# Developing effective leaders

| 4 | MENTORSHIP WITHIN THE FOUNDATION PROGRAMME – ITS IMPACT ON LEADERSHIP AND CAREERS WITHIN HOSPITAL MEDICINE |

TJH Powell*, DA Baig, JD Unsworth. *Wirral University Teaching Hospital, Wirral, UK*

In this study we developed a novel mentorship programme with newly qualified doctors, by matching them to Specialist Registrars at a District General Hospital. The aim was to increase their morale and support, and to simultaneously address their perceived barriers to a career in medicine. In the UK, data shows that applications to progress directly into speciality training have been falling for several years in a row. The figure has dropped from 71.3% in 2011, to 52% in 2015, with now more than half of graduates of the Foundation Programme opting for work other than further training, either in the form of casual 'locum' appointments, work abroad, or even a break away from medicine entirely.

The results show that following regular mentorship, FY1 Doctors are more likely to decide on not just a career in medicine, but are far more likely to progress directly into specialist training. Although locum appointments remain a firm choice for graduates, those who had undecided career plans were able to make more informed decisions. Over 10% of those who received mentorship changed their decision not to progress directly to a career in medicine, and indeed 12% of respondents actively made the decision to apply for Core Medical Training, having previously being undecided.

It is clear that our novel initiative to provide a mentorship to newly qualified doctors at an early stage can dramatically and positively impact their perceptions of a career in medicine before ultimately turning away from further training. Our study demonstrates positive correlation between forming interpersonal relationships within the workplace and a better understanding of a life within medicine. Ultimately, and if for no other purpose, these relationships have provided an invaluable way to improve support for juniors within the workplace, which will increase morale and lead to a better and more productive level of care for patients.

# Clinical leadership and large-scale change

| 5 | REPORTING THE EVIDENCE OF CLINICAL LEADERSHIP STRATEGIES USED IN LARGE-SCALE CHANGE IN NHS ENGLAND: A SCOPING REVIEW |

Olivia Hartrick*, Veronica Maynard, Judy Ravenscroft. *University of Plymouth Peninsula College of Medicine and Dentistry, England; University of Plymouth Peninsula College of Medicine and Dentistry, England; University of Plymouth Peninsula College of Medicine and Dentistry, UK*

**Background** Clinical leadership with the right skills, values and behaviours is vital to successful delivery of better services for patients. There has been an increase in studies which explore specific strategies of clinical leadership in large-scale change but no systematic study has collated these strategies. The aim of this review was to scope the literature and identify the range of clinical leadership strategies which have been reported in large-scale change within NHS England.

**Methods** A scoping review of the literature was conducted in accordance with the Joanna Briggs Institute protocol.Full texts were analysed by publication year, sector of origin, study design, quality, topic and content.

**Results** 28 studies were included. Most studies were found to be of good or high quality (n=20). Large-scale change categories included initiative implementation (n=10), re-organisation (n=5), integration (n=4) and commissioning (n=2). The following global themes were found: Leadership behaviour; Strategies for system integration; Leadership approaches; Barriers to change; Information for change. These content findings were synthesised into a map and narrative. Results were found to correlate with clinical leadership strategies presented in the NHS Leadership model, and concepts from the distributed, transformational, authentic, and systems leadership approaches as well as other leadership literature.

**Conclusions** The present work identified a wide spectrum of clinical leadership strategies reported in studies which explore large-scale change. Overall, findings are congruent with key evidence in the leadership field, the current NHS leadership model and the context of the NHS. This work is the first of its kind to collate clinical leadership strategies in large-scale change and can be used as a foundation for further research and development of clinical leadership strategies in large-scale change within the NHS.

# Leading innovation and improvement

| 6 | A CHECKLIST TO SAFEGAURD PLURAL PROCEDURES |

Alexander Taylor*, Jin-Min Yuan, Zhe Wu, Tara Sathyamoorthy. *Department of Respiratory Medicine, Northwick Park Hospital*

**Aims** Concise, comprehensive and contemporaneous documentation is the gold-standard in modern medicine. It is mandated by the General Medical Council[1] due to its importance for patient safety and maintaining high quality care.

A review of documentation of invasive pleural procedures at our Trust suggested non-compliance with the gold standard British Thoracic Society (BTS) guidance,[2] raising patient safety concerns. We led a quality improvement project aimed to quantify the problem, address non-compliance by introducing a checklist and review to assess its effectiveness.

**Method** Patient notes were reviewed and data collected on written evidence of compliance with important BTS mandated parameters for 4 weeks. A checklist standardising documentation was introduced, followed by a second round of data collection.

**Results** There was a significant increase in documentation between PDSA cycles of pre-procedure INR (61% increase, $p=0.002$), chest radiograph (73% $p=0.0003$), local anaesthetic (54%, $p=0.006$), sutures (58%, $p=0.044$) and drain type (83%, $p=0.003$) after introducing the checklist. Documentation of all other parameters increased (nearing significance) or remained static at 100%.