

# TRACHEOSTOMY TEACHING: QUALITY IMPROVEMENT PROJECT

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## INTRODUCTION

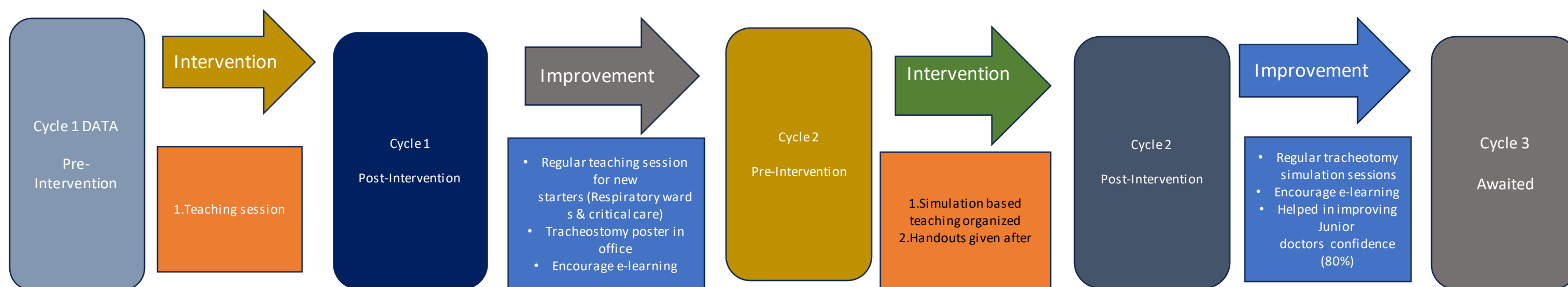
- Tracheostomy is a surgical procedure that creates an artificial opening made in the anterior wall of trachea to facilitate ventilation which may be temporary or permanent.
- Junior doctors care for tracheostomy patients as part of a team when working within critical areas or wards.
- Inappropriate training can hamper an individual's clinical ability & confidence when managing the airway in deteriorating patients.

## AIM

Improve confidence and clinical ability among junior doctors to manage tracheostomy related emergencies & clinical issues by organizing regular teaching sessions

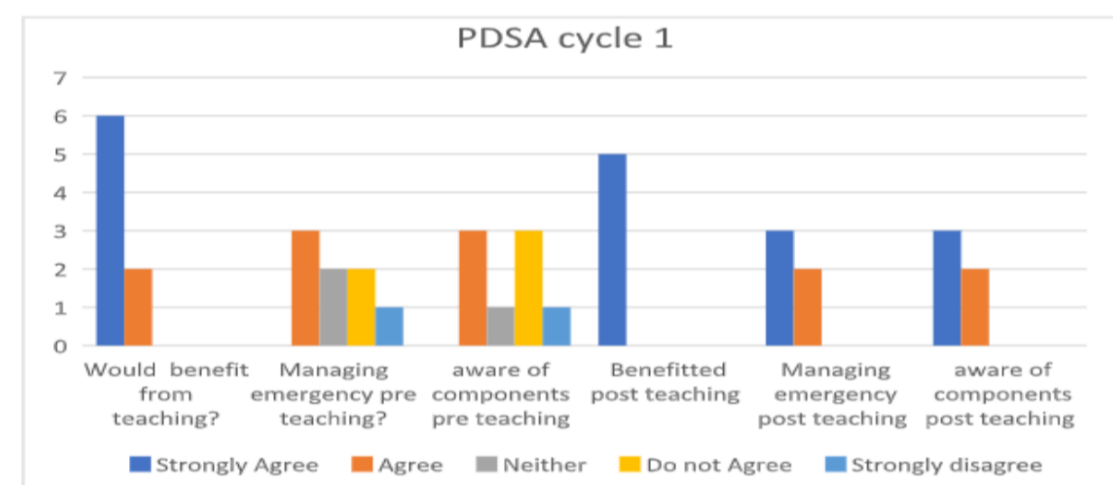
## METHODS

- Prospective assessment was undertaken
- Anonymous online based surveys to assess Junior Doctors/Healthcare professionals clinical ability & confidence
- Data collected through self-rating scale
- Practical session designed & delivered post assessment teaching conducted.

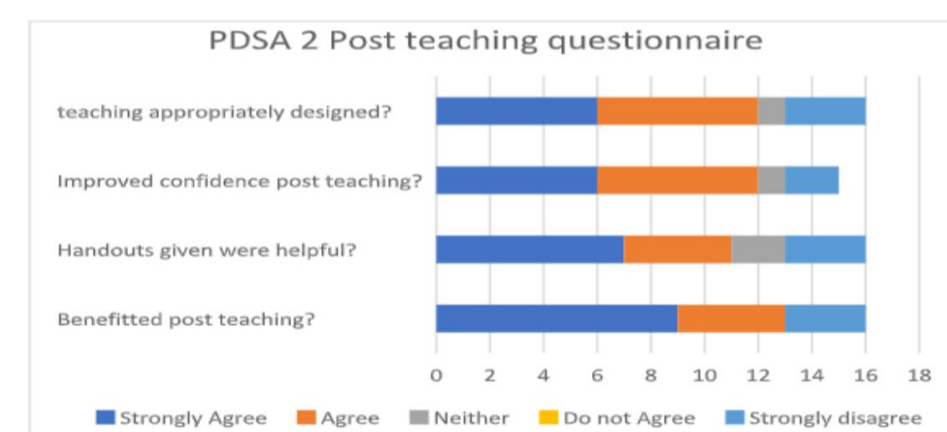


## RESULTS

- 1) PDSA cycle 1: Respiratory wards (only junior doctors)
  - 8 doctors completed a pre-teaching questionnaire
  - Face to face practical teaching sessions on emergency care was delivered
  - 100% felt they would benefit from teaching
  - 60% junior doctors helped improve confidence & 40% improved in knowledge
  - 100% Junior Doctors benefitted from the teaching
  - Recommendations were given a handout would be useful for further learning as some had to leave in between due to on-call commitments



- 2) PDSA cycle 2: Critical Care CTITU (all healthcare professionals)
  - After strong outcome in improvement in confidence among Junior Doctors, cycle 2 was conducted.
  - Bedside scenarios based tea trolley session (n=25) organized with online questionnaire-based survey
  - 80% strongly agreed that their confidence increased in managing acute tracheostomy related issues.
  - 80% healthcare professionals benefitted from teaching.



## CONCLUSION

The aim of this project was to increase junior doctors confidence & clinical ability in managing acutely deteriorating tracheostomy patients. Surveying the cohort in both cycles pre and post teaching with the implementation of the feedback received from cycle 1 has demonstrated in doctors self-rated confidence in what to do in a tracheostomy emergency.

## SUGGESTIONS

Healthcare professionals benefitted 100% from the teaching, however confidence didn't increase to 100% in any of the topics delivered. Hence moving forward, it is recommended that protected time should be allocated to attend tracheostomy teaching with doctors departmental induction programme to include tracheostomy teaching.

Cycle 3 is currently being planned to assess the clinical ability in tracheostomy management among healthcare professionals.