CREATION OF A NEAR-PEER MENTORSHIP PROGRAMME

Abstracts

(AHEE(NW)) covering leadership and management requirements of the Joint Royal College of Physicians’ Training Board Speciality Training (ST) Rheumatology Curriculum. Our intervention targeted rheumatology specialty trainees (STRs) and aimed to enhance networking and collaboration across the two newly merged deaneries.

Methods Trainees canvassed through formal surveys chose a bi-annual half-day session in conjunction with an existing event, the North West Rheumatology Club (NWRC). Trainees have autonomy over session organisation and development including content, speakers, advertising and chairing. Learning objectives are mapped against the leadership and management sections of the ST curriculum. HEE(NW) training programme directors support the programme, facilitating STRs to access study leave. The NWRC provides support in advertising, hosting and meeting costs.

Results Teaching on leadership and management has been delivered at two sessions, attended by 70% STRs, Ice-breakers facilitate networking and collaboration between STRs, seated to combine regions and grades. Whistleblowing, raising concerns, influencing and resilience were covered using interactive and novel techniques, e.g. Lego Serious PlayTM. Anonymous formal feedback using a numerical Likert scale gave a mean score of 4.8/5 from two sessions, for meeting objectives and delivering clear sessions. Free text responses were overwhelmingly positive: STRs report that the sessions meet their needs; facilitate networking; and change their practice. Three respondents reported being more pro-active in reporting and escalating complaints as a direct result.

Conclusion Filling unmet training needs in leadership and management through trainee-led sessions provides an excellent learning opportunity for STRs both attending and leading the events, and facilitates cross-regional collaboration.

Leading innovation and improvement

CREATION OF A NEAR-PEER MENTORSHIP PROGRAMME TO IMPROVE SUPPORT FOR NEW DOCTORS

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Background Transition from medical student to FY1 (Foundation Year 1) doctor is often challenging. New doctors commonly feel stressed and unsupported. A near-peer mentorship scheme for FY doctors was piloted in NHS Lothian, aiming to provide support during this period of professional transition.

Methods 190 FY doctors volunteered to participate (n=190) for one year. 95 FY1-FY2 dyads were assigned by the investigators according to relevant job experience. Pairs were encouraged to communicate informally as well as meet once per four-month rotation. Each dyad was asked to complete a paired learning agreement. Feedback was sought from participants at the start, end of rotation one, and end of year.

Results Reasons given by FY1s for participating centred on gaining support (20), advice (24) and insight from someone with recent experience (11). FY2s participated to help support colleagues (61), because they wished they had a mentor themselves (28), and due to interest in leadership and teaching (17). Rate of response to end of year feedback was 32/95 FY1s, 65/95 FY2s, 98% of feedback respondents reported making contact with their partner, and 82% met their partner in person. Major barriers to meeting included scheduling/rota conflicts and locational differences. Respondents felt peer mentors fulfilled a different role to the educational supervisor. FY1s overall felt more likely to turn to their mentor than educational supervisor for personal welfare support. 94% of respondents reported that having both peer mentor and educational supervisor was beneficial (29/32 FY1s; 62/65 FY2s). At the end of the year, 84.4% of responding FY1s felt ‘having a peer mentor helped [them] feel supported in the transition from medical student to FY1.’ 99% of feedback respondents felt the programme should continue.

Conclusions Near-peer mentorship enhances support for FY1 doctors. The programme was widely accepted and received positive reviews from participants.

REFERENCES

Foundation leadership and management: a bespoke foundation year leadership and management apprenticeship programme

Bill Kawai-Calderhead*, Royal Army Medical Corps, British Army, UK

Aim Medical leadership is recognised as an essential facet of clinical practice. However, there lacks standardised, sustainable training for postgraduate doctors particularly to support the transition from undergraduate medical student to Foundation Year 1 (FY1) doctor. Through the introduction of the Government Apprenticeship Scheme, NHS Trusts now have access to a ring-fenced budget, the Apprenticeship Levy, which can be used to provide a funded, vocationally based and nationally benchmarked training solution.

Methods In a partnership between the author, South Tees Hospitals NHS Foundation Trust (STEEs) and a Registered Apprenticeship Training provider, the Foundation Leadership and Management (FLM) programme for FY1s was developed using the Apprenticeship curriculum standard. FLM consists of 12 leadership-themed modules which complement the FY1 clinical curriculum and results in a nationally recognised qualification allowing Associate Membership of both the Institute of Leadership and Management and the Chartered Management Institute. As a pilot, 38 FY1s were enrolled in December 2017. Their perception of preparedness for the leadership challenges of practice was gauged during FLM using questionnaires.

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Leading the team to the highest quality patient care in a busy transplant unit

A prospective transplant patient’s work-up is a long and complex process. On the day of transplant, this information needs to be easily accessible and documented in one place. In an evolving environment, healthcare management is becoming a more individual process. Typical issues that became evident at morbidity and mortality meetings were that individual pre-operative concerns were not always highlighted at the time of admission. The published directorate protocol was not being fully initiated. Important discussions regarding donor risk to the patient were being written on pieces of paper, which could be easily lost. Our aim was to produce a document where the admitting doctor could input all of the up-to-date essential information into a single resource. The document included a full clerking of current state of health, background, past medical history, current medications and a pre-operative examination. Any concerns or management plans discussed by the transplant multi-disciplinary team (MDT) at the time of activation onto the transplant waiting list were given a place to be documented. Potential individual complications from the donor’s history were given a clear, defined place in the notes. A checklist was placed so that the department’s protocol was followed in its entirety. The proforma is currently in use on the Cardiff Transplant Unit. Leading the team by implementing a centralised document has enabled effective communication of key information to all relevant members of the team. This has helped to ensure that patient safety is optimised. The main message we would like to convey is the fact that a comprehensive admission proforma can aid in effective handover and communication, along with continuity of care and clarity of information. The proforma has streamlined the admission process, making the overall experience for the patients much more organised and straightforward, factors which are vital in an understandably anxiety-provoking time of their lives.

Leading innovation and improvement through perioperative medicine

High risk surgical patients undergoing major surgery in the NHS are known to have a disproportionately high mortality. The field of perioperative medicine hopes to tackle this issue by delivering integrated, multidisciplinary and patient centred care for patients throughout their surgical journey. A regional study day was organised and delivered by a small group of motivated junior doctors, with the support of a consultant...