

Poster

Developing effective leaders: leadership and management for foundation trainees

1 LEARNING TO LEAD

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Effective clinical leadership is associated with improved patient outcomes and is essential for good patient care. Leadership and Management (L and M) competencies are in the Foundation Training Curriculum and are a recognised GMC requirement, however there is a significant lack of L and M training for foundation trainees.

Results of a survey distributed to all trainees in the foundation school revealed only 16% had received teaching on L and M in healthcare as a trainee, 99% thought engagement in L and M would be important for their future career, and 97% would engage with L and M training if offered the opportunity.

In light of these findings we delivered an interactive teaching session within the foundation teaching programme at our local trust. 83% agreed that they understood more about L and M within the NHS and felt more prepared to engage with L and M opportunities after the session. Expansion of the teaching session as a regional near-peer teaching programme is in progress.

Implementation of L and M teaching in the foundation curriculum can address the lack of exposure at junior doctor level. The teaching will provide trainees with a grounding in L and M and encourage engagement in clinical leadership as a foundation trainee and senior clinician of the future.

Medical professionalism

2 MEDICAL PROFESSIONALISM: 'MILLENNIAL' AND 'BABY BOOMER' GENERAL PRACTITIONERS

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Objectives Our goal was to define what, if any, differences exist in the professional values and behaviours of 'millennial' GPs compared with their 'baby boomer' colleagues.

Methods A modified version of The Nijmegen Professionalism Scale was circulated using multiple methods to GPs working across Scotland.

The Nijmegen Professionalism Scale comprises 4 domains Professionalism towards patients, towards colleagues, toward society and toward oneself.

Data was analysed using inferential statistics to identify differences in group responses to individual questions within each domain.

Results 273 responses were obtained, 55 were from GPs aged 34 or under (millennials) and 51 were from GPs aged 55 or over (baby boomers).

The greatest number of differences were found in the Professional Distance subsection of professionalism towards patients.

The greatest single disparity in responses was to distinguishing between personal and professional interests in negotiations.

In the Responsibility subsection 'millennial' GPs reported they were less likely to bear the consequences of their own actions and to be more likely to give others the blame or responsibility.

'Millennial' GPs report being less skilled in Quality Management.

Conclusion Whilst there were areas of similarity in relation to collaborating with colleagues, reflection on learning and dealing with emotions, differences were identified in relation to the 5 other subsections. Some differences may be explained by lack of exposure and experience but this will not account for all the differences reported.

The first severn leadership symposium

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As trainee doctors who have been fortunate enough to attend training days on clinical leadership and management, we realised how important education on these subjects is. We have personally felt inspired and enthused to use our actual and potential skills as leaders in our everyday clinical practice. We are aware that other doctors may not be lucky enough to receive these opportunities, and we therefore organised an event which provided some factual learning for trainees, but more importantly motivated them to become involved in local leadership opportunities. We ran a one-day symposium for all trainee doctors in our region. We aimed to encourage them to understand the leadership opportunities available, to enable them to reflect on their own qualities as a leader, and to utilise these attributes effectively. Many specialties name 'experience of leadership and management' as an assessment criteria for CCT/ARCPs. Given the pressures on clinical rotas, we designed a day that would satisfy training requirements and also leave trainees enthused and inspired.

The majority of feedback that we received about our symposium was qualitative. We were pleased to note that the majority of trainees had viewed it as a good place to start their leadership journey, wanted to discover more about leadership opportunities in their local area, and wanted to improve their professional skills. We anticipate that the trainees who attended the symposium will now go back to their individual trusts and use their renewed enthusiasm in their day to day practice and quality improvement work. We also hope that their view of the role of managers may be more positive, leading to better working relationships.