

Leading innovation and improvement

49 THE USE OF PERSONALISED BEDSIDE BOARDS TO IMPROVE PATIENT-CENTERED CARE IN PAEDIATRIC INTENSIVE CARE UNITS

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10.1136/leader-2018-FMLM.47

Aim To assess whether the introduction of a board for non-medical information in each bedspace on the Paediatric Intensive Care Unit (PICU) can help provide health care professionals (HCPs) with a better insight into what those they care for are like as children not just patients, thereby improving patient-centred care.

Method A series of consultations with PICU staff, parents and patients in PICU at St Mary's Hospital in London led to a proposal of the 'A Bit About Me' board layout. This preliminary design was reassessed by staff and families, and later finalised by the senior leadership team in PICU. HCPs and parents of children also completed a seven-part questionnaire quantitatively assessing on a scale of 1–10 how well HCPs knew their patients before and after introducing the boards. Different versions of the questionnaire were created for parents and each healthcare specialty involved in patient care.

Results 38 and 36 questionnaires were collected pre- and post-intervention respectively, and were analysed using unpaired t-tests. Statistically significant improvements ($p < 0.005$) were recorded in five of the items assessed, including nurses' understanding about what comforts their patients, nurses' knowledge of their patients' favourite toys and doctors' ability to recognise their patients outside the hospital. Qualitative feedback about the boards has been positive and recognised from families.

Conclusion Patient-centred leadership is essential for effective quality improvement in clinical environments. We demonstrated how individualised care can be promoted by using boards in bedspaces where parents and children can share non-medical information about who they are and what they like. HCPs who know their patients better as children can personalise their care accordingly, and better appreciate what their baseline is. This is a simple, cost effective and sustainable intervention, which can lead to valuable improvements in family experiences.

50 PLANTING THE 'SEED'

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10.1136/leader-2018-FMLM.48

We established an ultrasound (US) faculty and teaching programme at an Australian urban district emergency department (ED).

Background It is expected ED consultants will be proficient in Point of Care Ultrasound (PoCUS), however there is no

formal training programme or assessment of trainees prior to completing training. Although optional, the benchmark is for consultants to attain their Certificate in Clinician Performed Ultrasound (CCPU) or equivalent credentialing. US training provided is departmental specific and of variable standard.

There was no US programme or quality improvement initiatives in our ED prior to intervention. <10% of consultants had attended a recent credentialed course; most were not confident with PoCUS and only 1 maintained a logbook.

Intervention: The programme was initiated by an ED consultant with a special interest in US. She developed the faculty with interested ED staff and the Sonographer Educator in ED (the SEED). This is an experienced general sonographer whose role is to teach consultants PoCUS modules and facilitate skills maintenance through one to one sessions.

The faculty organised an accredited course for all consultants. A google form was developed to assist logbook keeping. To communicate US updates to staff, we introduced a newsletter, messaging group and PoCUS section integrated into the department teaching website.

Results 95% of consultants in our ED have now completed a credentialed US course. Logbook compliance has increased 7 fold. The consultant body hold 13 CCPU modules (3 pre-intervention). We have implemented a daily US cleaning rota which has shown increasing monthly compliance.

Conclusion Our ED is recognised as a department that champions US. We have considerably increased consultant engagement and proficiency with PoCUS. The success of our intervention is attributed to a combination of enthusiasm and determination from the faculty with supportive ED management and receptive, interested colleagues.

Leadership and teaching

51 DOCTOR(NOUN, LATIN), TO TEACH; TRANSFORMING A WORKING WEEK INTO A TEACHING WEEK

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10.1136/leader-2018-FMLM.49

Aims One of the prerequisites to successfully complete Core Medical Training in the UK is to acquire the Membership of the Royal College of Physicians (MRCP) title by passing the Practical Assessment of Clinical Examination Skills (PACES) exam. Due to work pressures and time limitations, little teaching had been taking place locally at Eastbourne District General Hospital (EDGH). Prior to this, PACES teaching was mainly delivered externally by expensive courses, online resources and books. Given the plethora of patients in a familiar environment of a National Health Service (NHS) hospital, we established that this provided an ideal combination for PACES teaching.

Methods We started a team of PACES positive trainees who were interested in teaching; this team would deliver bedside PACES teaching at least twice a week. A weekly timetable