

# How To: Share Your Findings - Clinical Audit Report & Presentation

## INTRODUCTION

Once completed, clinical audit projects should be both presented verbally and written up as a report. Both should state how well the standards are being met and highlight any problems that need to be addressed. The aim of this 'How To' guide is to provide advice on sharing your clinical audit results, addressing both report writing and designing a presentation.

### 1. BASIC CONTENT: REPORT AND PRESENTATION

#### 1. TITLE PAGE/ SLIDE

- Name of the organisation and name of division/specialty
- Project title
- Project lead/s (and name of the person who wrote the report, if different)
- Date of report/ presentation

#### 2. BACKGROUND

This section explains the rationale for doing the audit, i.e. why it is a priority for quality improvement. The evidence-base for the audit topic should be summarised, with full references provided at the end of the report. If you convened a team to undertake the audit, this is a good point to explain how this was organised and who was involved.

#### 3. AIM, OBJECTIVES & STANDARDS

This section sets out the aim, objectives and standards of your clinical audit project.

- Aim - Defines what you hope to achieve, i.e. the overall purpose of the project.
- Objectives - Defines the individual steps that need to be taken in order to achieve your aim.
- Standards - The quantifiable statements detailing the specific aspects of patient care and/or management that you measure current practice against. You should specify the audit criteria, target, exception(s) and source(s) of evidence.

#### 4. METHODOLOGY

This section should outline:

- The population for your audit project, e.g.
  - "Patients aged over 50 years of age admitted to the BRI for a suspected MI".
- Whether it is a retrospective or prospective audit, e.g.
  - "A prospective audit assessing the first 30 patients aged over 50 who are admitted to the BRI for a suspected MI from 01/10/17".
  - "A retrospective audit looking at all patients aged over 50 who were admitted to the BRI for a suspected MI during September 2017".
- How these patients were identified, e.g. from Medway, laboratory systems, radiology database etc.
- Sample size.
- Time period audited.
- The data collection method, e.g.
  - "Data was collected from patients' case notes using a data collection form (see Appendix A)".
  - "Patients were asked to complete a patient survey following their consultation (see Appendix A)".
- Who was responsible for data collection.
- The method of data input (if appropriate) and analysis, e.g. data was input into and analysed using Microsoft Excel.

## 5. RESULTS

The results for each standard should be presented in this section to establish which standards are being met and which are not. If you find a standard is not being met you need to identify why and how practice can be improved to ensure that the standard is met in the future. You may also consider if there were other, acceptable reasons for the standard not being met, i.e. an exception not considered during the planning stage.

The results for each standard can be presented using graphs to further illustrate, if appropriate.

In your clinical audit report and presentation you should state how many patients were included in the audit; this is your initial 'n' number. If your data is incomplete you need to explain why, e.g. you were unable to find every set of patient notes.

Ensure you include both the number and percentage of cases meeting each standard, as well as the 'n' number (i.e. the number of patients audited for each standard), e.g. 45/50 (90%).

Data may be presented as pie charts or bar graphs. Be selective in your use of charts; only illustrate the key findings in this way so as not to overburden readers. Use the most appropriate chart for each piece of data, e.g. pie charts to show proportions, or bar charts for easy comparisons. In reports, charts should be accompanied by a table showing the raw figures; these will be needed when it comes to re-auditing and comparing results.

**IMPORTANT:** Individual healthcare staff should not be identifiable in your report. If, for example, you are comparing the results of three consultant firms, you could call them A, B and C. For confidentiality reasons it is also important that patients are not identified.

## 6. CONCLUSIONS

This section should list the key points that flow from your results. Ensure your conclusions are supported by the data, or if your data points to no firm conclusions, say so. Make objective, factual statements, not subjective ones, i.e. do not say 'it is obvious that...' or 'clearly, what is happening is...'.

Where appropriate, recommendations for change should be made. Make sure these are realistic and achievable. If money is needed to implement your recommendations, you should have already investigated whether there are suitable funds available.

## **THE REPORT SHOULD ALSO CONTAIN**

### 7. ACTION PLAN

Your action plan should be finalised after you have presented your project e.g. at a clinical audit presentation meeting. It is as a result of your presentation that your recommendations will either be accepted or revised. Following this, an action plan should be agreed, preferably at that meeting, to confirm what changes will be implemented, who will be responsible and when they will be implemented by. Your action plan should be included in either the body of the report, or if the report has already been completed, as an addendum to the full report. If appropriate a date for a re-audit should be included in order to complete the audit cycle.

