

Poster Presentation

TITLE	Improving Abdominal Paracentesis: A QI Project
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ABSTRACT DETAILS:	
Background:	Large volume paracentesis (LVP) is a procedure frequently performed by junior doctors. Despite this, LVP is not an essential procedural skill in the foundation year or core medical training curriculums. This project aimed to establish levels of confidence in LVP amongst junior doctors within the Department of Gastroenterology in a large teaching hospital, and to assess whether a standardised LVP proforma to support trainees could improve levels of confidence, clinical performance and record keeping.
Method:	Foundation and middle grade doctors anonymously self-rated their confidence in LVP across questions covering procedural technique, and pre- and post- drain insertion care, each rated on a scale of 1-5 (1 - not at all confident; 5 - confident independently). Each respondent was asked to record their level of experience in observing and independently inserting LVP drains. An LVP proforma was introduced for a period of 3 weeks after which a repeat survey of junior doctors was undertaken. Standards of documentation were assessed before and after proforma introduction using a pre-defined set of criteria.
Results:	Case records for 10 consecutive inpatient LVP procedures were retrospectively reviewed prior to the introduction of a standardised LVP proforma. 10 consecutive case records were reviewed in an identical manner following proforma introduction. Documentation of LVP practice markedly improved after the LVP document was introduced. Consent and complications were documented in 100% of cases using the proforma document; documentation of drain removal improved by 50%. With the exception of post-drainage observations and weight, all studied parameters were documented fully or with increased frequency using the proforma. 9 junior doctors (3 FY1; 1 FY2; 5 GPST) responded to an initial survey: trainees had observed an average of 2 LVP procedures (range 0-3) and performed between 0-3 LVPs with or without supervision (multimodal 0,1,2; average 3.7 with 2 notable outliers performing 10 and 15 procedures); average self-rated confidence in aspects of LVP was 2.8 (range 2.0-3.8) and 100% agreed a proforma would be useful. After the proforma was introduced 12 junior doctors (6 FY1; 1 FY2; 2 CT1; 3 GPST) responded to a follow-up survey: the average number of LVP procedures observed and performed by junior doctors was 3 (range 1-10) and 3.75 (range 0-20, mode 3), respectively; the average self-rated confidence score was 3.9, representing a 43% improvement from initial survey, with improvement in all surveyed aspects. 83% of respondents had seen the form and 75% had used the proforma in clinical practice; 100% felt it was useful to doctors of their grade.
Conclusions:	Introduction of a simple proforma increased junior doctor confidence and performance in LVP. Standards of documentation pre and post drain insertion were improved. A simple, standardised LVP proforma should be used to improve the clinical practice of junior doctors working in gastroenterology.
References:	