

Audit

INTRODUCTION

A clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Objectives of a clinical audit are to measure the outcomes of patients against accepted standards. Where indicated, the trainee should recommend changes and plan an intervention if the standards are not met. Trainees may re-sample after an intervention in Provisional Fellowship Training, at which time this activity would contribute to pro-rata CPD requirements.

The trainee must select the audit topic in consultation with the Departmental Scholar Role Tutor (DSRT) to ensure the topic is clinically relevant to the department and/or trainee.

Ethics approval is not a mandatory requirement for satisfactory completion of this scholar role activity. However, trainees are strongly recommended to be aware of local regulations regarding conducting audits and ethics committee requirements within that jurisdiction. This applies even if the trainee does not intend to publish the results of the audit outside their department.

Trainees may complete an audit of personal practice, however, for those trainees who are contributing to a department or group audit, each trainee is expected to:

- Make a significant contribution across multiple components of the audit in terms of planning, design, implementation and/or final write-up as assessed by the other members in the audit group (this does not require a significant contribution to every component of the audit).
- Demonstrate a familiarity with the audit process and its relevance to quality improvement in the healthcare setting.

This activity should represent no less than one to two hours activity each week for a period of about six months for each trainee.

EVALUATION

Trainees are required to provide to the DSRT or Scholar Role Subcommittee, a written report at least 1500 words in length in the form outlined by the Standards for Quality Improvement Reporting Excellence (SQIRE) 2.0 guidelines¹. Trainees should consider each item listed on the evaluation form but it may be inappropriate or unnecessary to include every SQIRE element in the report.

When evaluating the trainee, the DSRT considers each of the items on the form and determines: whether significant improvement is required; whether the item has been addressed, though some improvement is required; or whether the item has been satisfactorily addressed. If multiple items require significant improvement it may be helpful for the trainee to be evaluated again. If there are one or two items that the trainee requires some improvement on, it is recommended that the assessor discuss these with the trainee, including how the trainee might improve when completing an audit in the future.

Once the activity has been completed satisfactorily, the DSRT should confirm completion with the supervisor of training, who confirms the trainee's entry in the training portfolio system.

In the audit report, trainees should address the following points outlined in the table below.

<p>Introduction Why did you start?</p>	<ul style="list-style-type: none"> • Nature and significance of the local problem • Summary of what is currently known about the problem, including relevant previous studies • Informal or formal frameworks, models or concepts and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s) • Purpose of the project and of the report
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¹ Oringc G et al. SQIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. BMJ QualSaf, 2015; 0: 1-7.

<p>Methods What did you do?</p>	<ul style="list-style-type: none"> Ethical aspects and how they were addressed, including formal ethics review and potential conflicts of interest if required Contextual elements considered important at the outset (i.e. the local environment) Measures chosen for studying processes and outcomes, including rationale for choosing them, operational definitions, validity and reliability Methods employed for assessing completeness and accuracy of data Methods used to draw inferences from the data and for understand variation within the data, including the effect of time as a variable. <p>If an intervention is planned:</p> <ul style="list-style-type: none"> Description of intervention(s) in sufficient detail that others could reproduce it Approach used for assessing the impact of the intervention(s) Approach used to establish whether the observed outcomes were due to the intervention(s)
<p>Results What did you find?</p>	<ul style="list-style-type: none"> Details of the process measures and outcomes Contextual elements that interacted with the study or intervention(s) Observed associations between outcomes, relevant contextual elements and/or intervention (if relevant) Unintended consequences such as unexpected benefits, problems, failures or costs associated with the intervention(s) (if relevant) Details about missing data
<p>Discussion What does this mean?</p>	<ul style="list-style-type: none"> Key findings, including relevance to rationale and specific aims Particular strengths of the project Comparison of results with the standard and findings from other publications Impact of the project on people or systems Reasons for differences between any observed and anticipated outcomes, including the influence of context Limits to the generalisability of the work Efforts made to minimise and adjust for limitations Usefulness of the work Potential for spread to other contexts Implications for practice Suggested next steps including plan for intervention(s) if required (and descriptions of intervention(s) and approach for assessment of intervention(s), as above)

RESOURCES

Further information is available in Networks under *Anaesthesia learning* in the *Scholar role support resources* network. Located in the *Clinical audit* folder, an e-learning module shares an approach for design of an audit, including links to further resources and reference lists for suggested reading.

A highly recommended resource is *Raising the standard: A compendium of audit recipes for continuous quality improvement in anaesthesia*. The Royal College of Anaesthetists 2012. www.rcoa.ac.uk/document-store/audit-recipe-book-3rd-edition-2012

To support development of the written report, the revised guidelines for Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 are located at www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471