### 8. REFERENCES

Full references for any literature discussed in your background section as well as for the source(s) of evidence that your standards are taken from must be provided. It is important to be consistent in your referencing. The Vancouver style, favoured by the BMJ and other journals, numbers references in the order in which they appear in the text. For each reference provide the names and initials of all authors followed by the title of the article, the title of the journal, the year of publication, the volume number and the first and last page numbers. References to books should give the names of any editors, place of publication, publisher and year.

## **9. APPENDICES**

A copy of your data collection form should be included in the appendix.

## **2. PRESENTATION**

Your presentation should get the message(s) of your clinical audit project across to key staff, generate discussion and then agreement about changes to practice (in light of the audit results).

You might want to formally present your project at a divisional clinical audit presentation meeting before a large audience. Alternatively your project might be presented more informally at a staff meeting or in 1-to-1 meetings with key staff, or by distributing copies of your audit report. You should discuss this with your divisional Clinical Audit Facilitator in order to choose the method(s) most appropriate for your project.

Presentations should be ‘punchy’ in style, compared to audit reports. Think about them as a four stage process:

1. Planning
2. Writing
3. Practicing
4. Delivering

### **PLANNING YOUR PRESENTATION**

- What are your objectives? Are you giving an ‘influencing’ presentation (perhaps you are using the results of an audit project to try to lever additional resources) or a factual presentation (simply imparting information)? Are you using the presentation as an opportunity to open up a dialogue?
- Who is your audience? How much knowledge will they have about your subject? You might have a mixed audience, in which case you will need to be sensitive to all their needs so as not to lose some or bore others. Knowing your audience is also important if you are thinking about using anecdotes or injecting humour into your presentation. If you are in any doubt about the appropriateness of using anecdotes or jokes, do not use them.
- How much time do you have? Remember to keep it short and simple (KISS). What are the points you must get across, as opposed to the things you could say? Presentations should only take a maximum of 10 – 15 minutes; padding and waffle will just detract from your message. If necessary you could save time by distributing some background information prior to the meeting or as a handout. If you do this, explain in your presentation that you are assuming the audience has / will read the paper.
- What visual aids are you going to use? It is usual nowadays to project slides directly from a laptop PC via an LCD projector, however other visual aids like posters or flip-charts may be more appropriate to the meeting you attend. Make sure any equipment you need will be available. Please contact the Clinical Audit Central Office if you want to book our lap-top and projector (contact details are listed at the end of this guide).

### **WRITING YOUR PRESENTATION**

- Use Microsoft PowerPoint where possible. Your divisional Clinical Audit Facilitator can help you with this if needed.
- Do not put too much information onto a slide. Sitting through a presentation with lots of detailed information written in a small font size can be frustrating. Use your slides to convey your key messages, using bullet points to punctuate your talk. Do not read straight from the slides, talk around the text on the slide; this reinforces the impression that you know what you are talking about and helps maintain your audience’s interest. The bullet points should be sufficient to prompt you if you lose your thread halfway through the talk. Try using a 1-6-6 template for each slide: have no more than one main idea on each slide, expressed in no more than six lines of text, with no more than six words per line; this is only a guideline, use your judgement as to whether a completed slide can be easily read and understood or not.

- Use graphs and tables where appropriate. Some of your audience will like to see data shown in tables, whilst others will prefer the visual impact of graphs. Try to use a balance of these methods, according to what feels most appropriate for your data.
- Only use abbreviations and acronyms if your audience will understand them or if you have written them out in full in the first instance (best practice). Think about fonts and colours. Choice of font can affect the tone/ impression of your presentation. Using colour can add interest and help to emphasise key points, but do not overdo it. Be aware that some colours do not go well together, e.g. yellow tends not to show against a white background. A white background is often best when printing out handouts from a PowerPoint presentation. LCD projectors allow use of animation to add interest to your presentation, e.g. bullet points and images can be made to fly onto the screen and then fade away afterwards. Use these facilities sparingly; any visual aids should enhance your presentation, while too many clever tricks may distract the audience from your message.

