scarring. Chronic kidney disease is a sequel to this. (2) NICE guidelines simplify imaging pathways for clinicians, to prevent paediatric renal disease. (3)

Methods

Retrospective review of 101 children below 16 years with UTI admitted to 2 hospitals in Scotland between October 2020 - June 2021. Cases were categorised to allow for evaluation of imaging practices across age groups, then compared with NICE guidelines.

Results

Overall compliance across all age groups was 50.5%. Out of a total 68 requiring investigation, 45% underwent appropriate imaging. The majority of non-compliance was due to a lack of DMSA imaging; this was performed in 27% of those that required it.

Key Messages

Concise educational posters with appropriate guidelines, distributed to departments. Improving and reinforcing awareness of current guidelines amongst referring clinicians. Re-audit in 6 months to close the loop and to assess for improvements.

References

1- Kaufman J, Temple-Smith M, Sancu L. Urinary tract infections in children: an overview of diagnosis and management. *BMJ Paediatrics Open*. 2019;3(1):e000487. 2- Riccabona M. Imaging in childhood urinary tract infection. *La radiologia medica*. 2015;121(5):391-401. 3- National Institute for Health and Care Excellence. Urinary tract infection in under 16s: diagnosis and management. 2018.

03QI4

Treatment Escalation Plans in Older Person Medicine wards in a DGH hospital

Authors

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Background

Treatment escalation planning (TEP) is an integral decision process during the consultant led ward round to plan for the care of a patient at risk of clinical deterioration. This involves the patient and medical team, based on best clinical judgement.

Methods

We analysed documentation of post take ward round sheets of 50 patients across all the Older Person's Medicine (OPM) wards in Bournemouth Hospital. Including the level of escalation stated (i.e. critical care) and resuscitation and family discussions.

Results

46% of patients had a completed TEP plan, of these 50% had been completed on official post take TEP sheets, the rest documented unofficially elsewhere. With education through posters, emails and discussions on its importance, this increased to 82%.

Key Messages

Treatment escalation planning is an imperative tool in providing appropriate and safe levels of care to patients. We found that with education and structure, the adherence to completion of TEP can be increased.

References

04QI4

Mouthcare Matters: QI project to improve mouthcare in elderly hospital inpatients

Authors

Caroline Daniel, Victoria Gaunt

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Background

Oral health in the elderly deteriorates with hospitalisation¹ and is associated with increased incidence of infections and reduced oral intake^{2,3}. We collected baseline data on oral health in inpatients and implemented changes to improve it over 4 months.

Methods

Changes included introduction of a proforma to assess and document oral health, easy access to mouthcare items and staff education. Data was collected 2-monthly on patient oral health scores and completion rates of both the proforma and routine mouthcare.

Results

All measured parameters improved significantly. At completion of the 4-month period, proforma completion rate was 86% (0% baseline); routine mouthcare completion rate was 50% (18%); proportion of 'good' or 'excellent' oral health scores was 66% (21%).

Key Messages

These interventions are easily implementable. Wider adoption would improve mouthcare for larger patient-numbers and could benefit both patient experience and morbidity. Changes were integrated into existing ward regimens, promoting sustained improvement.

References

1. Terezakis et al. The impact of hospitalization on oral health: a systematic review. *J Clin Periodontol*. 2011;38(7):628–636.
2. Kaneoka et al. Prevention of healthcare-associated pneumonia with oral care in individuals without mechanical ventilation: a systematic review and meta-analysis of randomized controlled trials. *Infect Control Hosp Epidemiol*. 2015;36(8):899–906.
3. Poisson et al. Relationships between oral health, dysphagia and undernutrition in hospitalised elderly patients. *Gerodontology*. 2016;33(2):161–168.

06Q14

Stool culture sampling in patients with acute diarrhoea on general surgical wards at Aintree University Hospital: Quality Improvement Project

Authors

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Background

According to guidelines, stool samples should be collected at the first sign of diarrhoea, within 48 hours, and before antibiotics are prescribed (1, 2). A delay in diagnosis of infective diarrhoea results in incorrect treatment and discharge delays.

Methods

Data was collected prospectively for 30 consecutive patients who developed diarrhoea. Patients on laxatives were excluded. Following data collection, an intervention was delivered. Practice was then re-audited following the intervention.

Results

In the first collection period, 33% of patients had a stool sample sent within 48 hours, with 50% isolated to a side room. Following the intervention, sample collection improved significantly to 67%, with 100% isolated to a side room.

Key Messages

Delivering a brief ward level intervention improved adherence to guidelines. These interventions could be implemented across other wards and hospitals to improve stool sample collection and thus identification of infective diarrhoea in hospital patients.

References

1) RLBUHT Trust Guidelines, 2021. Diarrhoea - Management. Accessed 03/11/2021. Available from: <https://secure.rlbuht.nhs.uk/sites/Antibiotic/SitePages/GI/ClostridiumDifficile.aspx>. 2) NICE, 2021. Diarrhoea - adult's assessment. Accessed 03/11/2021. Available from: <https://cks.nice.org.uk/topics/diarrhoea-adults-assessment/>.

07QI4

Improving junior doctor resources in the Liaison Psychiatry department at St John's Hospital, Livingston.

Authors

Sanita Sandhu, Robert Kay

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Background

Foundation doctors in Liaison Psychiatry practice independently hence, it can be intimidating. Trainees require supervision from consultants and senior doctors. Our aim was to create a junior doctor handbook to provide further support.

Methods

An online survey was sent to incoming and past trainees to ask them their levels of confidence in specific domains of a junior role in the speciality before and after the rotation. A handbook was created and disseminated midway between the rotation.

Results

The handbook was most useful in improving trainees' confidence in administration tasks. For clinical tasks, on the job learning/advice was the best. Compared to past trainees, there was an improvement in confidence in multiple domains of the role.

Key Messages

The handbook was useful for administration roles but was limited to the clinical aspects of the role. For this, 1 to 1 supervision with a consultant was best. A handbook may address knowledge gaps and improve the junior doctor's confidence.

References

08QI4

Clinical Handover of Patients Discharged from The Intensive Care Unit to Inpatient Wards: A Retrospective Analysis & Quality Improvement Plan at a District General Hospital

Authors

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Background

The safe discharge of patients from the Intensive Care Unit (ICU) to inpatient wards requires the clear documentation and communication between ICU and ward teams. We aim to assess and improve the quality of the ICU discharge and handover process.

Methods

A retrospective cohort study was carried out by reviewing the electronic health records of all ICU discharges over a 2-month period. Evidence of verbal handover from ICU to ward teams alongside completeness of discharge documentation was assessed.

Results

53 patients were included (mean age 63, 55% male). 47 patients were discharged to inpatient wards; 17 (36%) of which had a documented verbal handover to the ward team. 45% of patients discharged from ICU had an incomplete discharge summary.

Key Messages

The verbal handover of patients discharged from ICU has been shown to improve patient outcomes and reduce ICU re-admission (1). Our results show the need for quality improvement, which we plan to initiate via education and visual prompts for ICU doctors.

References

1 - Coon, E., Kramer, N., Fabris, R., Burkholder, D., Klaas, J., Graff-Radford, J., Moore, S., Wijdicks, E., Britton, J. and Jones, L., 2014. Structured handoff checklists improve clinical measures in patients discharged from the neurointensive care unit. *Neurology: Clinical Practice*, 5(1), pp.42-49.

09QI4

Assessment and Improvement of Mortality Reporting Compliance in West Cornwall Hospital

Authors

Larissa Naidoo

Peninsula Foundation School

Background

In 2016, CQC published "A review of the way NHS trusts review and investigate the deaths of patients in England" which established trusts were not prioritising learning from deaths, missing opportunities to improve practice and reduce avoidable deaths.

Methods

A retrospective review of the number of deaths and completed mortality reviews over a 6 month period following implementation of an information leaflet on how to adequately complete death after-care forms, distributed by bereavement services.

Results

No significant improvement was found in mortality review rates after the intervention was implemented at WCH. National targets were met for 3 of out the 6 months.

Key Messages

Potential improvements include extending data collection time period to enable better trend formation and increasing awareness of the audit and mortality review forms via teaching to improve participation rates.

References

1) England.NHS.UK; National Guidance on Learning from Deaths; National Quality Board; March 2017. 2) Keane R, Johnston P; Mortality Report 2017, Royal Cornwall Hospital Trust; December 2017.

10QI4

Re-audit of anaesthetic emergency guideline folders at Southport and Ormskirk NHS Trust.

Authors

David Johnson

North West of England Foundation School

Background

The Quick Reference Handbook is a collection of guidelines for anaesthesia-related emergencies. (1) Southport and Ormskirk NHS Trust have standards for the location and contents of these guidelines. This is a re-audit of these emergency folders.

Methods

Nineteen locations were identified across two hospital sites and included theatres, recovery rooms, A&E and radiology departments. The data collected was; presence of folder, completeness of folder, and whether the guidelines were up to date.

Results

79% of locations had the folders, and only 60% of the folders were complete. All of the folders contained out of date guidance. Overall, findings were worse on re-audit.

Key Messages

It may be that folders had not been put in place following the previous audit and/or some of the folders had since been removed. New guidance had since been published and had not been updated into folders.

References

(1) The Association of Anaesthetists. Quick reference handbook (QRH). [Internet]. 2021 [cited 2021 Nov 6]. Available from: <https://anaesthetists.org/Home/Resources-publications/Safety-alerts/Anaesthesia-emergencies/Quick-Reference-Handbook>

11QI4

A Quality Improvement Project assessing the efficacy of clinical documentation in an inpatient psychiatric unit.

Authors

Loay Rahman, Ammaarah Hafejee, Mellisha Padayatchi

North London Foundation School

Background

Documentation in psychiatry is essential for optimal patient care. It enables monitoring of a patient's mental state which facilitates tailored treatment. This project aimed to assess the quality of clinical documentation in a psychiatric hospital (1).

Methods

Medical documentation was evaluated to assess compliance in recording key metrics. 2 interventions were implemented; a template promoting methodological documentation after month 1, and an email sent to promote the use of the template after month 2.

Results

Following the interventions, a 100% compliance in documenting mental state was recorded. Physical health data and MHA documentation increased by an average of 6.5% and 17.2% at the end of month 2 and by 9.7% and 15.2% between month 2 and 3, respectively.

Key Messages

Clinician and nursing documentation markedly improved overall following the interventions. Some categories remained incomplete, although were on an upward trajectory.

References

1. Gutheil TG. Fundamentals of medical record documentation. Psychiatry (Edgmont). 2004;1(3):26-28.

12QI4

A Snapshot Audit on the Compliance of Postoperative ERAS Protocol on the Resumption of Elective Colorectal Surgical Operations in the COVID-19 era

Authors

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Background

The COVID-19 pandemic has led to a reduction in elective surgical procedures in the UK. Whilst the efficacy of Enhanced Recovery After Surgery (ERAS) is well established, its compliance following resumption of elective services is unknown.

Methods

Patients who underwent elective colorectal surgery were audited prospectively. Primary outcome was overall mean compliance score. Secondary outcomes were 7 postoperative parameters from the ERAS Recommendation, length of stay and 30-day morbidity.

Results

Overall mean compliance score was 4.9/7. Nasogastric tube not used in most patients. Early discontinuation of IV fluids and resumption of oral intake in most. Early removal of catheter in 57% but mobilisation 91%. Compliance for opioid avoidance was poor.

