

What should a new psychiatric patient clerking include? (A closed-loop audit)

BASTOLA, D., ODUNYEMI, M., HAINES, S.
KENT AND MEDWAY NHS TRUST



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INTRODUCTION & AIM

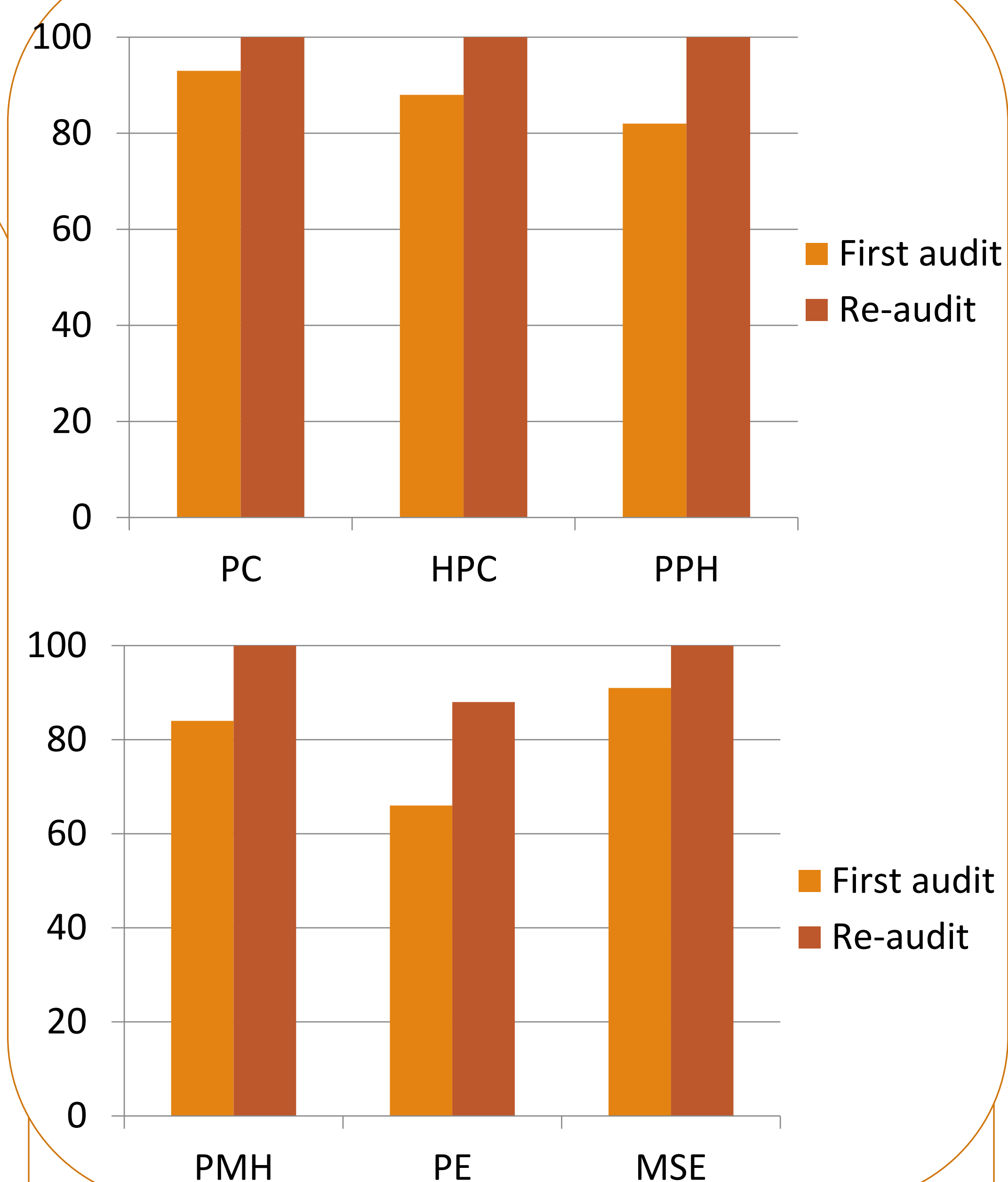
- Clerking a new patient is part of the job role as a junior doctor in psychiatry.
- Although the mental state examination is taught in medical schools, a thorough psychiatry clerking is not part of the curriculum.
- Aim of this audit was to:
 - Recognise the important information needed to be included in a new psychiatric patient clerking
 - Develop a pro forma to help and guide junior doctors to include the relevant information in order to create a standard.
 - Assess if the pro forma has improved inclusion of important information in clerkings.

METHODS

- A list of various subheadings were created (please see results box for list) and data was then collected by comparing each inpatient clerking to these headings to record if they had been included.
- The study was carried out in two parts:
 - **First audit** – To identify the missing information from clerkings by junior doctors.
 - **Re-audit** – Pro forma distributed to junior doctors and data on the same parameters collected again for comparison.
- The study was carried out across one acute psychiatric unit at Kent and Medway NHS Trust.
- Data was collected:
 - The first audit: January – May 2020 including 45 patients.
 - The re-audit: May – September 2020 including 17 patients.
- Data was compared between both studies to observe any improvements since implementation of the pro forma.

RESULTS

	1 ST audit	Re-audit
No. of patients	45	17
Presenting complaint (PC)	93% (42)	100% (17)
History of presenting complaint (HPC)	88% (40)	100% (17)
Past psychiatric history (PPH)	82% (37)	100% (17)
Past medical history (PMH)	84% (38)	100% (17)
Psychiatric medication	82% (37)	94% (16)
Other medication	77% (35)	94% (16)
Allergies	40% (18)	88% (15)
Family history	26% (12)	24% (4)
Forensic history	15% (7)	29% (5)
Physical examination (PE)	66% (30)	88% (15)
Social History	68% (31)	65% (11)
Mental State Examination (MSE)	91% (41)	100% (17)
Risk	77% (35)	76% (13)
Plan within 24hrs for admission (bloods, ECG, VTE assessment and drug chart written)	80% (36)	94% (16)
Core assessment done on RiO*	94% (42)	47% (8)



DISCUSSION & CONCLUSION

- There is evidence to show that other specialities have benefited from using a clerking pro forma.^[1]
- Since distributing the pro formas to the junior doctors, there has been a clear increase in inclusion of the majority of the subheadings. Notably, presenting complaint, history of presenting complaint, past psychiatric history, past medical history and mental state examination all showed maximum improvement to 100%.
- However, the re-audit has showed a consistency in the lack of questioning regarding family history and forensic history. There are multiple reasons why this could be:
 - The junior doctor may have felt it wasn't relevant to the presenting complaint.
 - The answer may be "none" and isn't written down on the clerking.
 - They may have forgotten to bring the pro forma into the consultation.
- **Limitations:**
 - The most obvious limitation to the data in the re-audit is the small sample size of 17, compared to 45 in the first audit.
 - Due to covid-19, there have been fewer admissions due to many patients currently on the ward having a delayed transfer of care back into the community.
- **Conclusion:** Having a clerking pro forma certainly helps junior doctors to include various important information as shown in our study. It could also help ease anxiety related to starting a new job and doing on-calls in an acute psychiatry unit. There is more work to be done in regards to some sub-headings that are being missed out. A bigger sample size is required in order to analyse the data further.

[1] Kentley J, Fox A, Taylor S, et al. The use of a pro forma to improve quality in clerking vascular surgery patients. BMJ Open Quality 2016;5:u210642.w4280. doi: 10.1136/bmjquality.u210642.w4280

*RiO is the online system used at Kent and Medway NHS Trust for patient notes.