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OBJECTIVE

Obstetrics and gynaecology is a useful specialty rotation for foundation doctors and General Practice trainees, although many begin the placement with only medical school experience of the specialty. A recurring theme in feedback from rotating doctors in our trust was the need for further written guidance, specifically on postnatal management. We wanted to assess rotating doctors’ confidence in managing common presentations on the postnatal ward and based on this formulate written guidance, to help future rotating doctors improve their knowledge and assurance; ultimately improving the care of women postnatally.

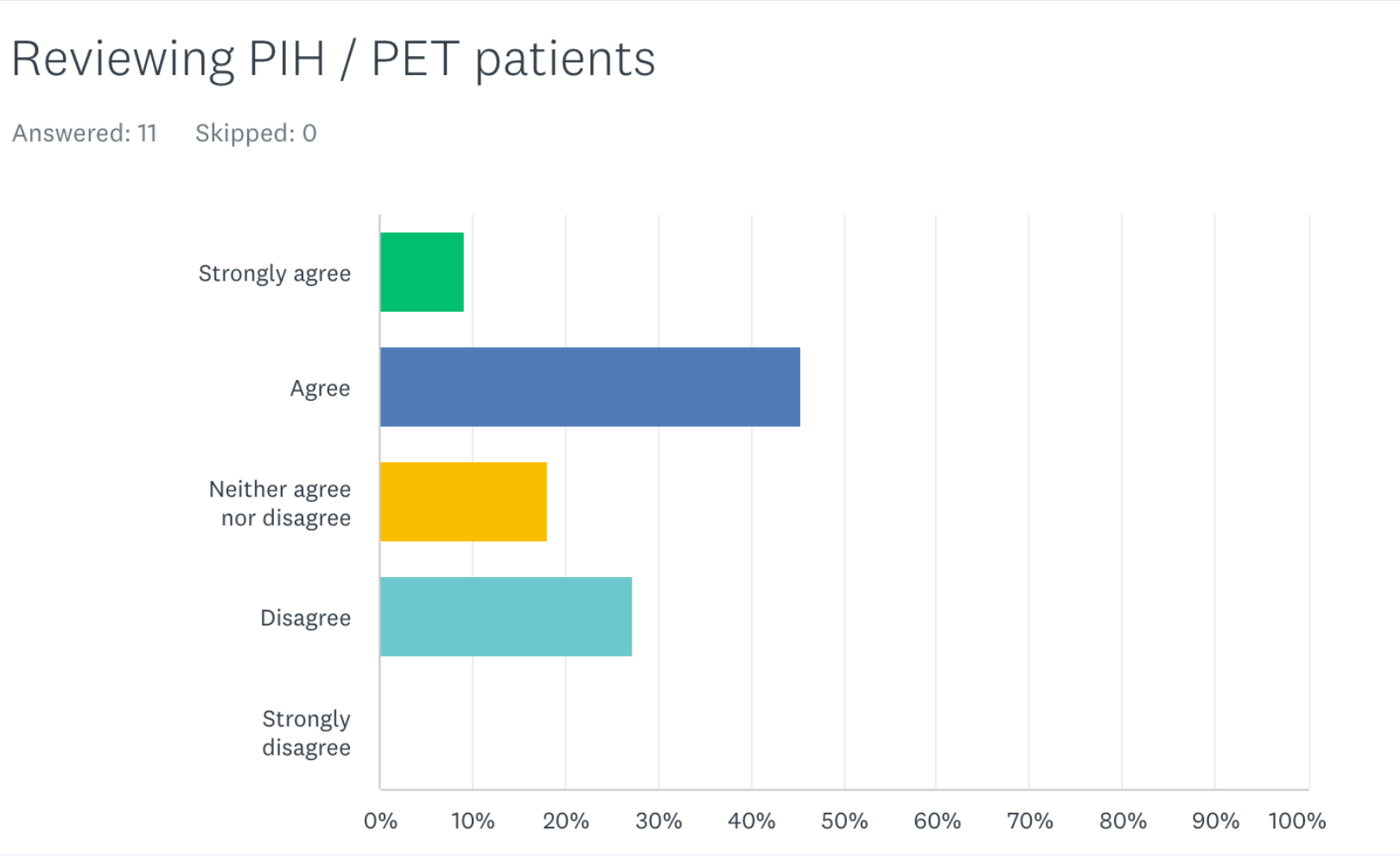
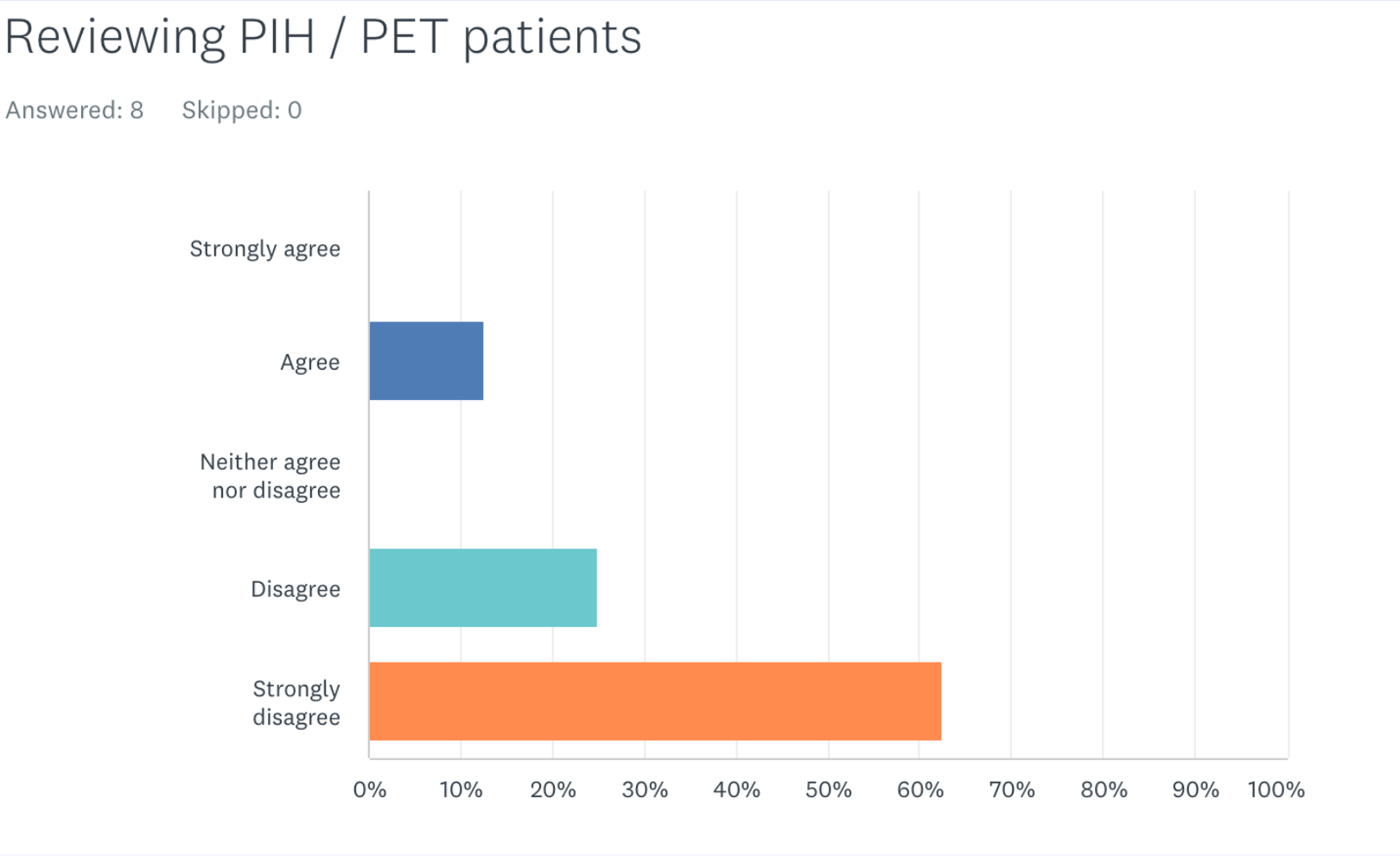