Key Messages

Higher compliance significantly decreased length of stay and had a lower severity of 30-day complications. Although compliance is generally good our study highlighted a need to improve opioid avoidance.

References

1. Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery (ERAS) Society Recommendations: 2018
2. Covid-19: All Non-urgent Elective Surgery Is Suspended For At Least Three Months In England. BMJ 2020

13QI4

A single centre study on the effectiveness of Cannulated Hip Screws

Authors

Sandipika Gupta, Dr Pallavi Gundagin, Mr John Ferns

North West of England Foundation School

Background

The aim of this study was to assess operative decision making for patients with neck of femur fractures. Patient who are admitted with neck of femur fractures receive either cannulated hip screws (CHS), dynamic hip screws (DHS) or hemiarthroplasty.

Methods

2 year retrospective analysis of complications and mortality rates for 150 patients in a single centre. Patients with neck of femur fractures are subcategorised into displaced or undisplaced intracapsular fractures.

Results

In displaced intracapsular fractures, the use of cannulated hip screws has a high failure rate of 80% compared to 20% in DHS. In undisplaced fractures, CHS has a failure rate of 15% compared to DHS at 0%.

Key Messages

Cannulated screw fixation should be carefully considered, especially in the setting of displaced intracapsular fractures. Hemiarthroplasty or two-hole dynamic screws may have superior results particularly with undisplaced fractures.

References

14QI4

Gentamicin Prescribing

Authors

Jennifer Salmon, Jordan Armstrong, Kathryn Muldoon, Sarah McElroy

Northern Ireland Foundation School

Background

Gentamicin dosing is often incorrect, increasing the risk of side effects. In Belfast Trust potential risks were recognised with 58.33% doses correctly prescribed. Our aim was to increase prescribing safety by reducing dosing errors by 50% over 4 months

Methods

Introduced a user-friendly chart with prompts to help safe prescribing. An emphasis was placed on medical/nursing education. Weekly measurements were taken to produce a run chart on correct dosing. Additional surveys analysed prescriber confidence

Results

An 87.5% median was deduced from the first 10 weeks of data with 6 points above the median from week 10. Following chart introduction there was a large improvement in correct doses which affected the median.

Key Messages

After four months there were 10 points with 100% correct doses which showed an overall increase in gentamicin safety due to a reduction in prescription errors. The chart has increased prescriber confidence and decreased the number of adverse effects

References

15QI4

RE-CHAT with a Senior: A&E Senior Sign Off Audit

Authors

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Background

In December 2010 the Royal College of Emergency Medicine published a new standard for Consultant "sign off" of selected high risk patients being discharged from the Emergency Department, to prevent re-admission and risk of serious incidents (1).

Methods

At York A&E department, 100 participants were enrolled in the study (20 per high-risk group) in Nov 2020-Jan 2021. Re-audit in May-July 2021. Measurements included patient investigations/management, use of senior sign-off document, and re-admission rate.

Results

Initial results showed senior sign-off document used in only 2% of cases. Re-admission rates as high as 25% for abdominal pain in over 70's. Re-audit following education and poster presentations brought compliance up to 30%, re-admission rates halved.

Key Messages

1) Use of RE-CHAT (Re-presentation within 72hrs, Early warning score >5, Chest pain >30's, Headache, Abdominal pain >70's, Temperature in <1's) posters/education halves re-admissions. 2) Senior-sign offs improve clinical management and follow-up.

References

1. RCEM Senior Sign off Committee Standard 2016 - https://res.cloudinary.com/studio-republic/images/v1635599020/Consultant_Sign_Off_Standard_June_2016/Consultant_Sign_Off_Standard_June_2016.pdf?_i=AA

Research / Original Work Poster

Group 2

01RO2

SARS-COV-2 Infection in Haematology Patients – A District General Hospital (DGH) Experience

Authors

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Background

Risk factors for severe COVID-19 includes; advanced age, malignancy and immunosuppression. We investigated the mortality and morbidity of patients with haematological conditions with COVID-19 infection at a District General Hospital.

Methods

Data was collected retrospectively through electronic health records, clinical letters and coroner reports. We identified 21 patients with a COVID-19 positive result (mean age = 63) between March 2020-April 2021 who had a haematological diagnosis.

Results

Mortality when admitted to hospital is 50% (9/18). 43% (9/21) of patients were definite hospital acquired COVID-19 infections. 19% (4/21) of patients were admitted to ITU of these 50% died. The mean inpatient stay following COVID-19 diagnosis is 15 days.

Key Messages

Our experience supports that Haematological disorders have a high morbidity and mortality from COVID-19. Additionally, most of these patients have a prolonged hospital stay delaying their on-going treatment.

References

- (1) Adhanom T. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 [\[Internet\]](#). Who.int. 2021 [cited 28 March 2021].
- (2) Wu Z, McGoogan J. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China. *JAMA*. 2020;323(13):1239.
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02RO2

Ultrasound guided cannulation training as part of clinical progression

Authors

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Background

Ultrasound (USS) guided cannulation is important for gaining challenging vascular access, improving timing of treatment 1-2. This quality improvement project aims to upskill junior doctors, reducing reliance on specialists.

Methods

Using PDSA methodology, a survey was circulated to clinical fellows. Subsequently, a theory session was provided detailing technical considerations, with a final specialist-led practical session. Evaluation forms were completed.

Results

23 clinical fellows enrolled, with 16 and 13 attending the theory and practical sessions. Confidence in preparing for, and performing USS cannulation was assessed with a Likert scale (1-5), mean 2.7 and 2.6 initially, and 4.5 and 4.2 by completion.

Key Messages

These results demonstrate a gap in medical training, with intervention effective and well received. The project will be expanded to FY1's and nurse practitioners. We propose its curriculum introduction for all foundation doctors and clinical fellows.

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04RO2

Evaluation of Urine Nitrite Testing Before Extracorporeal Shockwave Lithotripsy

Authors

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Background

Asymptomatic Bacteriuria is common in patients with urolithiasis. Guidelines recommend screening for ABU prior to treatment.¹ This study evaluates the benefit of urinary nitrite testing in patients prior to Extracorporeal shock wave lithotripsy.

Methods

96 pts were asymptomatic and nitrite negative. 4 pts were nitrite positive of which 3 pts culture positive. 20 patients culture positive of which 17 pts nitrite negative. 0 pts admitted with a UTI 30 days post-procedure.

Results

96 pts were asymptomatic and nitrite negative. 4 pts were nitrite positive of which only 3 patients had confirmed growth on culture. 20 pts were culture positive of which 17 pts were nitrite negative. 0 patients admitted 30 days post-procedure.

Key Messages

The morbidity of UTI or ABU following ESWL is low suggesting routine urine nitrite testing before ESWL could be unnecessary. Urine dip is an unreliable and inaccurate test of ABU, therefore, should not be used as a screening prior to ESWL.

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05RO2

The effect of dysnatraemia on mortality and length of hospital stay in patients with COVID-19.

Authors

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Background

Electrolyte disturbance is a common finding in patients, with dysnatraemia being a known indicator for inpatient mortality (1). We aimed to look at the effect of dysnatraemia in COVID-19 patients with regards to mortality and length of hospital stay.

Methods

A retrospective study was carried out on 573 patients at Kettering General Hospital, who had a positive RT-PCR test for COVID-19. Data was collected on their sodium levels, length of stay in hospital and radiological evidence of pneumonia.

Results

Patients with hypernatraemia were at a 4.51 times increased risk of death ($P < 0.001$) when corrected for age, gender and pneumonia. Hyponatraemia did not significantly affect mortality. Mean duration of hospital stay doubled in patients with dysnatraemia.

Key Messages

Early recognition and effective management of dysnatraemia in patients with COVID-19 could reduce the chance of mortality and the length of stay in hospital, resulting in earlier discharges and better patient outcomes.

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06RO2

Influence of listener's perception in gender differentiation of voice in transsexual or post-laryngectomy

Authors

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Background

The most significant indicator of satisfaction post gender transition is being perceived by others as the appropriate gender. Voice production plays a key part in gender identity, however, has visual input been taken into account?

Methods

Literature review: role of individual aspects which form the components of voice perception were identified, and the effects of the most commonly used therapeutic interventions highlighted.

Results

Review indicated a lack of research taking into account the visual component of voice perception when relating to gender perception.

Key Messages

More extensive research must be conducted on non-anatomical factors, especially visual input, on gender perception. This is important to guide post gender transition therapies i.e. appearance, social and behavioural patterns.

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07RO2

How well are we advising glaucoma patients on driving?

Authors

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Background

The aims of this study are to determine if (a) clinicians are providing driving advice to glaucoma patient and (b) if clinicians are attaining the standard of informing all patients with bilateral VFDs of their responsibility to inform the DVLA.

Methods

All 182 consecutive patients attending glaucoma clinic during a 1 month study period were contacted. 17 patients who never drove were excluded. 110 patients responded and were included in the final analysis.

Results

Majority of recruited patients (70/110, 64%) were still driving. Only 29% (32/110) reported receiving advice about driving. 57 patients with bilateral VFDs were identified. 68% (39/57) of these patients did not recall being asked to inform the DVLA.

Key Messages

Driving advice is poorly provided to glaucoma patients. Many patients with bilateral VFDs do not recall being advised to contact the DVLA. Adequate counselling should be provided to all glaucoma patients, especially for patients with bilateral VFDs.

References

08RO2

Clinical severity of RSV bronchiolitis: Retrospective case analysis

Authors

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Background

Bronchiolitis is a viral infection in the lower airways of infants, commonly caused by respiratory syncytial virus (RSV) (1). Our study aims to compare the virus detected on oropharyngeal swabs to the treatment required by patients.

Methods

Data was collected from 1,152 infants under one year of age admitted to Children's hospital for Wales, over the winter months of 2014-2020. The cohort was divided based on the virus detected: RSV, RSV with another virus or other virus.

Results

56% of throat swabs were RSV positive, 15% had RSV with another virus and 29% had only another virus. Those positive for RSV had statistically longer hospital admissions and were more likely to need NG nutrition.

Key Messages

This study suggests that RSV may cause more severe bronchiolitis than other viruses. However, more evidence is required to show that these results are purely down to the virus and not due to the demographic group that RSV affects.

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09RO2

Local anesthetic transperineal template biopsy in the outpatient setting: A more sustainable option?

Authors

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Background

The advanced techniques have allowed transperineal (TP) biopsies to be performed under local anesthetic (LA) by using a re-usable BK Medical® needle guide. We present outcomes from patients who have undergone LA prostate biopsies using a re-usable system.

Methods

Data were collected from 100 patients who had TP biopsies in the outpatient setting. Clinical parameters including; MRI PI-RADS score, prostate-specific antigen (PSA) level, and post-procedure complications were collected.

Results

Biopsies successfully completed under LA in 98 patients. Of the 98 patients, 60 (61%) revealed malignancy, and 46/60 (76.7%) were diagnosed with clinically significant disease (Gleason $\geq 3+4$).

Key Messages

TP biopsies with the re-usable BK Medical® needle probe are effective, safe, and well-tolerated and offer a cost advantage at £102 per reusable grid for our cohort versus £200 per single use kit, and an environmental advantage by being reusable.

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10RO2

Does performing percutaneous cholecystostomy in patients at risk of sepsis have better outcomes than patients in sepsis?

Authors

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Background

Gallstone related diseases account for almost one-third of acute surgical admissions. This study was set up to assess the difference in clinical outcome between the patients undergoing cholecystectomy with overt sepsis (OS) and impending sepsis (IS).

