

# Making the most out of your time as a CASCADE collaborator

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*CASCADE Launch Event*

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*Steering Committee | Imperial College London*



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# Making the most out of your time as a collaborator

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1. Communication is key
2. Do not overcommit & share the workload
3. Establish a strategy to identify patients
4. Know the data dictionary
5. Complete the e-Modules
6. Handover to the next mini-team
7. Ensure data completeness
8. Enjoy the process!

# 1. Communication

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- **Arrange to meet** with the other members of your mini-team
- Maintain communication over your 2-week period
- In your mini-team, **agree in advance who will be responsible** for each stage of the project
- **Contact your regional lead or hospital lead** in case of any problems!

## 2. Don't overcommit

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- Only sign-up for periods **you can dedicate time to!**
- Make sure to split the workload with others
- **Work with the junior doctors** on the wards
- If you are struggling, communicate with your mini-team

# 3. Strategy to identify patients

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- Identification of **consecutive patients is key**
- Junior doctors and consultants can be of great help
- **Strategies to identify consecutive eligible patients**

include:

- Review of elective theatre lists
- Review of handover sheets
- Review of theatre logbooks

# 4. Data dictionary

- Get acquainted with the **Case Report Form** and the **Data Dictionary**
- If in doubt consult with the the doctors on the wards
- Consider doing a ‘mock’ data collection day before your period starts

Pre-operative Data Fields	Suggested source(s)
1. Patient age	- Clinical letters / notes
2. Patient sex	- Clinical letters / notes
3. Patient body mass index (BMI)	- Drug charts - Clinical letters / notes
4. Patient ASA grade	- Anaesthetic notes
5. Smoking status	- Admissions clerking - Clinical notes
6. Clinical Frailty scale	- Admissions clerking - Clinical notes
7. History of cardiovascular disease	
8. History of respiratory disease	
9. History of COPD	- Admission clerking
10. History of chronic kidney disease	- Anaesthetic notes
11. History of liver cirrhosis	- Outpatient letters
12. History of diabetes mellitus	
13. Active cancer and/or cancer treatment	
14. Inflammatory bowel disease	
15. Previous history of VTE	
16. Management of iron-deficiency anaemia	- Anaesthetic notes - Outpatient letters
17. Preoperative treatment	- Clinical letters / notes PACS software
18. Preoperative therapeutic anticoagulation	- Clinical letters / notes PACS software
19. Pre-admission blood tests	- Pathology systems
20. Admission blood tests	- Pathology systems

# 5. Complete e-Modules

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- The e-Modules will contain the key information about CASCADE
- Familiarise yourself with the protocol before attempting the e-Modules
- The e-modules can be accessed: <https://incept.ac.uk>

**IN**  **PT**

# 6. Handover

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- Meet with the preceding mini-team at your centre
- Arrange for a period of shadowing
- Try to do the same for the next incoming mini-team



# 7. Data Completeness

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- Regularly follow-up for information on complications over the 30-day post-operative period.
- Strategies for identifying complications in the follow-up period include:
  - Reviewing patient notes to identify in-hospital complications.
  - Reviewing clinic notes and clinic letters
  - Checking electronic systems for re-admissions.
  - Checking for A&E re-attendances.
- Ensure all data has been uploaded to the REDCap system by the data collection deadline, avoiding missing data points.

## 8. Enjoy the process!

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- Get to know people you're working with
- Work collaboratively with others to ensure smooth running of the process
- Remember to learn from this project and use it to build academic skills
- Enjoy taking part in collaborative research!

# Thank you!

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**CARDIOVASCULAR outcomes after major abdominal surgery**

**C**  **SCADE**

A student-led observational prospective audit of postoperative cardiovascular complication after major abdominal surgery



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