Reviewing the clinic letters of ENT trainees to improve training and reduce unnecessary follow-ups

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BACKGROUND

- ENT TRAINEES COMMONLY PERFORM INDEPENDENT CLINICS WITH SUPERVISION, BUT TRAINING IN BUSY CLINICS CAN BE DIFFICULT. NHS TARGETS HAVE PUT PRESSURE ON HOSPITALS TO BECOME MORE EFFICIENT. REDUCING UNNECESSARY FOLLOW-UP ATTENDANCES IN OUTPATIENT CLINICS SAVES RESOURCES AND INCREASES THE NUMBER OF CASES WITH TRAINING POTENTIAL.

Aims

To review ENT Registrar clinic letters for the appropriateness of the follow up plan, as well as giving feedback on the overall assessment and management, with the aim of reducing unnecessary clinic follow-up and improving the quality of the consultation.
To calculate the follow-up rate and the potential follow-up rate.

Method

A single consultant reviewed the letters of up to 3 adult clinics for each of the department’s trainees. Written feedback was given on aspects of the assessment including history, examination, investigations and diagnosis. The management plan was scrutinised and whether a follow-up, referral, discharge or listing for a procedure was appropriate. The follow-up rates were calculated and compared with the potential follow-up rate according to the Consultant reviewer.

Results

	Follow up rate (%)	Potential follow up rate (%)	Unnecessary follow up rate
Cycle 1	58	32	26
Cycle 2	50	33	17
Cycle 3	59	37	22
Cycle 4	52	38	14
Cycle 5	54	32	22
Cycle 6	58	35	23
Cycle 7	31	25	6

Initially, the unnecessary follow-up rate of trainees was around 26%. After 7 cycles in a 20 month period, and after giving repeated consultant led feedback trainees were able to reduce their rate of unnecessary patient follow-up to just 6%.

Between the 1st and 2nd cycle there was a slight decrease in the follow-up rate from 58% to 50%. Open appointments, where patients are invited to arrange a follow-up appointment only if they have further problems, were then abolished in the Trust and the follow-up rate increased in the 3rd cycle to 59%. With further training this reduced to 52%. A new batch of Registrars had a rate of 54% with no improvement in the next cycle of 58% but by the 7th cycle there was an improvement to 31%.

Subjectively, the quality of trainee assessments improved with greater attention to detail and more complete examinations. There was greater clarity in the clinic letters and more considered decision making.

Discussion

Specialist registrars tend to have a higher follow-up rate than consultants as they are less experienced, have a tendency to generally follow-up patients and are anxious about having missed serious pathology in patients they are considering discharge.

Consultants may also be more likely to use other techniques to minimise follow-up rates such as writing to patients with results rather than routinely following them up. For example, in MR imaging for acoustic neuroma in which most scans are normal. Trainees were asked to consider the specific reason for bringing the patient back to clinic and in appropriate cases, instead, to discharge back to the GP with a management plan and an option for re-referral if symptoms deteriorated.

Conclusion

With regular reviewing of clinic letters the quality of trainees’ assessments, management plans and follow-up can be improved. Written feedback, written guidelines, case based discussions and verbal feedback can all improve training and reduce unnecessary follow-ups providing a greater number of clinic cases with training potential.