Methods

A retrospective observational study was conducted on patients who underwent PC between 03/2014-03/2021. The primary outcomes are 30-day mortality and the length of stay and secondary outcome include post-procedural bile leak.

Results

The median length of hospital stay of the OS and IS groups were 17 and 15 days respectively. There was no significant difference in bile leak and drain accidents. The 30-day mortality rate was significantly higher in OS.

Key Messages

Percutaneous cholecystostomy has no significant long-term complications associated with mortality. Early cholecystostomy results in a reduced 30-day mortality rate and better outcome.

References

11RO2

Antithrombotic therapy for aortic and peripheral artery aneurysms: a systematic review and meta-analysis

Authors

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Background

Antithrombotic agents have an unclear role in the treatment of aortic and peripheral artery aneurysm progression. This systematic review and meta-analysis aims to assess the impact of antithrombotics on clinical outcomes for extracranial aneurysms.

Methods

Medline, Embase, Cochrane library and CENTRAL were searched and screened by two authors. Primary outcomes were aneurysm growth rate, major adverse cardiovascular events, and major adverse limb events. Secondary outcomes were mortality, endoleaks, rupture.

Results

56 studies were included. Antiplatelets were associated with reduced aneurysm growth rate and all-cause mortality. Anticoagulants were associated with higher risk of early and late endoleaks, sac expansion, and risk of re-interventions. ($p < .05$ for all)

Key Messages

Antithrombotic therapy may reduce progression of extracranial aneurysms, but is associated with risks. Further prospective studies are required to examine the impact of antithrombotic on aortic and peripheral aneurysms.

References

12RO2

Impact of the COVID-19 pandemic on attendance to a large haemophilia comprehensive care centre

Authors

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Background

The COVID-19 pandemic has resulted in significant changes to the provision and utilisation of healthcare services. Attendances to a large haemophilia comprehensive care centre were analysed, in order to quantify the effects of the COVID-19 pandemic.

Methods

Attendance data were retrospectively collected from January 2019 - April 2021. They were categorised into planned attendances (e.g. blood tests) or unplanned (e.g. injury). Baseline attendances (before-COVID) were compared to those during the pandemic.

Results

Total attendances during COVID decreased by 46.6% from baseline. Planned attendances decreased by 43.9% and unplanned attendances decreased by 56.9%. These differences were statistically significant.

Key Messages

Changes to services and empowering patients led to decreased in-person attendances. Critically, there were no known adverse events as a result of the decreased attendances. Patient satisfaction was maintained, and the accessibility of the unit improved.

References

13RO2

Prevalence of postoperative anaemia in colorectal cancer patients

Authors

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Background

Anaemia is common in colorectal cancer patients. There are established guidelines for the management of preoperative anaemia, however, literature on the prevalence and management of postoperative anaemia is limited.

Methods

Prospective data from patients who had elective colorectal cancer resection, with curative intent surgery, were included in this study. The primary end point was anaemia at discharge. Secondary end points included preoperative anaemia and length of stay.

Results

72% of patients were anaemic at discharge. Patients with right colon tumours had significantly lower Hb at discharge compared with rectal tumours. When adjusted for other variables, a decrease in 1g/L Hb resulted in a longer inpatient stay by 0.13 days.

Key Messages

Postoperative anaemia in colorectal cancer patients has a high prevalence and may have a negative impact on clinical outcome. Correction should be incorporated into discharge protocols. Further research will aid development of management guidelines.

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15RO2

Assessing patients' awareness, knowledge and ideas surrounding the option of having an IUS or IUD inserted at the time of their caesarean section.

Authors

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Background

Post caesarean section, patients are advised against pregnancy for 1 year. Long-acting reversible contraception (LARC) such as intrauterine devices (IUD) and intrauterine systems (IUS) can be inserted at the time of section or from 6 weeks postpartum.

Methods

Patients were surveyed as part of a routine day 1 post-caesarean section consultation on the postnatal ward. Patients were asked whether they had discussed contraception at the time of booking of their section, their views and inclinations.

Results

Of 13 patients surveyed, 23% (n=3) remarked that they had discussed contraception perinatally. 69% of women (n=9) wanted to learn about LARC. 1 patient had an IUD inserted at their c-section and 15% of women (n=2) wanted to have an IUD/IUS fitted.

Key Messages

Women may choose to have an IUD/IUS inserted at the time of caesarean section rather than waiting until six weeks has passed. This may prevent the need for further medical appointments and eliminates the risk of pregnancy in the interim period.

References

Sustainability Poster Group

01SUS

Improving access to mental health services: An evaluation of Leicestershire's new Central Access Point, (CAP)

Authors

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Background

The Central Access Point (CAP) was established in April 2020, covering Leicester, Leicestershire and Rutland. It is a telephone service for service users, relatives, and healthcare professionals to directly contact mental health professionals.

Methods

Call data for January 2021 collected by the CAP. Preliminary analysis involved 452 calls across 399 users. SystemOne to identify outcomes. Statistics Kingdom's Chi-square test for calculating statistical significance ($\alpha=0.05$) and Cramér's V effect size.

Results

Self-referrals reduced DNA rates for triage versus alternatives (Self [10%] vs Primary care – urgent [22.03%] vs Primary care – routine [41.79%]; P-value < .001; Effect size 0.29). With successful triage (n=328), most users only contacted CAP once.

Key Messages

Over 1000 users (new or known to services) contacted the CAP in January. Telephone services provide an extra avenue for referral into mental health services via self-referral. This has significantly reduced DNA rates for triage compared to alternatives.

References

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02SUS

Evaluating the use of self-help resources for families whilst waiting for an initial assessment with CAMHS

Authors

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Background

Due to limited resource and huge demand on CAMHS, there is a prolonged gap between a young person being triaged into the service and receiving their initial assessment. Families are signposted to self-help resources during this waiting time.

Methods

I created a survey to gather feedback from families on their experience of these resources, including potential barriers and how they felt signposting could be improved. I used a randomised sample of 50 families triaged into CAMHS in April 2021.

Results

I received responses from 28 families. 57% reported having had resources suggested to them. 50% looked up the suggested resources. 87.5% of these families found resources useful. There were a range of reasons why families had not accessed resources.

Key Messages

Several key issues were identified and addressed. A standardised text was created to remind families of resources and a new resource was added to the database. We also offered to send resources to parents as well as just the young person.

References

03SUS

Exception Reporting

Authors

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North West of England Foundation School

Background

Exception reporting (ER) is a concept which safeguards training for doctors. It ensures that workload is kept manageable, health and wellbeing is maintained and patient safety is protected.

Methods

We conducted a qualitative survey across Royal Liverpool and Aintree Hospitals to assess attitudes to ER. Our second measure compared the number of ER from September-December in 2019 and 2020. We then created a clear pathway to ER and repeated the cycle.

Results

After introducing the ER pathway, 98.4% understood ER and 52.8% appreciated the possible outcomes. However, 42.1% knew how to ER and 41.6% felt encouraged by seniors to ER. Overall, there was a 10.7% increase in exception reporting over 10 months.

Key Messages

Our project highlights the importance of ER, and its perception between clinical staff. We were able to increase the number of ER through our pathway.

References

04SUS

Scanning for savings: A review of the primary care referral process of inguinal hernias.

Authors

Aisha Ghani

North West of England Foundation School

Background

To review the referral process of inguinal hernias according to BHS/RCS/ASGBI and European Hernia Society guidelines from primary care to a local District General Hospital.

Methods

A retrospective cohort study of patients referred from GP with a suspected inguinal hernia between over a six month period. Data was collected about demographics, community imaging, clinical examination, referral to a specialist sonographer and outcomes.

Results

N=34, M:F 31:4, median age 63. 59% had imaging at GP. Of these, 75% were referred to a specialist sonographer. 45% of patients scanned in GP had positive findings in both GP and specialist USS. 30% had a positive USS in GP but negative on specialist USS.

Key Messages

Despite guidelines that imaging should not be done at GP level, more than 50% of patients had an USS in the community. Adherence to guidelines avoids extra cost of scans. A document outlining these guidelines will be circulated to local GP practices.

References

2016. Groin Hernia. 1st ed. [ebook] Royal College of Surgeons, pp.4-5. Available at: <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/groin-hernia-commissioning-guide_published-2016.pdf> [Accessed 1 November 2021].

05SUS

Group and Saves for Laparoscopic Cholecystectomies: An Unnecessary Expense?

Authors

Enakshee Jamnadass, Kirsty Cole, James Ward, David Hou

Wessex Foundation School

Background

Group and save samples (G+S) are routinely sent prior to laparoscopic cholecystectomies (LC), causing a significant financial and workload burden. Therefore, this audit analysed the necessity of this practice and its effect on patient outcomes.

Methods

A retrospective study into all patients who underwent an LC in a small DGH from May 2019 – May 2021. IT systems and clinical notes were analysed to identify quantity of G+S's sent, and the proportion of those requiring a postoperative blood transfusion.

Results

Over 24 months, 427 LCs were performed. A total of 682 G+S samples were processed (1.7/patient), costing £16504. Two patients received postoperative blood transfusion (0.5%), both for predictable pre-operative conditions (UGI bleed + haemolytic crisis).

Key Messages

This study has shown that G+S's are an unnecessary expenditure for most patients undergoing an LC and doesn't alter the management of postoperative bleeding. We therefore recommend that G+S are a proactive clinical decision not a default for all patients.

References

N/A

06SUS

Good surgical practice - an audit of operation note quality

Authors

Faizaah Kamal, Kateryna Moroz, Emma Owens, Olivia Mannall, Ana Springall de Pablo, Louise Darwich , Shamus Butt, Alfred Butt

Peninsula Foundation School

Background

The GMC requires that doctors must "keep clear, accurate and legible records reporting relevant clinical findings". Poor documentation leads to patient morbidity & mortality. Poor operation notes waste time, hinder interpretation and cause harm.

Methods

Retrospective data collection audit looking at the paper case records of patients undergoing emergency appendicectomy in August 2021. The case records were then reviewed against the Royal College of Surgeons 'Good Surgical Practice' guideline.

Results

14 case notes were reviewed, all were handwritten. Only 10/14 were entirely legible. There was a 0% absolute compliance with the RCS guideline with several key omissions. These included lack of recorded GMC number, no specimen details and poor VTE plans.

Key Messages

A majority of the operation notes were legible, containing most of the information but none met the standards. E-notes could improve legibility and ensure key points are documented using templates. Following implementation, re-audit will be arranged.

References

1 - Standards for the Structure and Content of Health and Care Records 2018. NHS Digital. July 2018 2 - Good Surgical Practice. Royal College of Surgeons. Available from: <https://www.rcseng.ac.uk/standards-and-research/gsp/domain-1/1-3-record-your-work-clearly-accurately-and-legibly/> 3 - Standards for the clinical structure and content of patient records 2015. Royal College of Physicians. June 2015. 4 - Smith J, Flohr F, Edwards A. Making the hospital work for you: record keeping BMJ 2011; 343 :d5692 doi:10.1136/sbmj.d5692 Glen P, Earl N, Gooding F, et al 5 - Simple interventions can greatly improve clinical documentation: a quality improvement project of record keeping on the surgical wards at a district general hospital BMJ Open Quality 2015;4:u208191.w3260. doi:10.1136/bmjquality.u208191.w3260

07SUS

Improving Ward Task Completion to Over 50% by 3pm Each Day Using Simple Interventions

Authors

Laura Manson

Scotland Foundation School

Background

Medical ward staff noticed they were staying late to complete simple tasks. Lack of structured planning and communication were identified as reasons for this. These issues lead to inadequate handovers and compromised patient safety.

