

WELSH PAEDIATRIC SOCIETY ABSTRACT EXAMPLE

<p>Policy ignorance – a clinical risk issue</p> <p>Kanhai ER, Borrow A, Pfeiffer-Fromm U Centre for Policy Proliferation, Nant-y-Mynydd Hospital, Pontypandy</p> <p>Keywords: cold-call, gathering, dust</p> <p>Introduction There has been increasing concern recently that many doctors do not have a clear working knowledge of cornerstone health policies. This could potentially lead to a break down in delivery of key health packages to target patient groups.</p> <p>Method We rang on-call paediatric doctors at middle grade and SHO level at all hospitals in Wales and questioned them on their knowledge of a number of documents of critical importance. To ensure valid uncoached results we rang them at 2300hrs, with no prior warning. We invited them to complete a brief oral questionnaire lasting around 20 minutes, and covering the following recently launched health policy papers: 1. Structural initiative partnerships – the new arms-length health imperatives 2. Innovation in local health packaging- taking Welsh whole-life decisions 3. A framework for co-operative health - drivers for change in implementation</p> <p>Results A total of 135 doctors were contacted, though not all responded appropriately. 16 asked us to send the child to the admission ward. 7 suggested we contact NHS direct, or our own doctor in the morning if we were still concerned. 2 wished to order a mozzarella and gherkin pizza. None were able to recall exposure to the policy documents. None were able to demonstrate the ability to distinguish between proactive healthcare servicing and start-up healthing primers. 63 appeared to be called away urgently.</p> <p>Conclusion An alarming ignorance of crucially important issues and themes in current health delivery amongst junior medical staff emerged in our survey. This is clearly a clinical risk scenario. A root and branch approach is mandated to resolve this, and we strongly recommend the formation of a working group tasked to develop a best-fit modality of communication opening an effective health dialogue, combined with an expansion of policy launch procedures, and the evolution of a broad brush strategy for implementation.</p>	<p>Title of paper (max 10 words) (Sentence case in bold) Presenting author, followed by co-author(s) (Surname, initials) Affiliation No full stops end of title</p> <p>Key words up to 3</p> <p>Abstracts should describe: Introduction Method Results Conclusion</p> <p>Text must be Font: Arial Size: 10 Double space sentences</p> <p>Have any of the data been submitted to or accepted by any other conference or journal? If so, give details (below)</p> <p>Has the protocol of the work described been approved by your local research ethics committee?</p> <p>Yes No Inappropriate</p> <p>Word count: 250</p>
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