5GG15 (19383)
Pediatric resident medical records: Points to improve

Piyawut Kreetapirom*, Prince of Songkla University, Department of Pediatrics, Faculty of Medicine, Hat Yai, Thailand
Somchit Jaruratanasirikul, Prince of Songkla University, Department of Pediatrics, Faculty of Medicine, Hat Yai, Thailand
Wassana Khotchasing, Prince of Songkla University, Department of Pediatrics, Faculty of Medicine, Hat Yai, Thailand
Nannapat Prupetchkaew, Prince of Songkla University, Epidemiology Unit, Faculty of Medicine, Hat Yai, Thailand

Background: The quality of medical records depends on the knowledge and skills of the doctor. As medical records are very important tools, it is one of the items in the resident’s competency evaluation. This study aimed to determine which, if any, parts of the residents’ medical record writing skills required improvement, and associated factors.

Summary of Work: Inpatient medical records written by 2nd and 3rd year pediatric residents in our department at Songklanagarind Hospital in 2013 were reviewed.

Summary of Results: 506 inpatient medical records were reviewed. The components identified as having the highest rates of unacceptable completion were “initial investigations” (5.3%), “summary of investigations” (4.5%) and “progression of clinical conditions” (4.3%). The reasons for unacceptable evaluation were “incomplete documentations” (65.0%) “lack of follow up” (26.7%) and “incorrect clinical reasoning” (8.3%). The 3rd year residents’ records had better scores than the 2nd year residents. No significant difference in scores was noted between the ICU and non-ICU wards, nor among genders, GPA and in-training examination scores.

Discussion and Conclusions: Although most pediatric residents of Songklanagarind Hospital were found to write acceptable medical records, in those whose records were not acceptable, details of investigations and clinical progressions were the most common components identified as unacceptable, because of incompleteness, lack of follow up and incorrect clinical reasoning.

Take-home messages: Residents should be careful while completing their records, and staff should pay special attention to their supervisory role in seeing that the documentations of the residents, especially in the areas of investigations and clinical progression.

5GG16 (19622)
Three-hour meetings – junior doctors creating educational and organisational changes in a paediatric department in Denmark

Mads Skipper*, Aalborg University Hospital, Department for Postgraduate Medical Education, Aalborg, Denmark
Susanne B. Nøhr, Aalborg University Hospital, Department for Postgraduate Medical Education, Aalborg, Denmark

Background: At Aalborg University Hospital Denmark, the 3-hour meeting is an established process to engage junior doctors in generating educational initiatives supported by management. Records of the junior doctors’ reflections, action plans and blue print for action on important educational issues have been collected in a annual electronic report since 2006.

Summary of Work: We made a thematic analysis of written reports (n=7) from our paediatric department covering the years 2006-2012. In all, 67 (7-13 pr. session) junior doctors participated. Data consisted of the junior doctors’ experiences and views on the educational opportunities in the department, initiatives for change from the junior doctors themselves, and follow up on initiatives suggested the year before.

Summary of Results: The issues found could be categorised into three main themes: “Organisation of postgraduate medical education (PGME)” (including responsibility, planning, organising and participating in PGME). “Learning climate” (including workload, feedback and supervision, availability of senior doctors, working in teams, and lack of time). “Formal learning activities” (including ‘Case of the day’, conferences, allocation of learning activities, training of practical skills).

The junior doctors suggested 46 initiatives in total. More than half of the initiatives were implemented in the department; especially changes in organisation of PGME (61%) and learning climate (52%) were successfully implemented.

Discussion and Conclusions: Junior doctors’ initiatives can create changes in the organisation and learning climate of PGME.

Take-home messages: The 3-h-meeting process helps junior doctors to engage in educational issues and to generate concrete initiatives and increases awareness of the organisation of educational opportunities and activities.