Methods

Highest priority tasks were identified. Data on the number of jobs fulfilled was collated daily. Two PDSA cycles were completed. An organised system in jobs book was established. Results were analysed and an afternoon handover was then introduced.

Results

These simple measures addressed the issues of reduced communication and lack of planning. Total completion of job tasks by 3pm each day increased from 49% to 74% with significant improvement in staff satisfaction.

Key Messages

On repeat questionnaires, medical staff commented they felt more organised and confident following handover, particularly out of hours. The project has highlighted further possible interventions including MDT presence at afternoon handover.

References

08SUS

Improving Quality of Inpatient Referrals across Western General Hospital, Edinburgh

Authors

Kate Johnson, Catherine-Anne Convery, Catriona Howes

Scotland Foundation School

Background

Quality of referral between primary and secondary care is widely researched, inpatient interspecialty referrals are likewise important^{1,2}. This project aimed to improve referrals between specialties in the Western General Hospital, Edinburgh

Methods

Questionnaires were sent to all specialties, asking the information required during referrals. This was collated into a generic information and separate specialty checklist. Feedback was gathered, the resource updated and trialed further.

Results

43 initial responses, 16 feedback responses, mainly consultant. >84% agree the generic sheet was accurate and comprehensive. >75% agree the specialty information was accurate and essential. >65% referrers felt more confident using these aides.

Key Messages

High response rate and positive feedback from consultants demonstrates importance of the project. Short version 1 trial period and junior doctor changeover during version 2 assessment impacts reliability of difference in quality.

References

1. Shephard E, Stockdale C et al. E-referrals: improving the routine interspecialty inpatient referral system. *BMJ Open Qual.* 2018 Sep 28;7(3):e000249. doi: 10.1136/bmjopen-2017-000249. 2. Improving quality of referral letters from primary to secondary care: a literature review and discussion paper. *Prim Health Care Res Dev.* 2018 May;19(3):211-222. doi: 10.1017/S1463423617000755.

09SUS

Improving identification of high risk alcohol consumption in patients presenting to hospital, enabling improved onward referral to alcohol liaison services.

Authors

Sophie Thornton, Emma Saunbury

Severn Foundation School

Background

Alcohol misuse is a leading risk factor for early mortality and ill-health in England. [1] A significant proportion of adults report increased risk and high risk weekly alcohol consumption. [2]

Methods

We performed a survey of doctors' awareness of increased risk drinking levels and the alcohol liaison team referral process, and collected data on alcohol history documentation on admission. We then re-audited after creating a poster and teaching session.

Results

We found an increase in documentation of alcohol history taking from 46% to 60% across the acute medical & geriatric take after both poster and teaching session interventions.

Key Messages

Alcohol misuse contributes significantly to disease burden in England, with an estimated 358,000 admissions and 5,698 deaths annually. [3] We demonstrated improved identification of at risk patients, and going forward plan to improve onward referral.

References

1. Forouzanfar MH, Alexander L, Anderson HR et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;386(10010):2287–323.
2. Bankiewicz U, Robinson C, NatCen Social Research. Health Survey for England 2019: Adults' health-related behaviours. 2020 NHS Digital. Available from <https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf>
3. Statistics on Alcohol, England 2020. NHS Digital 2020, National Statistics. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-1>

10SUS

Streamlining referrals from Virtual Fracture Clinic to Knee Clinic in a Major Trauma Centre

Authors

Aadam Shah, James Morris

North West of England Foundation School

Background

Anecdotal evidence in a Major Trauma Centre in the North West of England suggests that many of the referrals to knee clinic from VFC do not require specialist orthopaedic input. An audit was carried out to assess the appropriateness of these referrals.

Methods

Letters were reviewed to assess outcome from VFC, outcome from knee clinic and final diagnosis. Using this information we identified common injuries which were referred to knee clinic only to be discharged or referred to physiotherapy

Results

More than one third of patients referred from VFC to knee clinic were either discharged or referred onto physiotherapy.

Key Messages

A simple referral pathway was developed and implemented to identify these injuries in VFC and subsequently referred on to physio or discharged as appropriate.

References

11SUS

Theater Efficiency for Day Case Surgeries in General Surgery

Authors

Carlos Cubero, Mr.Ramakrishna Rao Boddu

Leicester, Northamptonshire and Rutland (LNR) Foundation School

Background

The NHS has been facing difficulties financially and to deliver treatment. It is therefore fundamental to encourage and actively search for ways to improve treatment delivery in a safe and cost-effective way, like improving theater efficiency.

Methods

We processed theater logs from Bluespier system, waiting list office and booking forms from 50 day case surgeries performed in General Surgery specialty between August 2021 and October 2021 at Kettering General Hospital.

Results

Data showed poorly recorded booking forms that showed inconsistencies between actual theater logs causing theater overrun, cancelled surgeries and underusage of theater time. Also no predefined turnaround time or benchmark turnaround time was found.

Key Messages

Advise surgeons to set operation time on booking forms on a patient basis and considering extra time spend in theaters for teaching junior doctors to get a more reliable operation time. Also there is a need to have a turnaround benchmark system.

References

- 1.NHS Institute for Innovation and Improvement. Improving quality and efficiency in the operating theatre [Internet]. 2019. Available from: <https://alesi-surgical.com/wp-content/uploads/2019/09/Improving-quality-and-efficiency-in-the-operating-theatre.pdf>
- 2.British Medical Association. Pressure points in the NHS [Internet]. 2021 Oct. Available from: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs>

12SUS

Evaluating the Provision of Health Lifestyle Advice in Liaison Psychiatry Services

Authors

Lucy Porter

South Thames Foundation School

Background

People with mental illnesses have higher mortality and morbidity from physical health (1). Liaison Psychiatry services should be offering personalised health lifestyle advice, according to a key quality standard aimed at improving sustainability (2).

Methods

This audit aimed to evaluate the extent to which one Liaison Psychiatry department provided health lifestyle advice. The notes of 50 patients were assessed to evaluate if lifestyle factors were assessed, which ones, and if advice was given when indicated.

Results

This audit found that 44% of patients have zero assessment of drug and alcohol use and 48% have no assessment of other lifestyle factors. 60% of patients did not receive lifestyle advice when indicated.

Key Messages

The majority of patients do not have thorough assessments of lifestyle factors. More than half of patients who have a need for lifestyle advice do not receive it. There are many ways this could be improved, such as educating staff and creating resources.

References

1. Jones D. Smokefree mental health services in England [Internet]. Public Health England; 2016 [cited 12 January 2021]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779497/SF_MH_services_in_England_Guidance_for_Providers.pdf
2. Baugh C, Blanchard E, Hopkins I. Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services [Internet]. 6th ed. Royal College of Psychiatrists; 2020 [cited 10 January 2021]. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/psychiatric-liaison-services-plan/quality-standards-for-liaison-psychiatry-services---sixth-edition-20209b6be47cb0f249f697850e1222d6b6e1.pdf?sfvrsn=1ddd53f2_0

13SUS

Parathyroidectomies are a relatively safe operation with minimal blood loss. We analysed approximately 400 patients over 9 years and show a cost-analysis which can save 200 pounds per year by removing group and save from pre-assessment guidelines.

Authors

Ali Saiepour, Kareem Al-Saffarini

Yorkshire and Humber Foundation School

Background

Parathyroidectomy is the removal of one or more parathyroid glands. Our guidelines state patients must have a valid G+S prior. We do a cost-analysis over 9 years to see if G+S is actually necessary, and to evaluate possible savings.

Methods

Reviewed local parathyroidectomy guidelines Data for parathyroidectomies over approximately 9 years obtained and reviewed Review electronic records for evidence of blood products requested post-op Cost analysis of G+S. Potential savings

Results

Guidelines state that G+S must be performed within 30 days prior to operation. 398 patients between December 2012 - October 2021 0 patients required blood products post-op. £2.26 per bottle, £4.52 per patient. £1800 over almost 9 years, £200 per year.

Key Messages

Routine G+S not required for parathyroidectomies with more confidence in approach. Update guidelines to remove G+S. Total savings of £200 per year

References

14SUS

Improving Mucosal Visibility during Endoscopy

Authors

Abdulrahman Mohamed, Tareq El Menabawey, Mike Chapman

North London Foundation School

Background

In performing endoscopic procedures, it is essential that a detailed mucosal assessment is undertaken. Bubbles within the gastrointestinal lumen can significantly impair mucosal assessment, lesion detection, and lengthen procedure duration.

Methods

A closed-loop quality improvement project was carried out assessing the impact of implementing a Simethicone pre-procedure drink protocol on mucosal visibility, time spent flushing to achieve this, consumable use and total procedure duration.

Results

Administering the Simethicone pre-procedure drink improved mucosal visibility, reduced mean time spent flushing, and reduced the amount of consumables (saline flushes, syringes etc) used.

Key Messages

The use of Simethicone in the form of a pre-procedure drink offers a sustainable and cost-effective method of improving mucosal visibility, reducing time spent flushing and reducing consumable use during gastroscopy.

References

- 1] Basford, P., Brown, J., Gadeke, L., Fogg, C., Haysom-Newport, B., Ogollah, R., Bhattacharyya, R., Longcroft-Wheaton, G., Thursby-Pelham, F., Neale, J. and Bhandari, P., 2016. A randomized controlled trial of pre-procedure simethicone and N-acetylcysteine to improve mucosal visibility during gastroscopy – NICEVIS. *Endoscopy International Open*, 04(11), pp.E1197-E1202.
- [2] Sajid, M., Rehman, S., Chedgy, F. and Singh, K., 2018. Improving the mucosal visualization at gastroscopy: a systematic review and meta-analysis of randomized, controlled trials reporting the role of Simethicone ± N-acetylcysteine. *Translational Gastroenterology and Hepatology*, 3, pp.29-29

15SUS

Super Helper: a PDSA Model QI Project Implementing a program to automate exporting blood results to the surgical list, minimising user-error, and reducing workload.

Authors

Mohammad Al-Remal

Scotland Foundation School

Background

The surgical list is a team's handovers of patients' information, progress and results to facilitate safer ward rounds and ensure all team members are up to date. The FY1 and is responsible for maintaining/updating the list including ALL blood results.

Methods

3 PDSA cycles total. Surveyed time taken to update the list and errors in the list. "Super Helper" was programmed & implemented. Qualitative survey after implementing, and "Super Helper" interface and output were refined. Final survey taken.

Results

Super Helper: Is compatible with all computers and TRAKcare system output and simple to implement; Is easier to use than manually copying all blood results; Saves 20-25 minutes per doctor's shift (5shifts/24hr); Reduces input error due to automation

Key Messages

Updating the list is a time-consuming task when copying all blood results manually (often >30 patients). This is a demonstration of how significant time can be saved with use of programming and technology in healthcare, simultaneously reducing error.

References

Education Poster Group 2

01ED2

Virtual Interview, Real Anxiety: Prospective Evaluation of a Focused Teaching Programme on Confidence Levels Among Medical Students Applying for Academic Clinical Posts

Authors

Natalie Grundmann, Agata Zielinska, Jamie Mawhinney, Sosipatros Bratsos, Jamie Sin Ying Ho , Ankur Khajuria

Yorkshire and Humber Foundation School

Background

In 2020, final year medical students applying for academic training posts faced an additional challenge as interviews were conducted online. We assessed how this new format influences anxiety and the impact of a course on candidates' confidence levels.