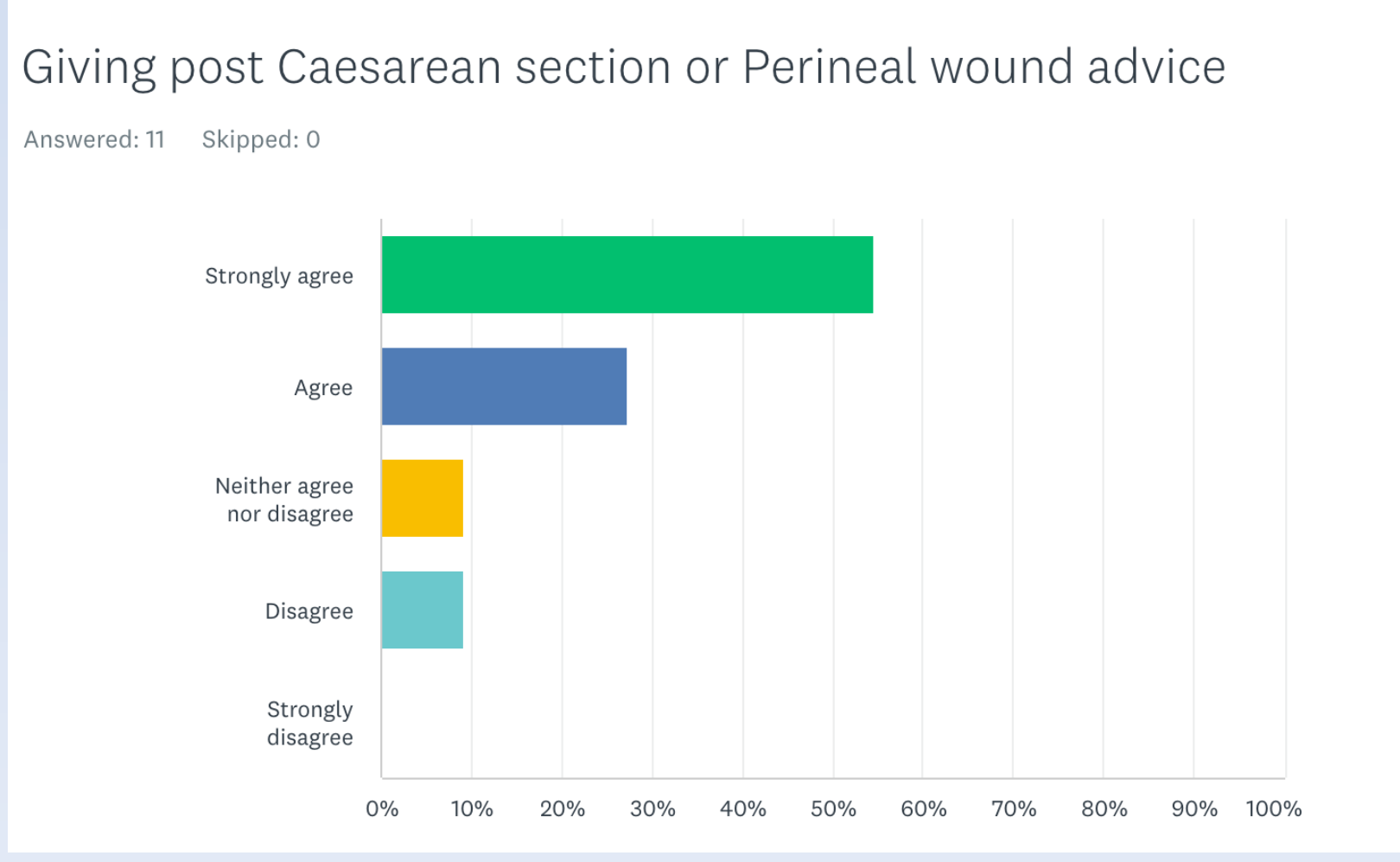
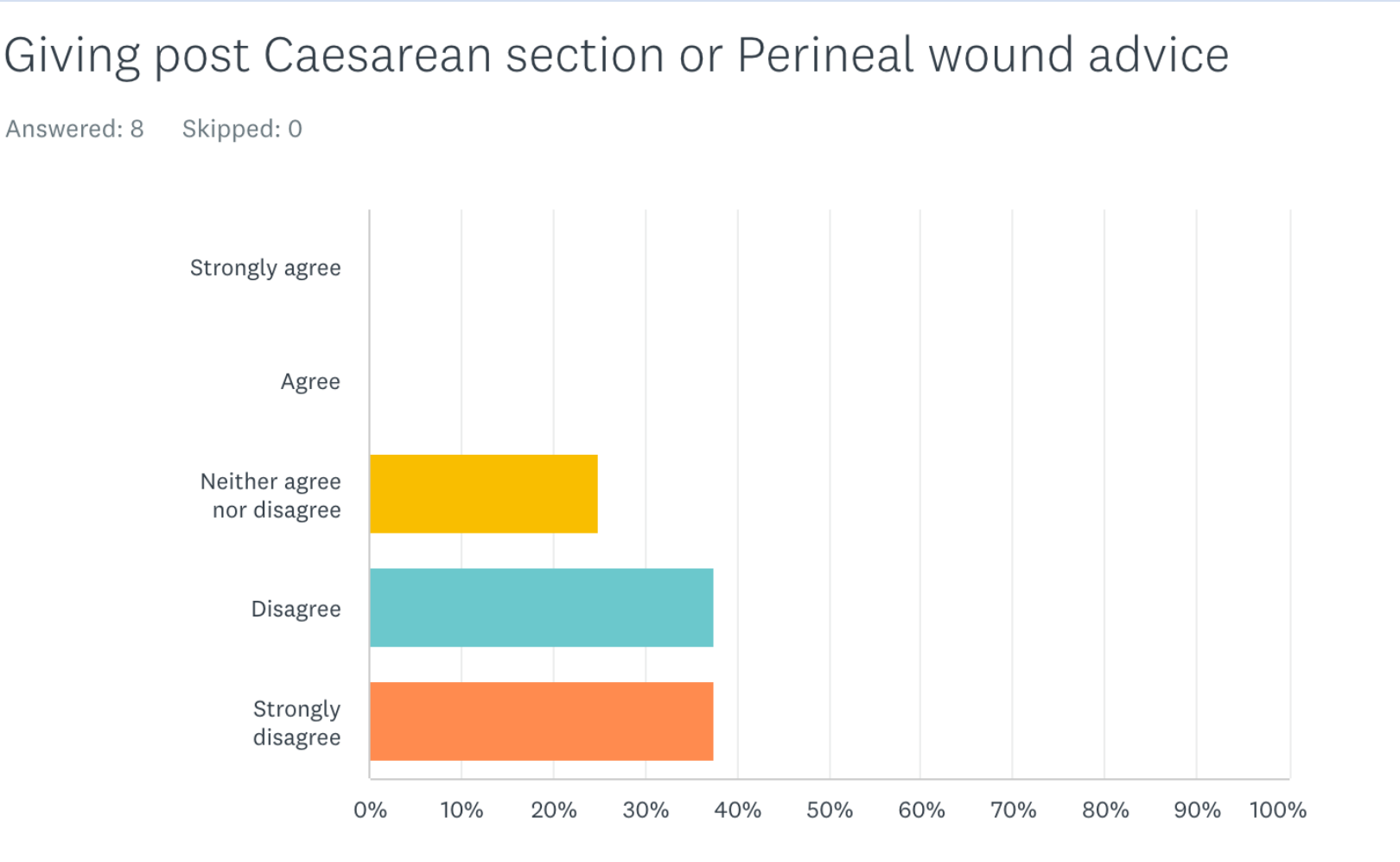
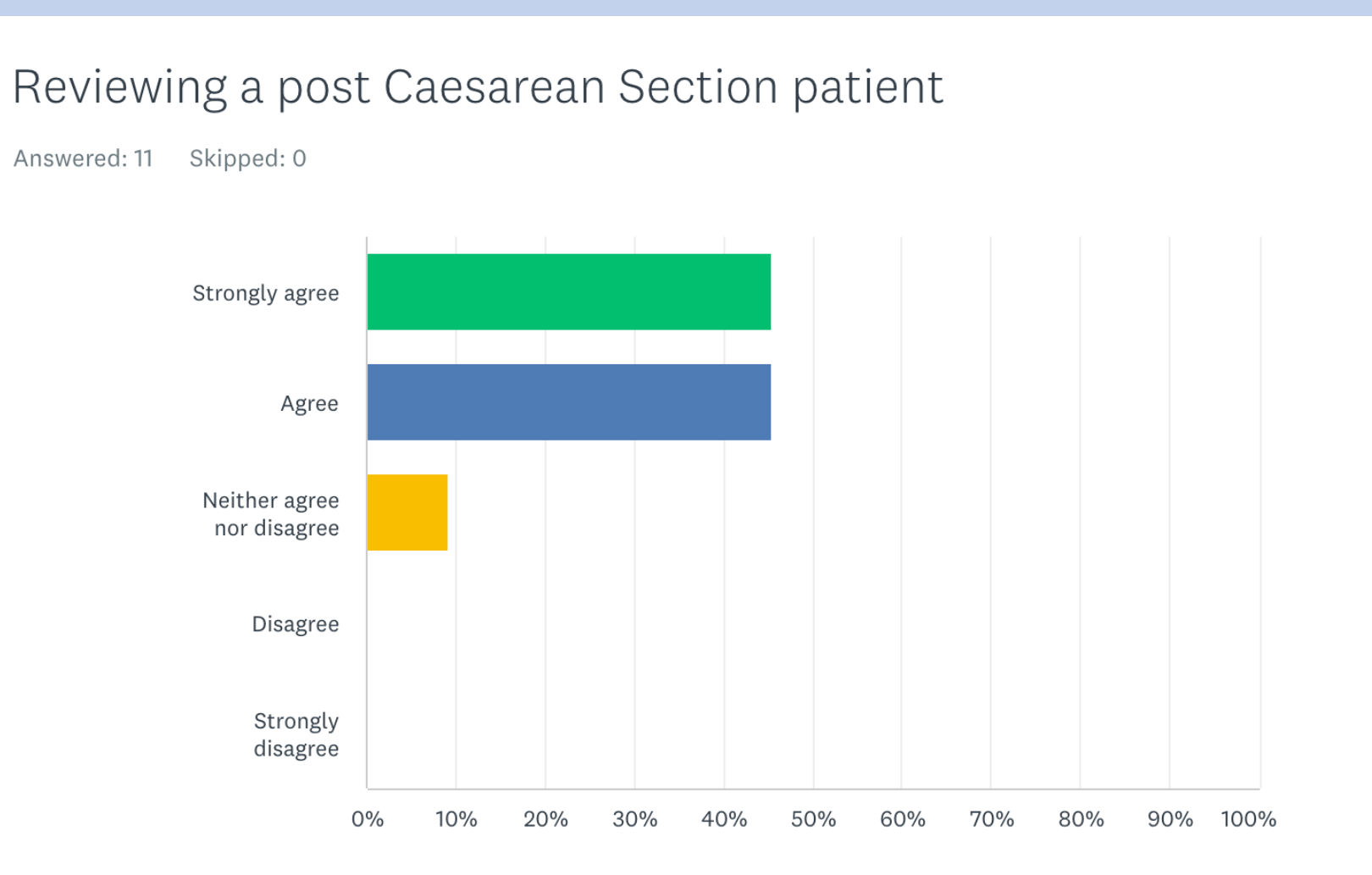
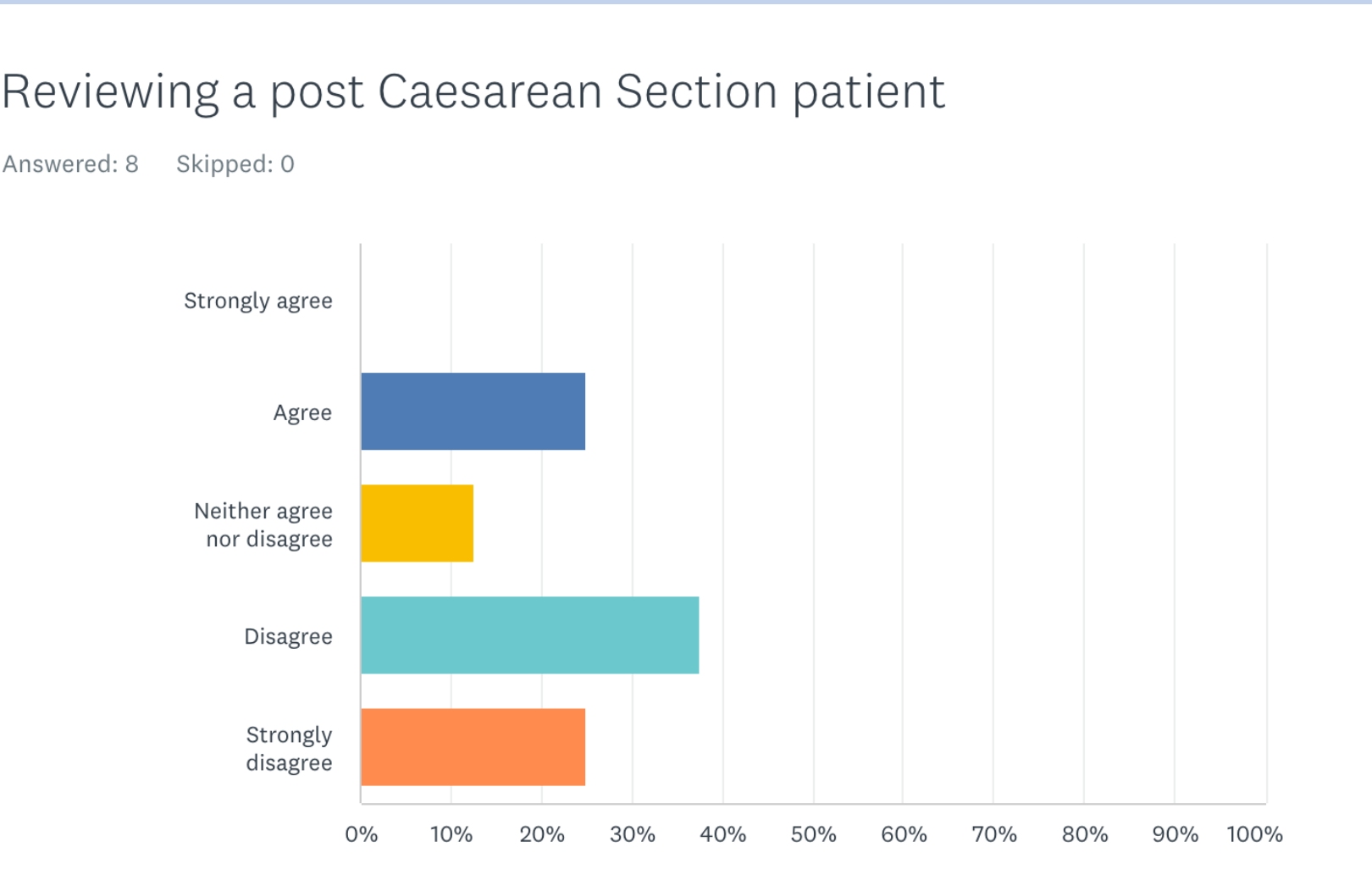
DESIGN

