

2022/2023
EXIT EXAMINATION
PREPARATORY WORKSHOP
CLINICAL AUDIT SEGMENT

21 APRIL 2020

DR LISA CHENG

CLINICAL AUDIT REPORT

Four copies required

Certification by clinical supervisor



STARTING IN 2012

The audit topic should not have been done in the practice in the preceding 5 years.

The starting date of audit cycle must be within 3 years before the exam application deadline.

At least one audit criterion is outcome-based.

STARTING IN 2018

**Presentation in Clinical Audit & Research Forum
(mandatory from 2019 onwards).**

PRESENTATION IN CLINICAL AUDIT & RESEARCH FORUM

Date to be confirmed

Overall Time Duration:

- **5-10 mins Presentation followed by 10-15 mins Q&A & Feedbacks**

Format:

- **Powerpoint with no more than 10 slides**

Please contact Alky / John for registration.

CLINICAL AUDIT ASSESSMENT CRITERIA

**Is this a clinical audit?
(Essential)**

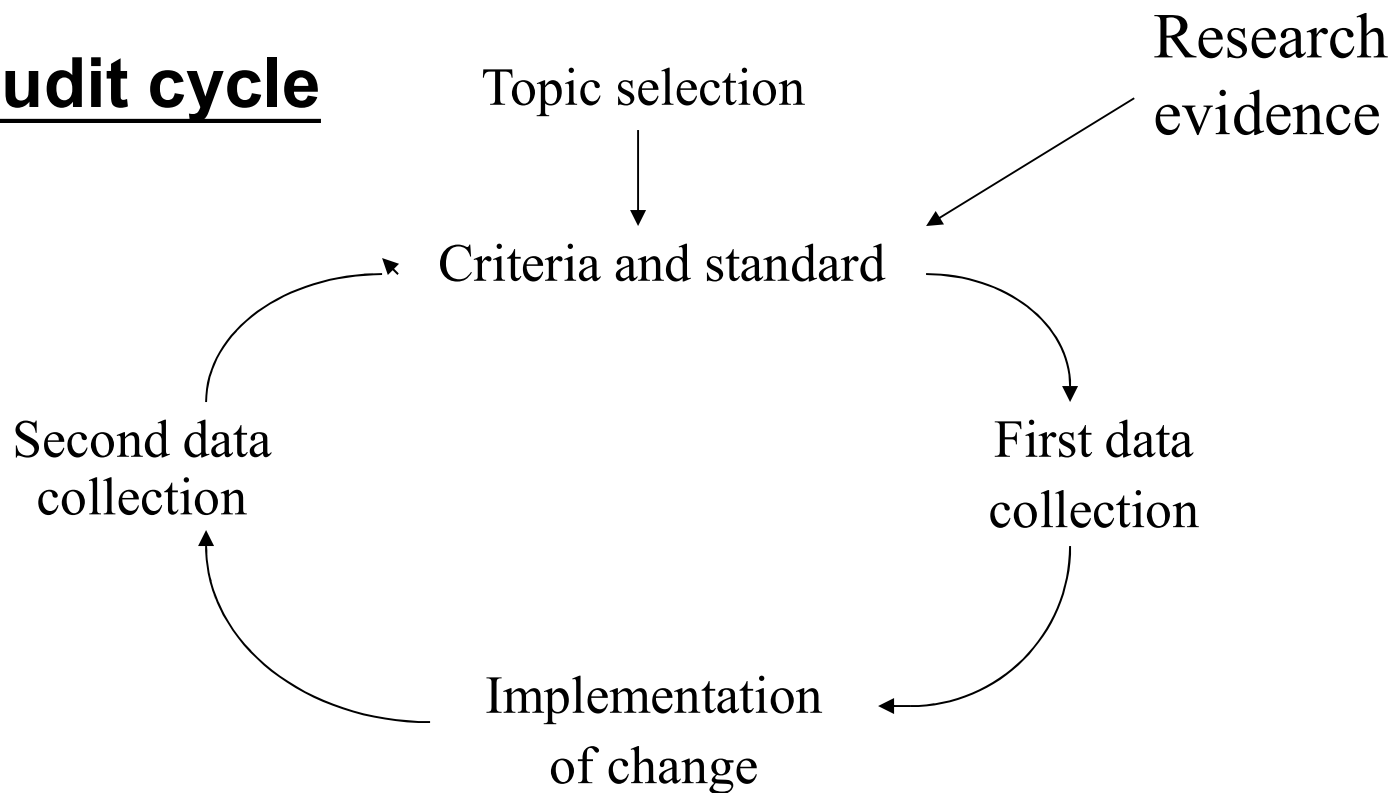
Clinical audit is the process of critically and systematically assessing our own professional activities with a commitment to improving personal performance and, ultimately, the quality and/or cost-effectiveness of patient care.

(Fraser, 1982)

Has the audit cycle been completed?

(Essential)

The audit cycle



EVALUATION OF THE BACKGROUND OF THE AUDIT PROJECT

- **Choice of the audit topic**
- **Define the aim**
- **Objectives**
- **Background literature review**

SELECTING A TOPIC

- **Common**
 - the condition
 - problem in care
- **Important**
 - impact on patients
- **Convincing evidence is available about appropriate care**
- **Feasible**
 - to undertake the audit
 - to improve care

AUDIT CRITERIA (1)

- **Explicit statement about what to measure**

- **Types**
 - **structure**
 - **process**
 - **outcome**

AUDIT CRITERIA (2)

Audit criteria must be :

based on evidence

prioritized

measurable and explicit

appropriate to the setting



AUDIT CRITERIA (3)

Methods :

directly from literature

from summary of evidence

e.g. good systematic review/good quality guidelines

from evidence-based audit protocol if available

AVAILABLE EVIDENCE-BASED AUDIT PROTOCOL

- **Management of chronic diseases:
DM /HT /asthma /gout /heart failure /angina
/depression**
- **Management of acute illness:
Acute otitis media**
- **Drug use: New /long term use of
benzodiazepines**
- **Smoking cessation**
- **Home visits /repeat prescription /patient access
to GP**

PREVIOUS FULL EXAM

Smoking Cessation

Hyperlipidaemia

Stroke

Asthma

Pneumococcal Vaccine

DM

HT

Cervical Smear Screening



SETTING OF STANDARD

- **What level of performance is expected**
- **The percentage of events that should comply with the criterion**
- **Set standard for each criterion**
- **Should be realistic, attainable and reflect the importance of the criterion**

COLLECTING DATA (1)

- **Define study population**
- **Sources**
 - records, patients, encounter forms
- **Samples**
 - adequate numbers, representative
- **Collection**
 - data collection forms

COLLECTING DATA (2)

- **Analysis**
 - % of cases in accordance with the criteria
- **Presentation of results**
 - clear
- **Twice - before and after change**

IMPLEMENTATION OF CHANGE (1)

- **Identify areas of deficiencies in first cycle and the underlying causes**
- **Team work approach**
- **Use of multifaceted interventions chosen to suit the particular circumstances**

IMPLEMENTATION OF CHANGE (2)

Some common strategies :

- Feedback**
- Education/training**
- System changes**
- Reminder system**
- Policies/guidelines**
- Team changes**

WRITING UP

- **Report in a systematic way**
- **Clear and understandable language**
- **Appropriate presentation of result**
- **Concise summary of key issues, impact**
- **List of references**

Thank you!