Methods

A mixed-methods national teaching programme was delivered to prospective AFP applicants. Pre- and post-interview questionnaires assessed anxiety levels subjectively and using a Measure of Anxiety in Selection Interviews (MASI) scores.

Results

Individuals self-reported greater confidence, experience and preference for interviews delivered in-person. Post-course, self-reported confidence specific to online interviews ($p = 0.009$) increased, and lower MASI scores in three of five domains.

Key Messages

There is a significant experience gap in online interviews amongst prospective AFP trainees, but this can be mitigated by a one-day structured online course. It is likely that similar trends may be observed for higher-level academic posts.

References

02ED2

Virtual Ophthalmology lecture series for medical school undergraduates during the COVID-19 pandemic

Authors

Abu Sufian

Scotland Foundation School

Background

The pandemic presented a challenge in the way education was delivered. The traditional forms of medical teaching have been overhauled over the last year or so. A series of two virtual lectures were delivered virtually for medical school finals.

Methods

Collaborate with Ophthalmology trainees to plan and produce a series of two lectures aimed at medical school finals. The topics were in keeping with knowledge required to answer Ophthalmology-related questions in finals exams.

Results

The results of the project were derived from feedback collated following each session. The feedback questions were aimed to better appreciate the positive as well as areas in which we could improve on.

Key Messages

Following the success of the programme and desirability expressed by the attendees, we have shown that virtual learning can be utilised in conjunction with more established forms of teaching well beyond the pandemic.

References

1. Papapanou M, Routsis E, Tsamakidis K, et al Medical education challenges and innovations during COVID-19 pandemic Postgraduate Medical Journal Published Online First: 29 March 2021. doi: 10.1136/postgradmedj-2021-140032
2. "Eyes and Vision curriculum".RCOphth. Available from: Undergraduate-and-Foundation-doctors-curriculum.pdf (rcophth.ac.uk)

03ED2

FOUNDATIONS4FINALS As Foundation doctors who completed final year of medical school during the height of the pandemic, we are very aware of the disruption to medical education and the subsequent stress.

Authors

Kerry Bowsie, Emma Kernohan

Northern Ireland Foundation School

Background

Foundations4finals aims to consolidate essential curricular content in an easily accessible, informal online learning environment for all final year students, delivered by Foundation Doctors.

Methods

We have co-ordinated and designed a 12-week teaching programme for final year QUB students, delivered via Zoom once a week, covering both OSCE and written examinations. Topics are based on essential knowledge/common exam topics to know for FY1.

Results

Feedback at the start of the programme showed most felt that COVID had impacted their teaching, that they would benefit from additional online teaching and that online teaching was more accessible to students in every trust.

Key Messages

Foundations4finals forum is providing consolidative teaching and near-peer support in key areas of the core curriculum. FY1s are valuable role-models to final year students and this programme compliments connections and learning from in person placement.

References

04ED2

'The Virtual Ward' - creating an online case-based learning resource for medical students

Authors

Nisha Hare

Severn Foundation School

Background

Assimilating diagnosis-based knowledge into an approach to a presenting symptom is a challenge for medical students. We aimed to develop a virtual resource simulating clerking to practice diagnostic skills when clerking opportunities are limited by Covid.

Methods

11 patient cases were written in a Q&A format covering history, examination, investigation and management of core presentations. These were published on a website for 1st year clinical students and quantitative and qualitative feedback was collected.

Results

89 students provided feedback. Students reported a mean 44.2% (standard deviation 20.8%) increase in confidence in approaching core presentations. Qualitative feedback was positive, with students reporting it filled a niche not served by other resources.

Key Messages

A library of case-based learning exercises like 'The Virtual Ward' complements clinical exposure in helping medical students to develop confidence in approaching core presentations on the ward, as well as being simple for medical schools to deliver.

References

The Virtual Ward Learning Resource: <https://thevirtualward.wordpress.com>

05ED2

What is the role of social prescribing in Secondary care? A discussion amongst secondary care clinicians

Authors

Tabitha Atkinson-Seed

Peninsula Foundation School

Background

Social prescribing enables clinicians to refer patients to a range of local services to support their wellbeing. The NHS plan to invest in social prescribing across the whole country (1). For change to be successful, clinicians must understand the scheme.

Methods

Presentations on social prescribing were given to Secondary Care clinicians. The presentations focused on the role of social prescribing in secondary care, and aimed to generate discussion around the potential benefits and obstacles of its implementation.

Results

27% of participants had good/excellent understanding of social prescribing before the presentation and 100% had a good/excellent understanding following the presentation. 100% of participants felt that social prescribing would benefit their patients.

Key Messages

Clinicians support a role for social prescribing in secondary care. Whilst a proportion of clinicians already have an understanding of social prescribing, intervention is needed to provide more clinicians with understanding of the scheme.

References

1 - NHS England. Social Prescribing [Internet], NHS Website [updated 2015; cited 2021 Oct 31]. Available from: <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

06ED2

“Bleep Week” – Undergraduate Crash Bleep Programme

Authors

Roshni Patel, Aashni Shah

Leicester, Northamptonshire and Rutland (LNR) Foundation School

Background

Real-life resuscitation experiences are rare for medical students. Studies have highlighted the negative relationship between lack of first-hand experience amongst medical students and successful resuscitation efforts (1) (2).

Methods

5th year students attending placement at Leicester Royal Infirmary were enrolled into the programme. They attended a pre-course session, held the cardiac arrest bleep for a few days, completing the programme with a debrief and post-course session.

Results

Feedback from three cohorts of students has demonstrated an overall improvement in confidence, including Initial Management of a Medical Emergency (53%) and Understanding of the Medical On-call Team (51%). Students found the course highly useful (4/5).

Key Messages

This project aims to bridge the gap between simulation and reality, by removing the initial shock factor of attending medical emergencies. Thus, increase the confidence of medical students, soon to be F1 doctors, in real-time resuscitation situations.

References

1. Körber MI. Quality of Basic Life Support – A Comparison between Medical Students and Paramedics. JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH. 2016;
2. Willmore RD. Do medical students studying in the United Kingdom have an adequate factual knowledge of basic life support? World Journal of Emergency Medicine. 2019;10(2):75.

08ED2

An Online Teaching Series: Bridging Medical Educational Gap between Malaysia and UK

Authors

Jiak Ying Tan, Xin Yin Choo, Zhi Xian Wong

Scotland Foundation School

Background

Over years, a medical institution in Malaysia has partnered with universities in the world including the UK. A group of junior doctors formed an online webinar series to facilitate third-year medical students in their transfer in the year 2021.

Methods

A total of 12 weekly online webinar sessions took place between July and October 2021. Data collected from pre-session and post-session feedback forms were analysed and graphs were generated. A rating scale between 1-10 was used.

Results

678 responses were gathered. 0.75 mean increment in the average rating for confidence in well-preparedness, adaptation of culture and lifestyle, 1.19, and 1.16 mean increment for confidence in academic and clinical aspects respectively were found.

Key Messages

The series has demonstrated that the delivery of high-quality teaching has helped build transfer students' confidence and preparation in adapting to a new clinical environment. Plans to make this an annual series are under way.

References

09ED2

Clinical Significance of Anticholinergic Burden (ACB) scores in Dementia To improve patient care by identifying whether ACB scores are linked to impaired cognition, falls, confusion, delirium, dizziness, and hospitalisations in patients with dementia.

Authors

Lubecca Mahmood, Dr Faria Zafar

North West of England Foundation School

Background

- Many patients with dementia are prescribed medicines with a high ACB
- ACB has been correlated with impaired cognition, falls, confusion, delirium, dizziness and hospitalisations
- It's unclear whether other factors are contributing to these symptoms

Methods

- Retrospective audit
- Audit sample: 23 patients with a dementia diagnosis & associated physical and/or mental health co-morbidities
- Data collection time period: 09/12/21-10/01/21
- ACB scores were calculated using an online ACB scoring calculator

Results

- 83% of patients had presentations associated with high-risk ACB scores
- 22% of these had a high-risk ACB score at presentation and contributory factors
- 74% improved after medication reviews, 47% of which had an increase in ACB score after review

Key Messages

- No clear correlation between high ACB scores and impaired cognition, falls, confusion etc
- Other factors could have contributed to their clinical presentation
- Insufficient evidence to suggest that reducing ACB leads to an improved outcome

References

10ED2

Building Confidence Through Simulation Training in the COVID-19 Pandemic

Authors

Tiffany Teng, Bethany Barraclough, Davina Ding

Wessex Foundation School

Background

Transition from a medical student to junior doctor continues to pose a challenge, and was particularly evident during the COVID-19 pandemic. Simulation training provides a safe environment to practice both clinical and non-clinical skills.

Methods

We designed an on-call bleep simulation integrating a variety of scenarios collated from personal experiences for foundation interim year one doctors (FiY1s), with support from the team in the Salisbury Clinical Simulation Centre.

Results

There was significant improvement in participants' confidence in managing on call bleeps. Mean pre-test score = 4.13. Mean post-test score = 6.5. $p < 0.001$. $n = 8$.

Key Messages

On-call bleep simulation enhances the confidence of FiY1s in the management of on call tasks.

References

11ED2

Preparing to Practise - a structured teaching programme for final year medical students to improve readiness for foundation year 1

Authors

Benjamin Lawrence, Jonathan Foulkes, Kirsty Magee

Peninsula Foundation School

Background

The COVID-19 pandemic has been deleterious to final year students' preparedness to start clinical duties [1]. A structured teaching programme was designed to address this need, covering the practicalities and challenges of transition to foundation year 1.

Methods

A curriculum was designed in consultation with local tutors and final year students. Tutors were recruited from current FY1 & FY2 doctors working at the Royal Cornwall Hospital. Feedback was sought using a standardised likert scale.

Results

Students had an overwhelmingly positive experience. Locally, 78% of students felt their education was impacted by the pandemic, 89% felt their confidence was improved by the teaching programme and 100% felt material covered was clinically relevant.

Key Messages

Structured teaching sessions, particularly those run by local junior doctors, were beneficial to students' preparedness in transitioning to FY1. Standardising this across multiple medical schools and regions may support and empower new junior doctors.

References

1. Choi B, Jegatheeswaran L, Minocha A, Alhilani M, Nakhoul M, Mutengesa E. The impact of the COVID-19 pandemic on final year medical students in the United Kingdom: a national survey. *BMC Medical Education*. 2020;20(1).

12ED2

Empowering doctors with financial education

Authors

Cyra Asher, James Mackintosh, Akash Doshi

Oxford Foundation School

Background

Most medical students are thrust into a medical career, with little understanding of the complex financial decisions they will need to make in their personal lives. This can translate into a lack of confidence professionally

Methods

I delivered 12 weekly webinars starting from the basics of personal finance for doctors and building up to how the NHS is financially run and what clinical coding means to junior doctors.

Results

All 12 webinars have been viewed a combined total of over 7,500 times since inception in June 2021. Feedback has consistently shown an increase from an average 2 to 4.5 out of 5 stars to 4.5 in confidence of the viewer, pre and post webinar respectively.

Key Messages

Medical students and new doctors are receptive to teaching on this subject and have shown strong engagement. A more structured curriculum with resources to tailor learning to the individual would address feedback seeking further examples.

