

MARKING THE AUDIT

Audits will be marked according the West of Scotland method, against five criteria. These are as follows:

1 Reason for choice:

This should be clearly defined, reflected in the title and include potential for change.

2 Criteria chosen:

These should be relevant to the subject and should be justified, eg, by the literature.

3 Preparation and planning:

This should show team work if appropriate. The method and standards used should be appropriate for the audit. Standards should be justified.

4 Interpretation of data:

This should use relevant data to allow appropriate conclusions to be drawn.

5 Detailed proposals for Change:

This should show explicit details of proposed changes. These should be based on the results of the audit and should consider the advantages and disadvantages of suggested changes.

DEFINITIONS

One of the problems registrars have experienced in the 'dry-run' year is uncertainty as to the meaning of some of the terms used. Some key words are defined below:

AUDIT:

Audit
can be
standards
measured
gastroscopy
referrals
shorter
Audit can be thought of as a process which aims to measure performance against a standard in order to assess the scope for improvement. Thus, an audit question may be phrased in these terms. eg. *Does the practice adhere to local guidelines for gastroscopy referrals?* or, *Are patients being seen in accordance with the Patients Charter Standards?* Audit differs from research in that the latter seeks to define what should be being done in the first place, and would for example inform the development of the gastroscopy referral guidelines mentioned above.

CRITERIA:

These are the items which are to be measured in order to establish performance. Where possible they should be based on research (evidence-based). The audit may have one or more of these. Generally, the fewer there are the more likely is the audit to be completed. An example might be *"patients seen within 30 minutes of their appointment"* or *"patients who have received eradication therapy for H.pylori"* Criteria are sometimes confused with standards, particularly when the standard is 100%. It is helpful to differentiate the two in your mind.

STANDARDS:

These are set for each criterion. They should be agreed before the data are collected and help decide whether change is necessary. For example, it may be decided that 80% of people with H.pylori positive biopsies should have had eradication therapy, or 90% or 70%. The precise figure needs to be agreed by the practice, but is likely to be influenced by outside standards (if such exists). If, having collected the data, performance is below the standard a decision should be made about whether to instigate changes to improve standards.

COMMON PITFALLS

The experience of the 'dry-run' has also shown that there are certain common pitfalls. Below is a list of these and some guide as to how to avoid them:

└ The question posed is not an audit question.
When designing an audit and defining a question, be sure to understand the difference between an audit and a research question.

└ Projects may over-ambitious.
Often a clinical area is complex and many criteria are used to test performance. For the purposes of summative assessment the more focused the question, and by application the fewer the criteria to be measured, the more likely is the audit to pass.

└ The audit question is often poorly focused.
This relates to the problem described above. A focused audit question is one which seeks to measure a very closely defined area of performance which is nonetheless very important, eg. Blood Pressure control in people who have had a stroke or Aspirin therapy for people who have had a myocardial infarction.

└ There was often confusion between criteria and standards.
Please refer to the definitions given above.

└ The criteria and standards are often not justified adequately.
Where possible, both the criteria and standards should be justified by research. Only when these are not available should the criteria be made up within the practice. Often there are no published standards, and so an appropriate standard should be set. This may be by getting information on peer groups from bodies such as the MAAG, or standards may be defined by discussion within the practice.

└ Results presented are often excessive, irrelevant or confused.
This makes the project very difficult to assess and gives the impression of confused thinking. To avoid this the results section should relate directly to the criteria being measured, and the standards which have been set. Demographic data, or other data which might be used to explain findings could be included. Generally, the fewer data you present the more likely they are to be relevant.

└ The proposals for change are inadequate.
The main problem has been failure to relate the proposed changes to the realities of practice life, to describe in sufficient detail the strategy for change, and to consider the advantages and disadvantages a particular strategy. It is not sufficient to say that team-work was used and a protocol was designed.

└ References are sometimes not correctly written up.

PLANNING YOUR PROJECT

There are ten steps to completing your audit.

STEP 1 - Generate general areas of interest.

In the first month or two you will be getting a feel of how the practice runs. During this time many questions or uncertainties will come to mind. Carry around with you a notebook and jot these thoughts down. It doesn't matter what you write down as you will be filtering out the inappropriate ones later.

STEP 2 - Decide which area interests you most.

Look through what you have written and decide on one area, eg. night visits, sick-rates, appointment systems, wheezy children under five etc. This will involve a discussion with your trainer to avoid choosing a subject which is not relevant.

STEP 3 - Read around the subject.

Ask your trainer to point you in the right direction. Often back copies of the British Medical Journal or the British Journal of General Practice are helpful. This need not necessarily be a detailed literature search, but is a way of getting a feel for what others have done in this area.

STEP 4 - Define your audit question.

Refer to the definition of an audit question given above. You should also discuss it and check it out with your trainer. Your day release course may offer you the opportunity to discuss your audit question with your fellow registrars.

STEP 5 - Decide the criteria and the standards for each criterion.