## PRACTICING YOUR PRESENTATION

- Pretend it is for real. Give your presentation to a friend or colleague, or even to the bathroom mirror. The more realistic you can make it, the better. Have your presentation materials to hand and try not to stop if you make a mistake - if you make a mistake on the day, you have to keep going. If the equipment you are going to use on the day is not available for you to practice with, at least make sure that you are shown how to use it on the day. It may also be an idea to visit the room you will be presenting in if you have never been there before.
- Time yourself. Time usually goes more quickly than you imagine when delivering a presentation. Make sure you can keep to your allotted time slot.
- Some people find it helpful to have 'prompt cards' to talk from, i.e. small cards with key points written down as reminders of how you are going to structure your talk. A hard copy of the presentation materials may serve the same purpose, although this is likely to be bulkier. If you are using a projector and laptop, you can have the laptop screen in front of you to use as a prompt.
- Try to anticipate questions. If you were listening to your talk, what are the obvious questions you would ask? If you are aware of any flaws in your project, head this off in your presentation by including explanations and/or counter-arguments.
- Different techniques for different equipment. If you are using a laptop with LCD projector, you can set up the presentation so that bullet points or images appear one at a time, so as to focus the audience's attention.

## DELIVERING YOUR PRESENTATION ON THE DAY

- Dress appropriately, remembering who your audience is.
- At the start of your presentation, explain why you are there and give a brief summary of what you will be talking about. If you are confident, you could use a rhetorical device to capture your audience's attention, e.g. an anecdote that illustrates your theme, a rhetorical question ('How often have you thought....?', etc), or a shock statement ('This audit shows that we're in the bottom 5% in the country for....')
- Aim to:
  1. Tell your audience what you are going to tell them (*simple bullet points at start of presentation*).
  2. Tell them (*the main content of your presentation*).
  3. Tell them what you have told them (*summarise key points at the end*).
- Remember to smile. It will help you to relax and show that you are enthusiastic about your subject. And be confident, even if you are presenting to a room full of the 'great and good', you know more about your project than your audience. You are the expert; you are the one who has something to say.
- If you have handouts, decide whether you will distribute these at the start or the end of your presentation and tell your audience.
- Tell your audience whether you want to take questions as you go or at the end of the presentation. When you are asked a question, take your time answering (silence is never as long as it feels) and if you do not know something, be honest and do not bluff. If it becomes obvious that you are bluffing it will undermine

the credibility of your presentation. You can always say 'I do not have that information to hand but will find out and get back to you'. Do not allow yourself to become flustered. Speak clearly and loudly enough to reach everyone in the room. Consider whether or not there is a sound system or microphone that you can use. Varying the pace of your speech can be effective, monotone presentations can send an audience to sleep.

- Address everyone in the room. If looking at people puts you off, try looking just above their heads. If you need to look at the screen, stand near it and speak sideways. If you turn your back people will not be able to hear you.
- Try not to fiddle, scratch or jangle coins. It is easily done, but can be very distracting for the audience.
- Be careful if you have a tendency to repeat certain words and phrases, e.g. finishing every sentence with 'right?', saying 'er', 'kind of' and so on. These can be really distracting. Try not to shift your balance from one foot to the other. Moving around the stage can make things more dynamic or it can be a distraction. You want the audience to concentrate on what you are saying, not on you. Finish positively, give a quick summary of your key points and positively invite questions.

## AFTERWARDS

- At the end of your presentation consider whether or not you have achieved your objectives. If you need the audience to reach a decision about something before the end of the meeting, make sure the chairman of the meeting is fully briefed. For instance, if your results show that you are not meeting the standards, e.g. a performance of significantly less than 100%, you need agreement as to what changes in practice will be made and when a re-audit will be done to confirm improvement. Plans made at the end of your presentation will help with the formulation of your action plan, which should be included in your audit report. Alternatively your audit results may suggest new exceptions to the audit standards. You might want to get agreement to update the standard to include these exceptions.
- Be brave and ask your colleagues for constructive feedback, so you know what worked well and what to improve on for next time.

## 3. TIPS FOR REPORTS

The finalised report acts as the official record of what you have done and contains more detail than your presentation. It should include all the information needed to plan a re-audit. Clinical audit reports should be written up in sufficient detail for a reader to be able to ascertain how the audit was conducted.