References

13ED2

Surviving Finals: a successful near-peer teaching model for final year medical students

Authors

Hoi Shan Asia Chan, Daphne Theresa Chia

East Anglia Foundation School

Background

One of the most important trends in medical education has been the move towards outcome-based approach. While trainees frequently conduct teaching for medical students, there is often little guidance on which learning outcomes to cover.

Methods

Surviving Finals is a 4-week programme developed by a Leicester Medical School alumni, in partnership with the student participant themselves. The learner-centred course eventually included procedural skills, A-E assessment, and SBAR handovers.

Results

The course was very well received, being rated 4/4 (very good) by all attendees and was recommended by students to their own peers. Qualitative feedback indicated that students found the programme very relevant and pitched at the correct level.

Key Messages

The starting point of any successful teaching programme is identifying appropriate learning outcomes for students. As FY trainees, we found that consulting recent alumni and the students themselves was the best way to achieve this.

References

1. Harden R, Laidlaw J. Essential skills for a medical teacher. 2nd ed. Elsevier; 2012.

14ED2

Improving surgical teaching for junior doctors internationally during Covid-19

Authors

Sara Jasionowska, Benedict R H Turner, Freya Bakko , Marc Huttman, Rosie Hall, Akash Doshi, Tushar Agarwal

North London Foundation School

Background

Covid-19 has had a detrimental effect on the access to surgical training, particularly for undergraduates and junior trainees. We aimed to assess the learning needs of trainees and design a teaching programme to improve the quality of surgical teaching.

Methods

We conducted a survey of junior trainees to analyse their perception of surgical teaching during the pandemic. We then designed an online teaching course to target identified areas of weakness and implemented 3 improvement cycles based on feedback.

Results

Of the 3669 respondents, 53% received little or no surgical teaching. 62% lacked confidence in managing common surgical cases. Acute presentations were the greatest concerns. We received >85% feedback responses with a rating of 4.5/5.

Key Messages

Junior trainees are a key cohort whose interest and confidence in surgery has suffered due to the pandemic. An innovative, online, clinically orientated course is an effective way to re-engage trainees and improve the quality of surgical education.

References

15ED2

Local clinical and situational-judgement based simulation training during the shadowing period for incoming Foundation Year Ones (FY1) can improve transition to being a junior doctor.

Authors

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Background

Nationally, F1's receive 4 days of shadowing to transition (1) to a newly qualified doctor. Foundation Programme review 2018 (2), cited evidence to advise trusts to provide high quality simulation training to improve doctor's skills and knowledge.

Methods

At Lincoln County Hospital, 13 shadowing F1's across four two-hour sessions partook in case-based scenarios with structured interaction by 2 facilitators to test decision making. Feedback was obtained, with plans for follow up after first rotation.

Results

13 out of 33 new F1's took part. 10/13 (77%) Strongly agreed and 3/13 (23%) mildly agreed, that session is a useful addition to induction. 10/13 (77%) were most worried about either assessing unwell patients or human factors in F1.

Key Messages

New F1 doctors are often nervous starting their roles, for a variety of reasons. Case-based simulations are supported in the literature, and are a feasible way to improve confidence of new healthcare staff during the induction period.

References

1. Preparing for F1 - UK Foundation Programme [Internet]. UK Foundation Programme. 2021 [cited 7 November 2021]. Available from: <https://foundationprogramme.nhs.uk/resources/preparing-for-f1/>
2. Health Education England. Postgraduate Medical Foundation programme review. 2018 p. 25.

Quality Improvement Poster Group 5

01QI5

High risk traumatic head injuries in adults presenting to A&E at a DGH - Assessing and improving scan and report times to meet NICE guidelines

Authors

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Background

NICE guidelines state for adults who have sustained a high risk head injury that a CT head scan should be performed within 1 hour. Then a provisional written radiology report should be made available within 1 hour of the scan being performed (1).

Methods

Retrospective data collection from radiology department database of scans at Harrogate District Hospital between 1/8/20 and 31/10/20 using ICE, CRIS, PACS software. Adults (≥ 16) with high risk traumatic head injuries as defined by NICE.

Results

172 cases for analysis. 75% (n=129) of CT head scans took place within 1 hour. 69% (n=118) of radiology reports were made available within 1 hour. 6 reports >1 hour had acute intracranial findings. Current re-audit data is being processed.

Key Messages

Discussions with relevant departments identified key delay areas and improvements implemented such as CT Radiographers able to vet CT high risk head injury requests and ED flow co-ordinator role developed to assist transfer to CT as well as other changes.

References

1. NICE. Head injury: assessment and early management. Sep 2019. Accessed 4 Jul 2021. URL: <https://www.nice.org.uk/guidance/cg176/chapter/Key-priorities-for-implementation#criteria-for-performing-a-ct-head-scan>

02QI5

Follow Up a Discharge and Save A Life: Implementation of the 7-day follow-up target in practice

Authors

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Background

Discharge from acute mental health settings constitutes a period of high risk for completion of suicide(1). A 7-day follow up policy for all discharged patients has been recommended and shown to significantly reduce suicide rates if implemented(2)(3).

Methods

All patients discharged from a psychiatric ward over a 4 month period were assessed for compliance with the 7-day follow up target. The MDT reviewer, and the date of follow up was noted, and compared to previous audit cycles in 2018 and 2020.

Results

64% of patients were followed up within 7 days (n=47), compared to 85% and 95% in 2020 and 2018, with an average wait-to-follow up of 6.3 days. Psychiatric nurse and social work teams reviewed 49% of discharges with crisis and medical teams reviewing 51%.

Key Messages

Compliance with the 7 day follow up target has significantly decreased over the last 3 years. All MDT members have a critical role in opportunistic follow up. Multi-disciplinary education of this target is vital to improve outcomes of these patients.

References

(1) Chung D, Ryan C, Hadzi-Pavlovic D, Singh S, Stanton C, Large M. Suicide Rates After Discharge From Psychiatric Facilities: A Systematic Review and Meta-Analysis. *JAMA Psychiatry*. 2017;1;74(7): 694-702. Available from doi:10.1001/jamapsychiatry.2017.1044. (2) Appleby L, Kapur N, Shaw J, Hunt I, Flynn S, Ibrahim S, Turnbull P, Gianatsi M, Tham S-G. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review. The University of Manchester. 2016. (3) Bojanic L, Hunt I, Baird A, Kapur N, Appleby L, Turnbull P. Early Post-Discharge Suicide in Mental Health Patients: Findings From a National Clinical Survey. *Front Psychiatry*. 2020;11:502. Available from: doi:10.3389/fpsy.2020.00502.

03QI5

Emergency bag checks in ICU: sharing good practice to improve patient safety

Authors

Robyn Beaty, Laura Chase

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Background

There were incidents in emergency situations where the correct equipment was not available. We required a robust system that was transferable across different settings to allow staff to easily check kit (1).

Methods

A retrospective audit on how often drug and bag checks had been carried out was completed. We designed QR codes that linked to a kit list allowing for easy recognition of required kit and recording of checks.

Results

After the final intervention in June, all bag checks were being carried out 5-7 days a week (71%-100%). There have been no incidents of kit being unavailable since the beginning of QR code use.

Key Messages

Sharing good practice from other ICUs in our region via rotating trainees has allowed us to put in place a robust system for checking emergency equipment (2). Data is collected centrally allowing for easy record keeping.

References

1. Resuscitation Council UK, Quality Standards: Acute care equipment and drug lists, Nov 2013 Last updated May 2020.
2. Dr Ben Savage, Intensive Care, North Bristol NHS Trust

04Q15

Prescriptions of Pabrinex in a District General Hospital: Two Pairs or Not Two Pairs?

Authors

Damian Broadhurst, Eilidh McGowan, Raisa Ballantyne, Wisam Jafar

North West of England Foundation School

Background

Starvation and alcohol excess can lead to thiamine (B1) deficiency. This is often a preventable cause of morbidity in at risk groups (1,2). IV Pabrinex is used in our trust to replenish B1 stores but prescribing is inconsistent and often suboptimal.

Methods

Audit of Pabrinex prescribing versus the trust and NICE guidelines for patients with excess alcohol intake and on nutritional support based on case note review. Introduction of an e-prescribing 'Quicklist' option for Pabrinex prescriptions and re-audit.

Results

Correct dose prescribed improved from 14.2% of prescriptions to 78.3% of prescriptions, correct course length prescribed improved from 33.% to 78.3%. Documented indications on the prescription improved from 14.3% to 78.3%.

Key Messages

Pabrinex prescribing can be improved with e-prescribing prompts but further work is needed both to sustain change and to ensure adequate ongoing prescriptions for oral B vitamins following completion of IV Pabrinex courses.

References

1. De Silva A, Nightingale J. Refeeding syndrome : physiological background and practical management. *Frontline Gastroenterology*. 2019;11(5):404-409.
2. Victor M, Adams RD, Collins GH. *The Wernicke Korsakoff Syndrome*, F.A. Philadelphia: Davis, 1989.

05Q15

Perioperative blood sugar control in diabetic patients undergoing emergency surgery

Authors

Kateryna Moroz, Olivia Mannall, Louise Darwich, Ana Springall De Pablo, Faizaah Kamal, Alfred Butt

Peninsula Foundation School

Background

Over 323,000 operations take place in the UK each year in diabetics. Blood sugar control is important to prevent complications such as DKA, hypoglycaemia and HHNS. Poor control leads to poor wound healing, increased infection risk, and increased stay.

Methods

This was a retrospective audit looking at all patients who underwent emergency surgery in the last quarter of 2021. The notes of diabetic patients were reviewed against the CPOC guideline for perioperative care for people with diabetes undergoing surgery.

Results

There were 327 episodes of surgery, with 37 diabetic patients. None of the cases met the guideline standards, with a majority achieving less than 50% compliance. A quarter of the patients had hypoglycaemia. Average LOS was 8 days, vs non-diabetic 2 days.

Key Messages

This audit highlights that diabetic patients received suboptimal care with increased LOS and increased risk of hypoglycaemia. Education of staff regarding the guideline may lead to improved care. We will re-audit this following intervention.

References

Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery. Centre for Perioperative Care, 2021. National Diabetes Inpatient Audit. NHS Digital, 2019. Perioperative Care in Adults (NG180). NICE, 2020. Perioperative diabetes: Highs and lows. NCEPOD, 2018.

07QI5

Gynae Ward Round Documentation - An audit to assess and improve documentation methods

Authors

Sanad Elrishe

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Background

Poor ward round documentation is linked to medical errors (1). The gynae ward in Burnley General Hospital has a paper-based system and no standard documentation method. This audit was completed to assess and improve the gynae ward round documentation.

Methods

11 random set of notes were examined in the gynae department over 1 week. The ward round entry was specifically assessed against a Performa that was created based on the surgical ward round sheet used in East Lancashire Hospital Trust, and (2).

Results

Collected data show that patient's and procedure details, ward round attendees, date and time were legibly documented. Around 50% of the notes had a clear documentation of the Examinations, NEWS score and Antibiotics. Other parameters were not documented.

Key Messages

Clear and thorough documentation method in the gynae ward is vital to maximise patients' care and avoid adverse events. Such improvements are achieved by implementing a ward round sheet or a checklist sticker to ensure relevant data is recorded properly.

