

CLINICAL GOVERNANCE/BOOK REVIEW

Box 6: Steps of a significant event audit

1. Describe who was involved, what time of day, what task/activity, the context and any other relevant information.
2. Reflect on the effects of the event on the participants and the professionals involved.
3. Discuss the reasons for the event or situation arising with other colleagues, review case notes or other records.
4. Decide how you or others might have behaved differently. Describe your options for how the procedures at work might be changed to minimise or eliminate the event from recurring.
5. Plan changes that are needed, how they will be implemented, who will be responsible for what and when, what further training or resources are required. Then carry out the changes.
6. Re-audit later to see whether changes to procedures or new knowledge and skills are having the desired effects. Give feedback to all involved.

Challenges

There are undoubted difficulties in establishing how well we are doing – demonstrating our competence as individual clinicians for clinical governance.

- The lack of evidence-based guidelines is gradually being addressed, but the evidence for much of what we do simply does not exist. Standard practice is just what was thought to be a good idea at the time of introduction, for example, leaving 7 days between one packet of combined oral contraceptives and the next.
- Many of the outcomes of contraceptive care are dependent on process variables, such as teaching how to use contraception or counselling about behaviour changes, and are difficult to measure.
- How do you measure a 'non-event'? Measuring conception rates is a surrogate marker for contraceptive effectiveness and measuring 'avoidance of infection' is even more problematical. Measuring knowledge or skills levels may be more manageable – but does this translate into effective action?
- Many activities might be better examined as research projects – but applying for ethical committee approval for 'research' is now so complicated¹⁷ that they are often turned inappropriately into audit procedures, even when no standard exists against which to measure them.
- Audit standards are often inappropriate. For example, it sounds a good idea to set as a standard '90% of patients who receive emergency contraception (EC) and are more than 7 days late for their period should have a pregnancy test'. Where will they have the test? What if they do not return to the place where they obtained the EC, etc.?

- Record data from a sufficient number of patients to convince yourself, or your colleagues, that changes are necessary. Too few and you may conclude that you 'usually' do better.
- Ensure that you do not spend so much time recording and measuring that you do not have time to do the essential work properly.

The types of activity for which individual clinicians or staff are responsible are listed in the previous article in this series.¹⁸ The next article in this series looks at service provision and clinical governance requirements.

Statements on funding and competing interests

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Book Review

MenoPartners: The Guy's Guide to Surviving Menopause. Christopher W Pritchard. Baltimore, MD: PublishAmerica, 2003. ISBN: 1-4317-1760-8. Pages: 97. Price: \$14.95 (softback)

"What a brilliant concept!" was my first response when sent this little book about the menopause, the first to be written specifically for the edification of men. With my agony aunt hat on, I get many letters from women in their forties and fifties murmuring about their husbands' lack of understanding and support, and so I welcomed with open arms this attempt to reach the male population.

And on a first flick through the book there were many elements I applauded. The text had not fallen into the trap of using medical-speak for the lay market. The content included symptoms

to inform; first-hand accounts to enable readers to sympathise; practical suggestions on how to help; a list of websites and organisations; a glossary. I was particularly delighted at the statement that although the book can be bought through bookshop websites, it is also available for reading free at the author's website.

But on a more thorough reading, I started to have doubts. The author is based in the States. Hence, understandably, the style, cultural references and quoted organisations are very American indeed, making it unsuitable for the multinational market that will read it on the web. Plus, the admirable disclaimer at the start of the book – that the author is going to make the book "as quick and painless as possible" – is not followed through; the symptom lists are repeated several times with increasingly technical vocabulary.

Most disappointingly of all, the much-vaunted 'MenoPartners' website, a supportive community for men and their menopausal partners, and on which the book claims to be

available for free, was – at the time of writing this review – not to be found under the given URL (<http://www.menopartners.net>).

But maybe my negative response was just female pickiness. I decided to test the market first hand – so handed the book over to my spouse, who is currently coping (very well) with a menopausal wife. His response? Sadly, even more negative than mine. "Patronising ... too long ... too wordy ... these first-hand accounts seem forged to me ... wouldn't get beyond the first page."

In the end, then, I felt this book could have been shorter, more focused and less culturally specific. Crucially, it could have reliably followed through on the promised website. In short – and in the opinion of both female reviewer and male target market – it's a wonderful idea and a missed opportunity.

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