

**2023/2024**  
**EXIT EXAMINATION**  
**PREPARATORY WORKSHOP**  
**CLINICAL AUDIT SEGMENT**

**20 MAY 2022**

**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**

**Details will be announced in due course.**

# **CLINICAL AUDIT ASSESSMENT CRITERIA**

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

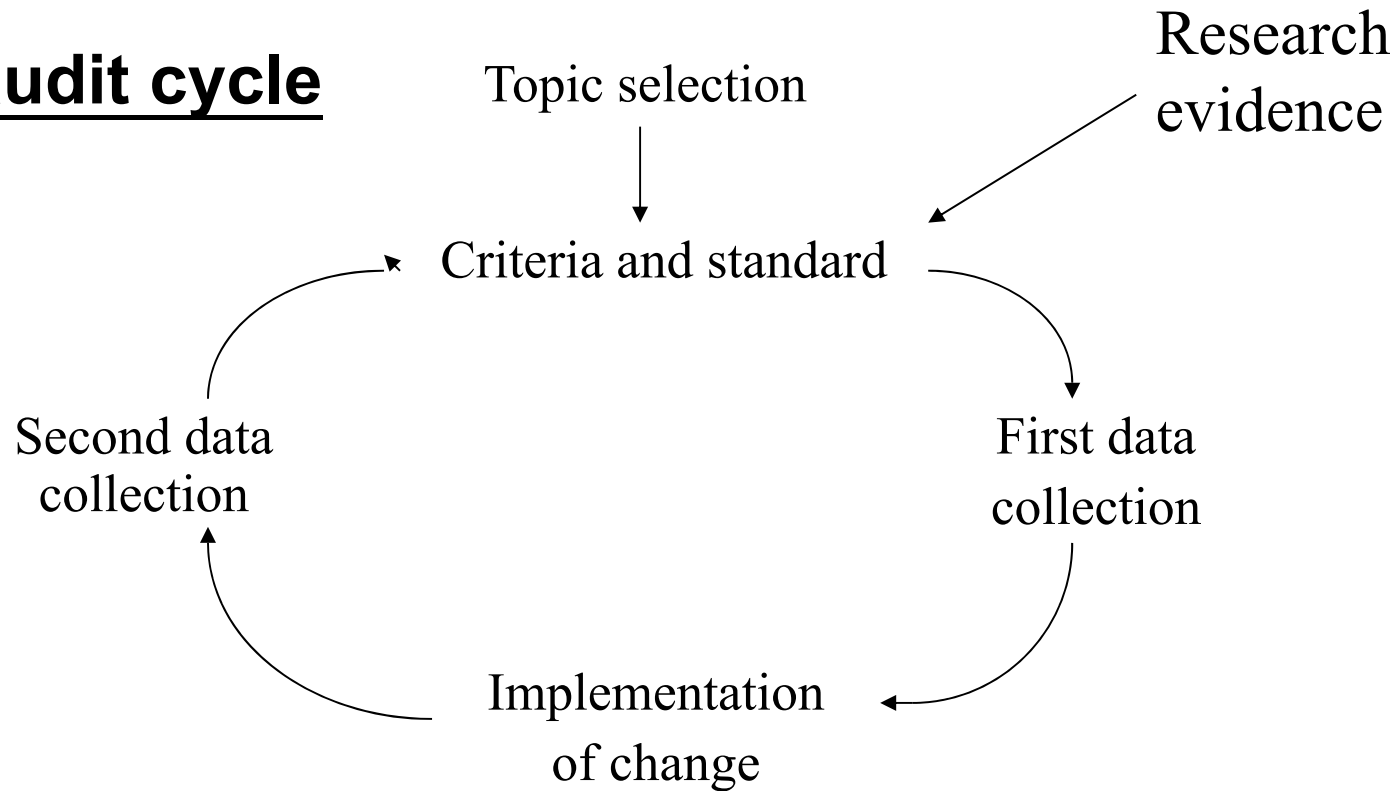
**Clinical audit is the process of critically and systematically assessing our own professional activities with a commitment to improving personal performance and, ultimately, the quality and/or cost-effectiveness of patient care.**

**( 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**
  
- **Suggested word limit : 6,000 – 8,000**

**Thank you!**