References

1. Zegers M, De Bruijne MC, Spreeuwenberg P, Wagner C, Groenewegen PP, Van Der Wal G. Quality of patient record keeping: An indicator of the quality of care? *BMJ Qual Saf.* 2011;20(4):314–8.
2. Shetty K, Poo SXW, Sriskandarajah K, Sideris M, Malietzis G, Darzi A, et al. "The Longest Way Round Is The Shortest Way Home": An Overhaul of Surgical Ward Rounds. *World J Surg.* 2018;42(4):937–49.

08Q15

Introduction of a Falls Proforma in a District General Hospital

Authors

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Background

Junior doctors are often responsible for conducting post-fall reviews. During busy shifts, assessment and documentation may be inadequate. We aim to audit inconsistencies in falls documentation and improve assessment by introducing a falls proforma.

Methods

Retrospective case note study of medical documentation of falls reviews conducted on inpatients. Baseline data collected. Falls pro-forma introduced onto wards to improve documentation. Parameters re-audited following intervention.

Results

Generally, poor documentation of medications reviews, neurological and musculoskeletal examinations was noted. Uptake of falls proforma is low but 100% documentation achieved across most domains when used. Medication review remained poorly documented.

Key Messages

Falls proforma appears to improve assessment and documentation but wider uptake needs to be encouraged.

References

10QI5

Improving quality of surgical inpatient antibiotic prescription in a district general hospital (DGH): The effect of digital and verbal educational interventions

Authors

Jhia Jiat Teh, Loraine Manoj, Qamar Iqbal, Sreelakshmi Mallappa

North London Foundation School

Background

Promoting antimicrobial stewardship is crucial through accurate completion of prescriptions (1). We aim to improve quality and safety of antibiotic (ABx) prescription through educational interventions for surgical inpatients in a London DGH.

Methods

We audited the completeness of ABx prescriptions for DGH surgical inpatients in 10/2021. Digital and verbal educational interventions were implemented following initial audit and prospective re-audit involving independent prescription charts review.

Results

Significantly improved completion rates were met for: 'indications', 'start date', '72-hour review', 'printed name', 'bleep number' fields within inpatient drug charts as evidenced by our re-audit outcomes post implementation of educational interventions.

Key Messages

Educational interventions led to a significant improvement in antibiotic prescriptions in our surgical inpatients ensuring a safe and appropriate prescription practice. Continued audit and education has a role in promoting antimicrobial stewardship.

References

1. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. National Institute for Health and Care Excellence. February 2015

11QI5

Assessment of requests and determination of outcomes for lower gastrointestinal (GI) endoscopy requested on a two week wait basis for suspected cancer in adults aged 18 to 50.

Authors

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Background

Colonoscopy is the gold standard for evaluating conditions of the lower gut. Meeting a rising need for lower GI endoscopy while ensuring quality is a challenge for public health services. In addition, they strive to meet targets for 2 week wait referrals.

Methods

100 cases were sampled retrospectively for referral information, clinical management and outcome. Indications were compared with NICE guidelines. Cases with positive FIT tests and a confirmed gut condition or malignancy were excluded.

Results

100% referrals were accepted under the two week wait pathway, compared to the expected standard of 61%. About a third of referrals did not meet guidelines; 3 were blank. All referrals had a provisional diagnosis or normal investigation as the outcome.

Key Messages

Consider triage of requests by clinical endoscopists for those referrals that do not meet the NICE guidelines. Consider returning blank requests to the referrer with feedback. Clinicians should follow NICE guidelines for two week wait referrals.

References

1. Rees, C.J., et al., UK key performance indicators and quality assurance standards for colonoscopy. *Gut*, 2016. 65(12): p. 1923-1929.
2. NICE, Suspected cancer: recognition and referral NICE guideline, N.I.f.H.C.a. Excellence, Editor. 2015: www.nice.org.uk/guidance/ng12.

12QI5

Quality of antibiotic prescribing in young children in general practice

Authors

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Background

Inappropriate use of antibiotics, whether in terms of prescription without clinical indication or incorrect regimens are the main drivers of antimicrobial resistance. Those antibiotics are often given to young children with limited beneficial effects.

Methods

An audit identified patients aged 0-5 years old who were prescribed oral antibiotics at a GP surgery. The compiled data was compared against LMSG antimicrobial guidance to assess the clinical indication and the regimen of antibiotics prescribed.

Results

In 46.7% of young children, there was no clinical indication for immediate antibiotics but these were prescribed by healthcare professionals. In 0.02% of patients, the recommended antibiotic for the diagnosis as per LMSG was not prescribed.

Key Messages

The quality of antibiotic prescribing was poor and highlights the extent for future improvement. A review of the recent LMSG guidance is worthwhile for the healthcare professionals at the GP surgery.

References

1. Costelloe C, Metcalfe C, Lovering A, Mant D, Hay AD. Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis. *BMJ*. 2010;340:c2096.
2. Nowakowska M, van Staa T, Molter A, Ashcroft DM, Tsang JY, White A, Welfare W, Palin V. Antibiotic choice in UK general practice: rates and drivers of potentially inappropriate antibiotic prescribing. *J Antimicrob Chemother*. 2019;74(11):3371–3378. doi: 10.1093/jac/dkz345
3. World Health Organization. Global Action Plan on Antimicrobial Resistance. 2015
4. . PHE. English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR). London, 2018.
5. Williams MR, Greene G, Naik G, Hughes K, Butler CC, Hay AD. Antibiotic prescribing quality for children in primary care: an observational study. *Br J Gen Pract*. 2018;68(667):e90-e96. doi:10.3399/bjgp18X694409

13QI5

Management of COVID-19 in Older People

Authors

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Background

Studies highlight atypical presentations of COVID in elderly patients and increased admission rates(1). Nearly a third of the local population is over 65(2), meaning we had a large proportion of patients with COVID-19 with increased risks.

Methods

We surveyed doctors caring for elderly patients with COVID-19 to assess confidence in recognition and management. We researched studies and guidelines to create our guideline, alongside collated feedback. This was then reviewed by our expert group.

Results

80% of respondents felt there was a need for a guideline and using their feedback. We created a guideline for the management of elderly people with COVID, with feedback received guiding layout and topics.

Key Messages

Using feedback from doctors means our guideline is clinically relevant and follows the patient journey. Ongoing relevance with high numbers of COVID. Plan for further survey to complete quality improvement cycle and regular updates.

References

1. Robert, V. et al, 2021. Estimates of the severity of coronavirus disease 2019: a model-based analysis. The Lancet Infectious Disease, [online] 20(6), pp.669-677.
2. Mapping.dorsetcouncil.gov.uk. 2021. Population Topic Data - Dorset Council. [online]

15QI5

Prevention of falls in older adults: Auditing LSBP in those aged over 65 years

Authors

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Background

Current guidelines from NICE identify those aged over 65 as being high risk for falls, and recommend that a multifactorial assessment is conducted to identify and treat any modifiable risk factors, including the measurement of postural hypotension.

Methods

An audit of 102 inpatients was conducted in a district hospital to determine the number of patients in which a lying and standing blood pressure (LSBP) had been recorded within 24 hours of admission. Data was collected from the electronic record.

Results

75.1% of patients were 65 years or over, with 18.2% of these admitted following falls. Only 22.1% of these patients had a LSBP recorded within 24 hours of admission. Half of all patients admitted following a fall had a LSBP during their hospital stay.

Key Messages

An insufficient number of patients had a LSBP within 24 hours, which may be due to staffing levels and lack of education. A LSBP in all patients over 65 years was recommended to colleagues given the need for early identification of those at risk of falls.

References

Dellinger A. Older adult falls: Effective approaches to prevention. *Curr Trauma Rep.* 2017; 3(2): 118-123

Quality Improvement Poster Group 6

01QI6

Measuring concordance of DVLA guidelines being provided by healthcare professionals to patients presenting with self-harm.

Authors

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Background

DVLA guidelines outline the responsibility of medical professionals to inform patients to notify the DVLA of certain medical presentations (1). This quality improvement project reviews the concordance to these guidelines for self-harm presentations.

Methods

The Liaison Psychiatry caseload was screened retrospectively by filtering patients for 'self-harm' referrals. Concordance to DVLA guidance was measured by establishing whether a medical professional documented that the patient was given correct guidance.

Results

Ongoing quality improvement project, interventions are currently being implemented and the Liaison Psychiatry caseload is being reviewed on a weekly basis to measure concordance to DVLA guidelines.

Key Messages

To improve compliance with DVLA guidance on driving: which suggests if a patient is presenting with depression/anxiety and has suicidal thoughts, there is a need for healthcare professionals to inform the patient to notify the DVLA.

References

1. Driver & Vehicle Licensing Agency. Assessing Fitness to Drive - a guide for medical professionals. Swansea: Department for Transport; 2021.

02QI6

Audit on Comparison of Cervical Smear Uptake between BAME and Caucasian population groups registered to Church Lane Surgery in Brighouse

Authors

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Background

Women from Black, Asian and Minority Ethnic (BAME) backgrounds are less likely to attend cervical screening than White British women. This study explored whether this was reflected amongst patients registered to Church Lane Surgery in Halifax.

Methods

Records for women from Indian, Pakistani, Bangladeshi, Caribbean, African and White British backgrounds were analysed using EMIS reporting tool (n=1217). Patients who had not had a smear across a 3 year period were categorized as 'non-uptake'

Results

913 of 1147 Caucasian women attended for cervical screening in 2019 (79.6% uptake) compared to 48 of the 70 BAME (68.6% uptake). On average from 2015-2020 65% of BAME women attended for their cervical screen. In comparison 75.3% of Caucasians attended.

Key Messages

Caucasian uptake matches the national average 70% whilst the BAME does not. This may be due to emotional barriers and low perceived risk and could lead to later diagnoses of cancer. Interventions have been shown to be effective and may have a role here

References

- 1) Marlow L, Waller J, Wardle J. Barriers to cervical cancer screening among ethnic minority women: a qualitative study. *J Fam Plann Reprod Health Care*. 2015 Jan 12; 41(4): 248-54. Available from: <https://pubmed.ncbi.nlm.nih.gov/25583124/>
- 2) Public Health England. Cervical standards data report. April 2021 [Cited October 2021] Available from: <https://www.gov.uk/government/publications/cervical-screening-standards-data-report/cervical-standards-data-report-1-april-2019-to-31-march-2020#contents>
- 3) Thomas V, Saleem T, Abraham R. Barriers to effective uptake of cancer screening among Black and minority ethnic groups. *Int J Palliat Nurs*. 2005 Nov; 11(11): 562, 564-71. Available from: <https://pubmed.ncbi.nlm.nih.gov/16471043/>

03QI6

A quality improvement project to assess the use of the British Thoracic Society "SPACES" protocol on a COVID positive ward at the start of the second wave of the pandemic.

Authors

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Background

SPACES is a model developed by the British Thoracic Society to minimise staff exposure to covid infection whilst maintaining maximum patient care (1). Adherence to this model should help to reduce the number of reported outbreaks across a hospital.

Methods

We recorded the entries and reasons for each staff entering bed spaces on the covid HDU in Glenfield Hospital over a 1-week period. We provided education and posters of the SPACES model to all staff members and assessed its' impact through data analysis.

Results

Our preliminary data reported that 58% of multiple entries were avoidable, however, after staff education this reduced to 37%. There were clear times during which most of these avoidable entries occurred, correlating with key medical and nursing jobs.

Key Messages

Improving staff awareness and engagement towards the SPACES model facilitated change in staff behaviour reducing the number of avoidable multiple entries to patients' bedspaces. SPACES can effectively help to minimise outbreaks of covid across a hospital.