- Think about who is going to read your report and gear the content and style accordingly. With this, also think about what you are trying to achieve, e.g. if you need to persuade people of the need for action, make sure your report reads persuasively and puts a good case.
- Make it look professional and interesting. Use colours and fonts sensibly and consistently. Arial is an easily readable font.
- Your report should be written in plain English and have a logical flow to it. Make the structure explicit with section headings and paragraphs. Use page numbers.
- Every word in your report should count for something. Do not embellish your report unnecessarily, e.g. 'With this in mind...' or 'All things considered...' An audit report should be largely descriptive, i.e. a statement of fact. However, when analysing the responses to open questions it might be appropriate to include the opinions and anecdotes of the respondents.
- When using abbreviations and acronyms it is good practice to write these out in full in the first instance.
- It is often a good idea to ask someone else to proof-read your report before you distribute it. They can check for errors and ensure that the report is easy to understand and that it flows well.



## SUMMARY

- All clinical audit projects should be both presented verbally and written up as a report.
- Both the report and presentation should include:
  1. Title Page/ Slide
  2. Background
  3. Aim, Objectives and Standards
  4. Methodology
  5. Results
  6. Conclusions
- The report should also contain:
  1. Action Plan
  2. References
  3. Appendices
- The presentation should be used to get the message(s) of your clinical audit project across to key staff and should generate discussion and agreement about changes to practice in light of the audit results.
- It should be more 'punchy' than the report.
- It is important to prepare for your presentation. Think about:
  1. Planning
  2. Writing
  3. Practicing
  4. Delivering
- The finalised report acts as the official record of the project.
- The report should include all the information needed to plan a re-audit.



## CONTACT DETAILS/ USEFUL INFORMATION

### CLINICAL AUDIT

- The UH Bristol **Clinical Audit website** is available via <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/>
- Contact details for UH Bristol **Clinical Audit Facilitators** are available via <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/contacts/>
- The full range of UH Bristol Clinic Audit '**How To' guides**' are available via <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/>
- Copies of UH Bristol **Clinical Audit Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available via <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/carrying-out-projects-at-uh-bristol/>
- The UH Bristol **Clinical Audit & Effectiveness Central Office** can be contacted on 0117 342 3614 or e-mail: [stuart.metcalfe@uhbristol.nhs.uk](mailto:stuart.metcalfe@uhbristol.nhs.uk)
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit & Effectiveness Central Office as above.

### CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness (NICE, NCEPOD, PROMS, guidelines)** matters contact Stuart Metcalfe, Clinical Audit & Effectiveness Manager, 0117 342 3614 or e-mail: [stuart.metcalfe@uhbristol.nhs.uk](mailto:stuart.metcalfe@uhbristol.nhs.uk)

### PATIENT EXPERIENCE

- For advice on carrying out **surveys, interviews and questionnaires** please contact Paul Lewis, Patient Experience Lead (Surveys & Evaluations), 0117 342 3638 or e-mail: [paul.lewis@UHBrIStOl.nhs.uk](mailto:paul.lewis@UHBrIStOl.nhs.uk)
- For advice on conducting **qualitative and Patient Public Involvement Activities (focus groups, community engagement, co-design, workshops)** please contact Tony Watkin, Patient Experience Lead (Engagement & Involvement), 0117 342 3729 or e-mail: [tony.watkin@UHBrIStOl.nhs.uk](mailto:tony.watkin@UHBrIStOl.nhs.uk)
- All surveys that are being carried out for service evaluation or audit purposes should be discussed with Paul Lewis in the first instance. Patient experience surveys will also usually need to be approved by the Trust's **Questionnaire, Interview and Survey (QIS) Group**. Proposals should be submitted to Paul Lewis using the QIS proposal form. The proposal form and covering letter template is available via <http://www.uhbristol.nhs.uk/for-clinicians/patient-surveys,-interviews-and-focus-groups/>

### RESEARCH

- For advice on research projects contact the **Research & Innovation Department** on 0117 342 0233 or e-mail: [research@UHBrIStOl.nhs.uk](mailto:research@UHBrIStOl.nhs.uk)
- Further information can be found via <http://www.uhbristol.nhs.uk/research-innovation/contact-us/>

### LITERATURE REVIEWS/EVIDENCE

- For advice on literature reviews, NHS Evidence, article/book requests and critical appraisal contact the **Library and Information Service** on 0117 342 0105 or e-mail: [Library@UHBrIStOl.nhs.uk](mailto:Library@UHBrIStOl.nhs.uk)

### SAMPLE SIZES

- The **Sample Size Calculator** is available via: <http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/>

### QUALITY IMPROVEMENT

- Further information about clinical audit and wider quality improvement is available via the Healthcare Quality Improvement Partnership (HQIP) - <http://www.hqip.org.uk/>