Abstracts for BACO Oral Presentations

SFO Orals

Please note that presenting authors stated on the below abstracts may not correspond to the e-posters.
<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2246</td>
<td>Exploring the position of ENT in the undergraduate medical curriculum</td>
<td>3</td>
</tr>
<tr>
<td>2301</td>
<td>QUIP: Improving quality of ENT discharge letters</td>
<td>4</td>
</tr>
<tr>
<td>1658</td>
<td>Making hot clinics hotter</td>
<td>5</td>
</tr>
</tbody>
</table>
Exploring the position of ENT in the undergraduate medical curriculum

BACO2020 Abstracts (Oral & Posters) - Student and foundation doctors in Otorhinolaryngology

Presenting / Main Author: Bhavesh Patel. Hospital: Imperial College London
Co Author: Susan Smith. Hospital: Imperial College London

Background: The existing provision of undergraduate Ears Nose and Throat (ENT) is deemed inadequate by medical students, General Practitioners and trainee ENT surgeons alike.

Objectives: This study aims to explore the perceptions of a variety of stakeholders on the provision of undergraduate ENT. These perceptions are used to clarify the purpose of undergraduate ENT exposure, identify ways to optimise the existing provision and to explore various approaches to improving undergraduate ENT education.

Methods: The study involved semi-structured interviews with seven participants (two medical students, two General Practitioners, two ENT surgeons and a curriculum developer). Inductive thematic analysis was used to identify key themes that emerged from the interviews.

Results: The four emergent themes were evaluation of current ENT provision; barriers to learning and teaching; alternate means of delivery of ENT education; and professional identity development. While ENT was considered important to include in the curriculum, the current provision was deemed inadequate. A number of barriers to learning and teaching in the clinical environment were identified including student-related factors, teacher related factors and environmental factors. Alternatives to the existing ENT provision, including the role of simulation, e-learning and delivery of ENT in alternative contexts were discussed.

Conclusions: ENT remains an important part of the undergraduate curriculum and should be considered as such. The curriculum footprint should be increased to enable students to achieve a basic level of competence in diagnosing and managing simple ENT conditions. This can be achieved by delivering ENT teaching in other contexts including General Practice, e-learning and simulation workshops.
QUIP: Improving quality of ENT discharge letters

BACO2020 Abstracts (Oral & Posters) - Student and foundation doctors in Otorhinolaryngology

Presenting / Main Author: Jinesh Patel. Hospital: University Hospitals Birmingham NHS Foundation Trust
Co Author: Sadiq Mawji. Hospital: University Hospitals Birmingham NHS Foundation Trust
Co Author: Annabel Ariyathurai. Hospital: University of Birmingham Medical School
Co Author: Lisha McClelland. Hospital: University Hospitals Birmingham NHS Foundation Trust
Co Author: Lucy Dalton. Hospital: University Hospitals Birmingham NHS Foundation Trust
Co Author: Rupan Banga. Hospital: University Hospital Birmingham NHS Foundation Trust
Co Author: Kehinde Adelekan. Hospital: University of Birmingham Medical School

Background: Discharge letters are the primary mode of communication between hospitals and community healthcare teams. Those lacking pertinent information can cause significant delays or misinterpretations, potentially leading to serious patient harm.

Objectives: The aim of this project was to improve the quality of ENT discharge letters completed by junior doctors in our West Midlands teaching hospital.

Methods: We performed a retrospective review of 30 discharge letters completed by junior doctors at the Queen Elizabeth Hospital Birmingham. The discharge letter template suggested by Royal College of Physicians (RCP) was then introduced locally and discharge letters subsequently re-audited.

Results: Initial audit of discharge letters demonstrated that key information such as patients’ diagnoses, presenting complaints, details of operations and relevant investigations were completed appropriately in over 85% of discharge letters. However, clear documentation of discharge plans, information/advice given to patients and recommendations for GPs was frequently missing. Importantly, only 45% of letters clearly documented indications for medication changes. Following introduction of the RCP discharge template, preliminary re-audit results show 100% of the discharge letters now include presenting complaints, clinical summaries, operation details and results of relevant investigations. Furthermore, 72% of letters documented indications for medication changes.

Conclusions: This Quality Improvement Project clearly demonstrates the need for regular review of practices surrounding hospital discharge letters. Our results show that introduction of a straightforward, gold-standard template can quickly and significantly improve the quality of discharge letters. Further work is underway to facilitate gold-standard level discharge letters for every patient in our department.
Making hot clinics hotter

BACO2020 Abstracts (Oral & Posters) - Student and foundation doctors in Otorhinolaryngology

Presenting / Main Author: Sadiq Mawji. Hospital: University Hospitals Birmingham NHS Trust
Co Author: Charlie Huins. Hospital: University Hospitals Birmingham NHS Foundation Trust
Co Author: Jayant Cherukat. Hospital: University of Birmingham
Co Author: Alice Devaney. Hospital: University of Birmingham
Co Author: Hannah Ellis. Hospital: University of Birmingham
Co Author: Lucy Dalton. Hospital: University Hospitals Birmingham NHS Foundation Trust

Background: 'Hot clinics' are a common phenomenon in many ENT departments. Their aim is to offload emergency department reviews by enabling rapid access into the outpatient setting for patients presenting with acute but non-emergency conditions. The inherent urgency of these 'hot clinic' appointments means that usual appointment booking systems cannot be used in many hospitals. This often renders 'hot clinic' booking systems very inefficient.

Objectives: The aim of this quality improvement project was to increase the efficiency of the 'hot clinic' booking system used in our West Midlands hospital.

Methods: A qualitative survey was sent to all doctors using the established booking system. Additionally, an initial retrospective audit of clinic utilisation was performed. Subsequently, a new, online 'hot clinic' booking system was introduced and utilisation re-audited.

Results: Results demonstrated that seven doctors were responsible for booking patients into and running the 'hot clinics'. All described difficulty accessing the booking system and most encountered unexpected patient bookings during clinic sessions. Hot clinics were regularly overbooked. Following introduction of the new, easily accessible online booking system for hot clinics, initial results showed improved user satisfaction. Additionally, clinic utilisation was shown to be more efficient.

Conclusions: This quality improvement project has had a significant impact on the efficiency of our 'hot clinics'. The booking system is very user-friendly, and all patients are expected by those running the clinics, ultimately leading to a much smoother patient journey.