References

1. SPACES information document. British Thoracic Society; 2020. [Accessed 1 October 2020]. Available from: <https://www.brit-thoracic.org.uk/covid-19/covid-19-information-for-the-respiratory-community/>

04QI6

Reducing the number of times doctors have to search for deferred blood taking to 0% in the Royal Devon and Exeter Hospital

Authors

Emily Sinha-Royle, Simon Brackley, Bethany Clarke, David Harvey, Alizeh Shaikh

Peninsula Foundation School

Background

When phlebotomy bloods are not taken, this is rarely effectively communicated to doctors, and can compromise patient care. We used phlebotomy data to add a “deferred draw” column to patient lists, to reduce doctors searching for this information.

Methods

Pre-intervention survey investigated when doctors were unaware bloods were missed or had to do an in-depth search to find results. Created and advertised “deferred draw” column. Messaged doctors of patients with missed bloods to find out awareness.

Results

Pre-intervention, 70.6% doctors were unaware of missed bloods, or had to search in the notes. This reduced to 57.7% in the month post intervention. “Deferred draw” column was used in only 7.7% of cases.

Key Messages

Many doctors were unaware that bloods were missed or had to in-depth search in notes. This improved with the “deferred draw” column, but further work is required to reduce this further to 0%, and improve patient care.

References

05QI6

Audit of staff knowledge on management of contrast medium reaction

Authors

Zi Xin Lim

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Background

Although rare, severe contrast medium reactions will require immediate management. Healthcare staff administering IV contrast medium should be able to both recognise and manage contrast reactions.

Methods

Radiology consultants and radiographers' knowledge were assessed using selected questions from RCR's Audit Live template on doses and routes of administration of drugs and also use of drugs in specific scenarios.

Results

First audit had an average score of 75%. Interventions include departmental presentation to radiologists and radiographers, and pocket size physical cards with specific management for contrast reaction. Re-audit showed an improvement to 85%.

Key Messages

Reinforcement of staff knowledge on management of contrast medium reaction will form part of the process towards better patient care. Staff should also be further re-trained in life support once COVID restrictions are relaxed.

References

1. Tennant D, Duncan K. An audit of staff knowledge of Royal College of Radiologists current recommendations on the management of mild to severe contrast medium reactions. | 1. The Royal College of Radiologists [Internet]. Rcr.ac.uk. 2013 [cited 4 November 2021]. Available from: <https://www.rcr.ac.uk/audit/audit-staff-knowledge-royal-college-radiologists-current-recommendations-management-mild>
2. Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers [Internet]. Resuscitation Council UK. 2021 [cited 4 November 2021]. Available from: <https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis/emergency-treatment>

06Q16

Evidence of eosinophilic oesophagitis in patients undergoing OGD for dysphagia

Authors

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Severn Foundation School

Background

Eosinophilic oesophagitis (EOE): common but under-diagnosed disease causing significant morbidity (1). To increase diagnosis, we wanted to compare practice in our endoscopy department with the British Society of Gastroenterology (BSG) guideline (2)

Methods

Gathered OGD data for 224 patients from EndoWeb and analysed to see the proportion of normal OGDs. We used ICE to look at biopsies (how many biopsies we are taking and where from), to compare our performance against the BSG guideline.

Results

82 (37%) OGDs were normal. Of these, only 26 (31.7%) had biopsies taken. Furthermore, only 19/26 that were biopsied had biopsies taken from 2 or more sites. This means, in only 23% of cases were we compliant with the BSG guidelines.

Key Messages

Think EoE – underdiagnosed + high (and increasing) prevalence Biopsy all patients presenting with dysphagia/food bolus obstruction who have a normal OGD Biopsies should be taken from 2 or more sites in the oesophagus

References

- (1) BMJ Best Practice: Eosinophilic Oesophagitis; 24/9/2020 <https://bestpractice.bmj.com/topics/en-gb/1304/epidemiology>
- (2) British Society of Gastroenterology: Quality standards in upper gastrointestinal endoscopy: a position statement of the BSG and AUGIS; 17/8/2017 https://www.bsg.org.uk/wp-content/uploads/2019/12/Quality-standards-in-upper-gastrointestinal-endoscopy_-position-statement-of-BSG-AUGIS.pdf

07QI6

Audit of paracetamol overdose against local hospital guidelines

Authors

Tzuen Chour Han, Anna Butler

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Background

Paracetamol overdose is a leading cause of acute liver failure in children. We assessed how patients with paracetamol overdose presented and were subsequently managed in our local hospital.

Methods

All paracetamol overdose events were compared to a proforma developed against the local guidelines and results were also compared to a previous similar audit. We looked at patient demographics, type of overdose, laboratory findings and treatment received.

Results

Of 90 patients, most were female(81%), first episode(78%), acute(94%), intentional(84%), only took paracetamol(71%). 30% had acetylcysteine. Blood gas remained the most commonly omitted test, in 64% initially and 93% of those who completed acetylcysteine.

Key Messages

Similar trends of presentations were observed. There was a notable increase in incidence. We recommend adding blood gas to the existing blood test set for paracetamol overdose and a closed loop audit to be done.

References

09Q16

Audit on the management of upper GI bleeds within the first 24 hours

Authors

Sana Ali, Alan Mitchell, Umar Khan, Saiful Islam

North London Foundation School

Background

Upper gastrointestinal bleeding (UGIB) is a common medical emergency, with a mortality rate of 10%. The British Society of Gastroenterology (BSG) developed guidelines to improve management. This audit aims to compare the management at Queens' Hospital.

Methods

We retrospectively collected data on all adult patients diagnosed with an upper GI bleed at the Consultant post-take ward round (PTWR) at Queen's Hospital, from August 2020 to November 2020.

Results

43 patients were reviewed. 19% of patients received blood transfusions inappropriately. 90% of patients had their aspirin stopped inappropriately. Only 21% of patients had their endoscopy within the recommended 24 hours.

Key Messages

More awareness is required about the recommended guidelines, and discussion needs to be had with the gastroenterology department regarding the feasibility of more endoscopy lists to facilitate prompt management for these high-risk patients.

References

Palmer K, Atkinson S, Donnelly M, Forbes-Young R, Gomez C, Greer D, Halligan K, Hauser M, McPherson S, McCord M, et al. Acute upper gastrointestinal bleeding: management. UK: National Institute for Health and Clinical Excellence
Moledina SM, Komba E. Risk factors for mortality among patients admitted with upper gastrointestinal bleeding at a tertiary hospital: a prospective cohort study. *BMC Gastroenterol.* 2017;17(1):165. Published 2017 Dec 20.
doi:10.1186/s12876-017-0712-8

10QI6

The Psychological Impact of Lockdown: Combining Quantitative and Qualitative Analyses of Emergency Presentations

Authors

Tom Scurr, Dr Salman Mushtaq

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Background

The pandemic of the COVID-19 variant caused a near-global lockdown, with UK citizens told they must stay at home in March 2020. The psychological impact of the direct effects of the virus, and the resulting lockdown periods cannot be overestimated.

Methods

Referrals made to the Liaison Psychiatry service at Derriford hospital during lockdown were analysed quantitatively and qualitatively, to understand effects on mental health and resulting presentations to services, and to identify areas for improvement.

Results

Findings reveal higher acuity in presentations despite lower numbers, with more referrals for admission, and higher impact on those with physical or psychiatric comorbidity. Thematic analysis confirms this, and shows the increased stress of life at home.

Key Messages

The level identified affirms that the impact of lockdown in presentation should be routinely explored, especially with at-risk groups. Patient information for self-referral needs to be regularly updated given frequent changes in service provision.

References

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11QI6

14 Hour Consultant Review Target For Emergency Gynae Admissions.

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Background

To establish the number of patients who were admitted under Gynae from July – Sept 2021, who had no consultant review within 14hours of admission and during their admission. To Establish reasons for this delay or omission, and proffer solutions.

Methods

Retrospective review of gynae patients admitted from July – Sept 2021. Data collated from clindoc and quadramed. Inclusion criteria:124patients Emergency gynae admissions Exclusion criteria:10patients Elective gynae admissions Other specialties

Results

45.16% (56/124),were seen by a consultant within the14hours target. 9 patients had no consultant review while on admission. Non-compliant patients were mainly those admitted during the hours of 13:01 - 20:00. Wrong documentations on Qmed forms.

Key Messages

Oncall Consultant to undertake evening wardrounds to review any new admissions. Additional whiteboard for new admissions not yet seen by Consultant. Effective handover of patients between shifts. Training for Junior doctors on proper record keeping.

References

<https://www.nice.org.uk/guidance/qs174/chapter/quality-statement-3-consultant-assessment-and-review>

12QI6

Introduction of a FY1 Induction Booklet for the Respiratory Department

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Background

FY1s starting in the Respiratory Ward at the Royal Infirmary of Edinburgh received a general induction booklet as a generic guide for all new rotating doctors including those at more senior levels, even though their clinical responsibilities vary widely.

Methods

A FY1 specific induction booklet was created in February 2021 for the FY1s who rotate every 2 months into the department. Feedback forms were sent at the end of each block and further changes were implemented based on the analysis of the responses.

Results

50% of respondents found it 'somewhat difficult' to (a) locate contact numbers and personnel within the department and (b) arrange follow up for patients. After the new booklet, the responses improved to 43% deeming (a) 'easy' and (b) 'very easy'.

Key Messages

Majority of respondents found it easier to understand their duties, locate contact numbers and personnel within the department, and arrange follow up for patients. All respondents found the booklet to be helpful and felt more prepared for the rotation.

References

14QI6

Acute Management of Retrobulbar Haemorrhage in the Emergency Department: A Quality Improvement Project.

Authors

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Background

Retrobulbar haemorrhage (RBH) is an ocular emergency that requires time-sensitive treatment with lateral canthotomy/cantholysis (LC/C) to prevent irreversible vision loss. Most patients present to the A&E when ophthalmologists are not readily available.

Methods

A survey was given to senior ED doctors between two hospitals in North-West England to assess confidence in diagnosing RBH and performing LC/C. Based on results; e-learning, wet lab and teaching was implemented. A follow up survey was carried out.

Results

There was a total of 50 senior ED doctors who completed the pre- and post-survey. Based on pre- and post-survey results, 60% felt confident in diagnosing RBH (compared to 90%), 10% felt confident in performing LC/C to manage RBH (compared to 95%).

Key Messages

The QIP has shown that many senior ED doctors are able to diagnose RBH but they lack the training and confidence in performing LC/C. Through adequate training senior ED doctors can be confident in performing a time-sensitive sight-saving skill.

References

15QI6

Improving Bladder Cancer Surveillance through Cystoscopy.

Authors

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Background

An audit of surveillance cystoscopies for bladder cancer in 2015 showed that the YCN surveillance guideline in the HRI was sub-optimally followed. We wanted to re-audit the application of this guideline in 2020 and repeat this into 2021.

Methods

Retrospective audits of the bladder cancer surveillance cystoscopies in selected months starting from February 2020 and then repeated re-audits late into 2021 after actions have been implemented to follow the guidelines.

Results

There has been improvement seen in the surveillance and in following the YCN guidelines. Keeping staff aware through posters and briefing has been effective. There are suggestions to do other improvements consideration for upcoming data appraisals.

Key Messages

Re-audit and reminding staff through posters and department briefing of the YCN guideline needed to keep bladder cancer surveillance optimal has increased the effectiveness of applying the guideline.

References