

## Success in getting your clinical audit article published, an abstract accepted for poster or presentation, or in winning prizes and awards

### Hints and tips to ensure your work gets noticed

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Many abstracts on clinical audit submitted for publication or prizes, or for posters or presentation at conferences and other purposes, are rejected because they do not describe some of the key elements that are essential in a good piece of audit work. This guide sets out how, by ensuring you include mention of the basic elements you will need to have undertaken, your submission stands the best chance of getting accepted.

A good audit can of course be presented badly, and the assessors can reject a submission only because work which did happen has not been evidenced. However, an audit which did not contain the essential elements when it was conducted is not likely to be accepted. Any potential submission needs to assess itself against the best practice yardsticks that exist before a decision is made to submit. Once satisfied all key elements were included and carried out, you then need to think about how best to describe them.

Start by looking at the available guidance on HQIP's website ([www.hqip.org.uk](http://www.hqip.org.uk)), in particular the 'Principles for Best Practice in Clinical Audit' handbook which is still the main guide to best practice in audit. There are also many other resources on the site that can help, including the criteria for funding of national audits which sets out what is being looked for. These also apply to a large degree to local audits.

Take a close look at the new 'Indicators in quality of clinical audit' document which will be published by HQIP and available on our website end September 2009. This sets out, on the basis of consultation on the views of the field, what the markers of the highest quality in audit are and is the benchmark for what any clinical audit should aspire to achieve.

There are two points to consider which are important:

Firstly, is the project being described an audit? This may seem a strange thing to ask but in practice many submissions are either research, in that they are testing out or comparing interventions that do not already have standards attached to them, or they are what might be called related processes, most typically a staff or patient survey. Such activity might well be a component in audit, but in themselves they do not constitute an audit and will not be successful in a process that is seeking to identify quality in audit.

There is clearly a belief in some quarters that these projects are clinical audits, even though no other elements are present. Whilst they are certainly part of the broad spread of activity involving the review of practice that is designed to improve quality and may have a role within clinical audit, they are not clinical audit in themselves.

This is not to say that a well conducted staff or patient survey is not a good piece of work - it has simply been entered into the wrong process if submitted in the context of clinical audit.

Secondly, and most importantly, does the project contain the key stages or phases of a complete audit cycle:

- the identification of credible and authoritative standards against which practice will be audited
- a period of measurement of practice against these standards
- the identification of priorities for improvement or change, if necessary, and the development of a programme to address these
- a re-audit phase to determine a) if changes have taken place and practice has improved, or b) that good practice has been maintained.

It is often the case that submissions only supply information relating to the second and part of the third points above – i.e. simply that a study has been done and that it identified some problems. Many submissions are without any evidence of an action plan to address the issues or a re-audit to monitor continuing progress. Some submissions even state at the start that the audit has not yet begun.

Submissions of this type will not be accepted and if audit quality is to improve, and with it the image and status of audit, there must be recognition that incomplete work of this type should not be considered good enough for submission for an award or related process. Submitting departments must review and ask serious questions about their work before submitting projects that are incomplete. If the topic is good and the methodology is fine, then submit it when the cycle is complete, perhaps next year.

#### **Other important elements:**

1. The Governance of the audit should be described. Ideally this should make clear that the audit had involved three and often four key groups:
  - Managers
  - Clinicians
  - Clinical audit staff
  - Patients or their representatives

Not all audits need to involve patients in governance, but often this is a sign of quality that will increase the likelihood of both the audit being a success and the submission being accepted.

2. The methodology needs to be summarised and must include reference to sample size amongst the other key process elements. The involvement of patients in the process of audit is desirable.
3. Ethical issues need to be identified, especially around consent, where patient identifiable data is involved etc.
4. The use of reliable standards and the source of standards used need to be identified. This has to be a credible source, such as NICE or a professional group such as a Royal College or society.
5. Where an action plan is described, it is helpful to state what types of activity are being done to implement the necessary changes, such as training, ward or other setting redesign, simplification of processes or procedures, new protocols, recruitment of staff and so on.

6. The timescale between first audit and analysis, and then to re-audit, is very long. Ideally this process should be long enough to allow for changes to happen but not too long, especially when the action plan is weakly defined or lacks authority.
7. Ownership of the action plan needs to be clearly identified – i.e. who took responsibility for implementing changes? Managerial involvement at this point is obviously helpful.
8. Evidence of strategic linkage to broader healthcare issues and priorities within the operational setting is desirable. By this we mean evidence that the topic being addressed is an important one that is amenable to change.
9. Selectors for national or other awards, or conferences, are likely to look for something that is interesting or different about the submission. This could be an audit in a difficult area to audit, an interface audit straddling different settings of care; an international dimension, or the involvement or leadership of professional groups not always common in audit, rather than doctors and nurses.
10. Simple, but true, clarity in expression and presentation is helpful. Avoid being too technical about the condition as the group may not be primarily interested in or understand the detail. A suitable, clear, large enough typeface and formatting that does not change on display in different settings all help.
11. Even if a good process is identified, the selectors will also be looking for clear evidence of change in practice, for the good. An audit that simply identifies problems, even if conducted over and over again to a high methodological standard, will not stand as good a chance as one that led to changes and then on re-audit, demonstrated that change happened or been maintained for the good.