Quality Improvement Project using Plan-Do-Study-Act methodology. We designed an 8-question survey with a 5-point Likert scale to assess rotating doctor confidence. Questions were phrased as statements, for example: ‘I am confident managing anaemia’ and possible answers ranged from ‘strongly agree’ to ‘strongly disagree’. Guidance was produced using RCOG Greentop guidelines, NICE guidelines and trust guidelines.

METHOD

Our questionnaire was sent to GP trainees and foundation doctors at West Middlesex University Hospital during their Obstetrics and Gynaecology rotation in May 2022. We subsequently produced a ‘Guide to Postnatal Ward’, which was made it available to all doctors via the intranet, and sent by email to the next set of rotating doctors, prior to their start date. In September 2022 an identical survey was sent to this post-guidance cohort, to assess whether the availability of written guidance improved rotating doctors’ confidence.

Acknowledgements:
Thank you to all the rotating doctors who took part in the survey



Results:

Left, Cycle 1 prior to implementation of the postnatal guide.

Right, Cycle 2 post-implementation of the guide

Survey questions phrased as statements, for example: ‘I feel confident... Reviewing a post Caesarean Section patient’

TOPICS IN THE GUIDE

- POSTNATAL WARD ROUND
- EXAMINATION
- VENOUS THROMBO-EMBOLISM SCORE
- ANAEMIA
- CAESAREAN SECTION
- INSTRUMENTAL DELIVERY
- 3RD/4TH DEGREE TEARS
- GESTATIONAL DIABETES
- OBSTETRIC CHOLESTASIS
- PRE-ECLAMPSIA
- PREGNANCY-INDUCED HYPERTENSION
- SUSPECTED INFECTION IN LABOUR
- RHESUS NEGATIVE MOTHERS
- POSTNATAL CONTRACEPTION
- SAFETY NETTING ADVICE
- TO TAKE AWAY MEDICATIONS
- DISCHARGE SUMMARY
- HOW TO ESCALATE

RESULTS

8 rotating doctors completed the survey in the first cycle and 11 rotating doctors completed the survey after using the guide. There was significant improvement in all aspects assessed: after implementation of the guide, the percentage of rotating doctors answering ‘strongly agree’ or ‘agree’ to any question increased from 18% to 81%. The largest improvement was seen in ‘prescribing and composing satisfactory discharge summaries’; ‘strongly agree/agree’ improved from 0% to 100%. In addition, the proportion of doctors selecting ‘strongly disagree’ after the introduction of the guide was 0% in all categories (prior to guide implementation, 27% of selected answers were strongly disagree).

CONCLUSIONS

Confidence among rotating doctors in dealing with common postnatal issues dramatically improved after formation and implementation of an easily-accessible guide covering common presentations and management. This ultimately enhances care women receive on the postnatal ward. Written guidance is asynchronous and can be adapted and updated as necessary. This Quality Improvement Project is likely to be reproducible in other clinical areas and settings.