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97 MEDICAL GRAND ROUNDS – ASSESSING THE IMPACT AND IMPROVING ATTENDANCE

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10.1136/leader-2018-FMLM.95

Introduction Medical grand rounds are a well-established form of postgraduate medical education and are still a component of most UK hospital teaching programmes. Our large acute district general hospital runs a weekly grand round, which is open to all clinicians.

Aims Attendance at grand round has gradually reduced over the preceding years in our hospital, which is also reflected nationally. The aim of this project was to assess the reasons for the decline in attendance and then implement changes that led to a sustained improvement.

Methods A 10-item questionnaire was developed to assess whether grand round still provided an effective learning opportunity and to identify factors affecting attendance. There were 98 respondents from a variety of medical grades. The majority of respondents did not attend grand round on a regular basis, however there was enthusiasm for grand round with 68% of respondents saying that it provided an effective learning environment.

A number of factors affecting attendance were identified including workload and clinical commitments, logistical issues such as inconsistent venue and lack of refreshments, and culture. These were addressed with a number of interventions such as posters for advertising, drug rep sponsorship, the use of high profile speakers and attempts to improve the culture.

Results The improvement strategy has been a continuous project over the last year from September 2017. Attendance of grand round has been monitored using a sign-in register for each session. Written feedback was also collected from each session to allow us to develop future programmes. The results have shown a gradual, but consistent increase in attendance at grand round from an average of 16 attendees to 36.

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98 LEADING IN COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS

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10.1136/leader-2018-FMLM.96

The aim of this project was to assess effectiveness of communication among health care professionals, with view to improving handover, team work and patient safety.

Background Communication between the multidisciplinary team and handover is a perilous procedures in medicine, and when carried out improperly can be a major contributory factor to subsequent error and harm to patients. Within the surgical departments in Causeway Hospital an increasing number of adverse incidents were noted due to poor communication between healthcare professionals

Methodology A questionnaire was distributed among members of frontline staff. The questionnaire was designed to assess

how well members felt information was communicated. The quality and content of written communication was also assessed to identify pit falls. Recorded adverse incidents with root cause analysis leading to communication issues were also taken into account.

As a result of the problem areas identified in written communication, a proforma was made for purposes of handover. A lead was assigned in order to evaluate methods of handover, to audit this and make changes where required. Staff were trained in human factors and SBAR. A lead communication nurse was selected to ensure appropriate use of the proforma and training staff.

Results A further questionnaire was distributed following the implemented changes-staff felt communication had significantly improved and there were fewer errors as a result.

Analysis of written notes showed the use of post it notes had significantly reduced (to less than half) and there was 100% compliance with use of proforma which were correctly filled in 100% of cases.

Following implemented changes there were no recorded adverse incidents as a result of poor communication among multidisciplinary team.

Conclusion Assigning and training leaders in communication among front line staff can improve perceptions and reduce adverse events as a result of poor communication.

Education, leadership, QI project

99 BRINGING THE CURRICULUM TO LIFE

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10.1136/leader-2018-FMLM.97

Problem Lack of knowledge about the new RCPCH curriculum suggested trainees would be unprepared for the new professional requirements.

Aim All paediatric trainees and trainers to be aware and feel confident to use the new curriculum.

Measures Awareness, Confidence

Change ideas Focused on identifying learning in everyday experiences.

PDSA#1: Face-to-face presentations.

PDSA#2: Night teams highlight an issue at Monday handover using the 'Learning Point from Our Nights' proforma e.g.unusual cases. Team agreement on learning point mapped to new curriculum, proformas shared via WhatsApp.

PDSA#3: Short videos created weekly with learning points

PDSA#4: Focus on mandatory elements of curriculum.

PDSA#5: Online learning platform to catalogue curriculum learning tools.

PDSA#6: Sharing with other paediatric departments.

Results Baseline data: 0/27 trainees/trainers felt confident to start using the new RCPCH curriculum.Following a series of interventions there was substantial progress in curriculum knowledge: Those responding 'I've heard of it' fell by 19 . 'I've read about it and know it' rose by 10. 'I feel confident to start using it in August' increased from zero to nine.

Conclusions

- Driver: a need to understand and know how to use the new RCPCH Progress curriculum ahead of its launch in August.