

Methodology This study involved 8 semi-structured, audio-recorded, face-to-face interviews with Chief Registrars currently practicing in the second cohort within UK.

Findings The majority of CRs reported that, overall, the CR role had no effect or had a positive impact on their clinical training (75%). Whereas, all CRs identified experiencing constraints to clinical training at some point, only a small minority felt that their overall clinical training was being negatively impacted by the CR role (25%). Most CRs found enablers to clinical training and solutions towards overcoming certain challenges and barriers.

Conclusion CRs experienced constraints to clinical training, but the overall impact was a balance between barriers and facilitators to clinical training. Specific clinical context such as differences in clinical role, organisational pressures, and specialty were important factors affecting clinical training. However, many CRs agreed that clinical leadership is an imperative skill for a consultant role, and that the benefits of developing clinical leadership skills outweighed any short-term negative impact they may have experienced. There was limited evidence of systematic differences in practice between CRs In-programme, out-of-programme training, and out-of-programme experience. No clear associations between impact on clinical training and CR role were found, however, the many CRs showed preference towards doing the role out-of-programme.

Leadership in simulation based education

40 STRENGTHENING A NEW MODEL OF INTEGRATED CARE USING COMMUNITY BASED SIMULATION EDUCATION

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Background The majority of Inter- professional education (IPE) is based in the hospital environment.

The Children and Young People's Health Partnership (CYPHP) have implemented a new model of integrated care in the community.

We present a tried and tested method for designing and delivering a simulation based education (SBE) programme for IPE in community based Paediatrics.

Aims and objectives Design and deliver an IPE programme using SBE to meet shared SMART objectives.

Methods Before design of the programme a comprehensive needs analysis was conducted with stake holders and designers to ensure shared Learning objectives were met.

The programme, simulation scenarios and publicity campaign were designed.

A pilot day was run to refine programme.

During the 6 date programme feedback from delegates, faculty and stakeholders was used to inform future dates.

After the programme, the programme was internally evaluated to improve for further use.

Main findings Thematic analysis revealed:

- Stakeholder feedback
- Faculty feedback
- Delegate feedback

Quantitative data analysis revealed statistically significant differences in course-specific measures around confidence, multi-disciplinary team working and quality of care provision.

Conclusions and recommendations Educators can use SBE for IPE in a community context.

SBE is a helpful modality to immerse delegates in a scenario to safely analyse Human factors and integrate better together.

This design process can be applied to other community based specialties and can be extended to interested hospital specialties to better improve integration.

How junior doctors can affect change in the NHS

41 F15 AS LEADERS OF CHANGE

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1) Context:

This audit took place in Glan Clwyd Hospital, a DGH in north Wales. The project involved all patients who were prescribed oxygen in the hospital and was carried out by junior doctors in the respiratory department with senior supervision.

2) Issue:

The main purpose of the audit was to develop junior doctors as leaders and bring about a meaningful change in a system that was already saturated with audits that were performed as a tick box exercise for curriculum purposes. Incorrect oxygen prescription was an issue which all of the junior doctors identified during their placement and often had profound effects on patient management. We postulated that by performing this audit, we would bring about a very positive effect on the management of patients on oxygen and would result in a major change in practice, all driven by foundation year one doctors.

3) Assessment of issue and analysis of its causes:

Objectives of the audit were:

1. To check compliance there is with oxygen prescription by doctors according to the ALL Wales Drug Chart, whether the oxygen was prescribed correctly, whether the patient was receiving the correct amount of oxygen as stated on the observations chart and whether the target saturations were met– for this, we divided into groups of two and visited wards, identifying patients on oxygen and going through their drug charts manually.
2. To see how many nurses had received formal oxygen training– this was done as individual interviews of the nursing staff by junior doctors.
3. Whether doctors and nurses were correctly able to interpret oxygen flow rate correctly– this was done in real time by asking doctors and nurses to correctly identify the flow meter reading by the bedside.