This will involve discussion with members of your training practice and reference to the available research.

STEP 6 - Design the method.

This may involve a patient survey, a review of notes, or prospective data gathering. The precise method will depend on the criteria. Where small numbers are involved, say less than 50, you should try to collect complete data. Where there are large numbers of patients eg. people with hypertension, it is appropriate to use a sampling method. Check out your method with your trainer, and where appropriate use your day release course to bounce ideas off fellow participants. You can also get help from your local MAAG.

STEP 7 - Collect the data.

This should not take very long. If it takes more than half a day it is likely that you are collecting excessive or irrelevant data. It is entirely appropriate for you to ask for help in collecting this data. For example, you may ask the receptionists to look through sets of notes and gather particular pieces of information.

STEP 8 - Analyse the data

Collect the results and establishing your performance for each criterion. You will then be able to compare your performance against the pre-set standards. You need not use elaborate statistics (especially if you have collected complete data), they are only possibly necessary if you have used a sampling method for identifying 'cases'.

STEP 9 - Present your data.

This may be to the practice, your trainer and/or the day release course. This will enable you to judge the effectiveness of your method, but more importantly, will help you reflect on the implications of your data.. Your audience will also help you decide the advantages and disadvantages of various proposed changes.

STEP 10 - Write up your project for submission.

The next section deals with this in detail.

Timescale		
STEP	Time taken	Done by
1	4-8 weeks	
2		Week 8
3	2-4 weeks	
4		Week 12
5	1-2 weeks	
6		Week 16
7	1-2 weeks	
8	1-2 weeks	
9		Week 20
10		1st Feb or 1st August

WRITING UP YOUR PROJECT

Your written submission should comply with the instructions given above. The following layout is suggested.

The title should give an indication of the area of clinical activity being audited, and may be phrased in the form of an audit question, eg. *"The surveillance of people with asthma: Do we conform with the British Thoracic Society's Protocol?"*

The summary should be written up under the following headings:

- ◆ Reason for choice of audit
- ◆ The criteria and standards chosen
- ◆ Preparation and planning
- ◆ Interpretation of data
- ◆ Detail proposals for change,

Reasons for choice of audit.

◆ You should include in this a detailed statement about how this area became important to you and to the practice. For example, it may have followed on from another audit or be based on an untoward event within the practice. You should follow this with a review of the relevant background literature, with reference to the major works in the area. You should also justify why you feel there is potential for change in this area and how it would benefit your population of patients.

◆ You should then define the aim of the audit and set the audit question.

The criteria and standards chosen.

◆ The criteria to be measured should be stated and justified with reference to the research evidence where possible.

◆ The standards against which your criteria are being judged should be stated and justified (eg, suggested by the Royal Colleges, local peer group standards, discussion within the practice). Published standards backed up by research take precedence over standards formed by discussion, unless there are good reasons why the published standards do not apply to your context. If you decide to choose standards other than those published, you should justify your reasons for doing so.

◆ The advantages, limitations and alternatives to the criteria and standards should also be described where appropriate.

Preparation and planning.

♦ The method of data collection and analysis should be clearly stated. Quantitative audit should include statements on how the study population had been identified. If a sample method was used, the sampling frame and method of sampling should be described. The method of analysis should be stated. Qualitative audit of single or few events should involve a detailed description of the precise method used.

♦ You should describe the advantages and limitations of the method you used, eg., the validity and reliability of the measure and the possible sources of bias. Possible alternative methods could be discussed.

Presentation and interpretation of data.

♦ The results section should contain a presentation of all the relevant results. Description, tabulation and statistical tests should be used appropriately. Qualitative audit should contain a detailed explanation of how the data were analysed.

♦ You should reflect on the difficulties in interpreting your results, for example, the response rates of questionnaires or the statistical tests used. You should also reflect on performance against the pre-set standards. You should try to identify reasons why your performance fell short of the standards. If your performance was found to be acceptable, there should be an explanation with reference to your original reasons for suspecting that this would be so.

Detailed proposals for change.

♦ The appropriate conclusions and implications for the practice in terms of suggested areas where changes are needed should be described. If no changes are suggested you should justify this opinion in the light of the stated reasons for undertaking the audit in the first place. If changes are suggested, there should be a clear plan and strategy for implementation of change. The potential problems and obstacles should be identified and strategies for overcoming these suggested.

♦ If performance had been satisfactory, you should discuss the factors in the practice which facilitated this to be so.

♦ A clear statement of how you intend to review the changes and assess whether performance has been improved, should be made. If no changes are suggested you should speculate on which audit or research questions have been raised by your work.

References should be up to date, relevant and be able to be traced by others. It is suggested that the Vancouver style is used to present references. That is, references should be numbered in the order in which they appear in the text and arranged in numerical order in the reference list. An alternative is the Harvard style, with references in the text shown as (author(s) and date of publication) and arranged in alphabetical order in the reference list.