



Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

Starting from scratch: Using single resources to standardise patient care

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Introduction:

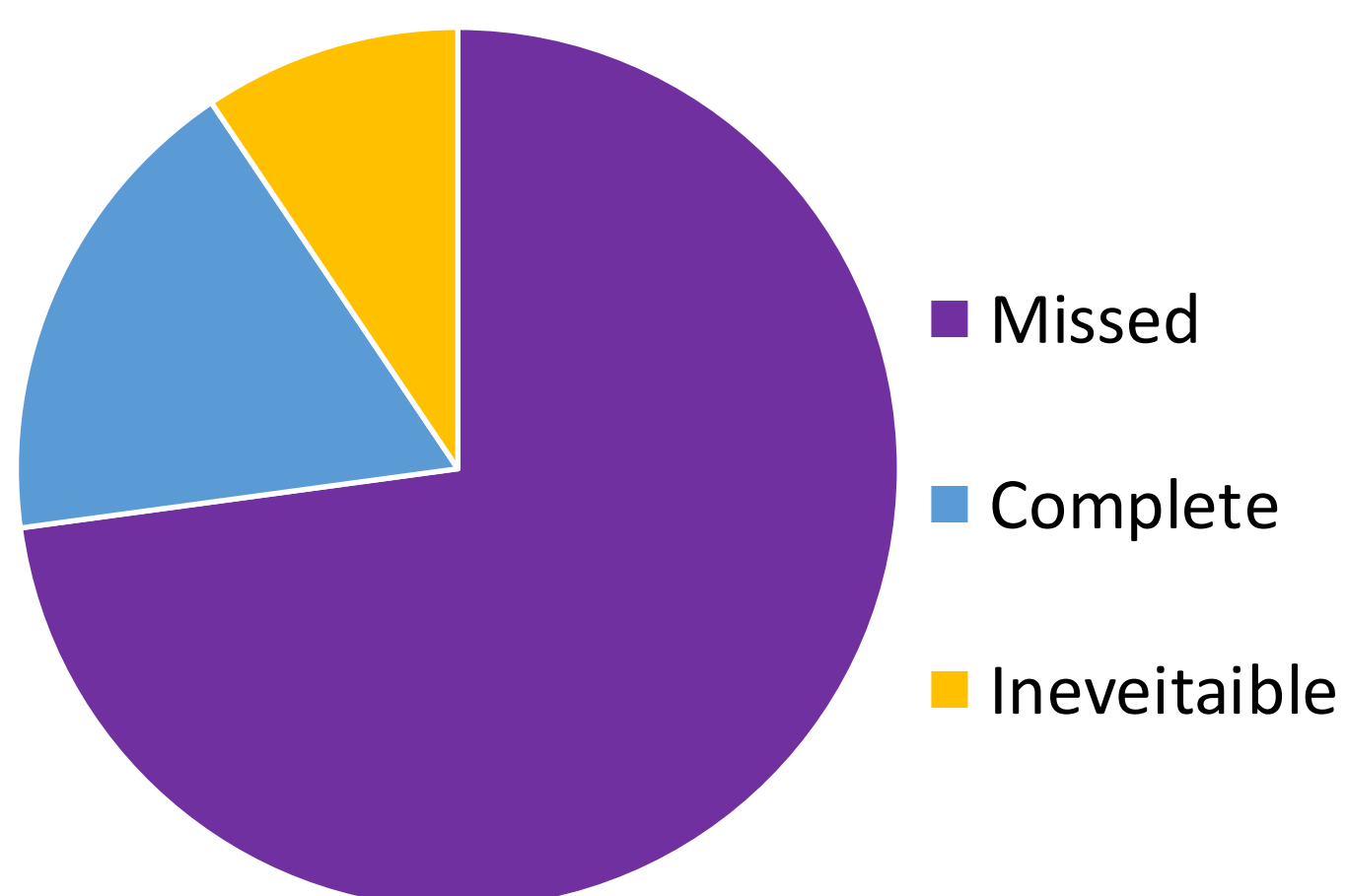
The emergency department at our standalone tertiary obstetrics and gynaecology hospital, is primarily staffed by junior residents. Last year, the hospital conducted a survey into doctor's wellbeing, which identified the emergency department as one of the most stressful areas for junior doctors, due to lack of knowledge and support.

In 2018 the KEMH Emergency Centre reviewed 702 patients presenting with a miscarriage. Most of these women presented with a missed miscarriage; therefore requiring extensive counselling in regards to their diagnosis and options.

Miscarriage is an extremely common presentation and often junior staff feel unprepared and ill-equipped to deal with the nuances of such a sensitive discussion.

KEMH Miscarriage Presentations:

Types of Miscarriages presenting to
KEMH Emergency Centre in 2018



Objectives:

In order to improve the skills and confidence of our staff managing women experiencing miscarriage we created an educational video, that outlines the clinical advice and management that should be discussed with these patients.

Methods:

The script was written, after discussion with senior emergency department medical and nursing staff, from hospital and national guidelines, on the management of a clinically stable patient presenting with early miscarriage. The video, of a junior doctor providing thorough and compassionate counselling, was then filmed by the hospital audio-visual team and subsequently shown to medical staff during their orientation, and made available via our online education portal.

Miscarriage education video:



Dr. Lucy Walsh

Resident Medical Officer, King Edward Memorial Hospital

Resident concerns regarding miscarriage counselling:



In a survey conducted to investigate resident medical officer's confidence and comfort in counselling women on miscarriage, 69% of respondents identified concerns in this area. These included the following; *'This is such a sensitive topic (it is) sometimes difficult to know where to start', 'Lack of knowledge' and '(It is) Difficult (to) explain to women they have just lost their unborn child'.*



Conclusions:

In isolating work environments, which are lacking in resources and time, simple low-cost initiatives such as videos, can be used to standardise information and provide a consistent approach to patient care. There is the potential for this resource to be utilised directly by patients as an adjunct to face-to-face counselling and for those who are culturally and linguistically diverse. The acceptability of this intervention to staff is currently being investigated and we hope that the outcome will prove positive.

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