Leading across complex systems and organisations

22 ENHANCING MEDICAL TRAINING: IMPROVING MORALE, TRAINING, AND WORKING LIVES FOR DOCTORS IN TRAINING IN OXFORD

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Physician engagement and burnout are major workforce issues in healthcare. Morale and engagement of junior doctors is low, with increasing numbers taking time out of training, or leaving the profession. There is widespread dissatisfaction with current training paradigms in post-graduate medical education.

In 2016, we conducted a survey of the working lives of junior doctors at Oxford University Hospitals. The responses of 146 junior doctors highlighted areas for improvement in induction, working lives, and training. Doctors reported significant rates of presenteeism (53%) and burnout (62%).

Results were presented to organisational leaders, educators, and junior doctor forums. These meetings acted as a spur for change, and led to the development of a bespoke engagement event.

We conceived and designed a one-day engagement workshop to explore junior doctors' morale, training, and working lives. Over 40 junior doctors and consultants joined patient representatives and organisation leaders for the event. This consisted of 3 workshops, followed by a competition to develop trainee-led improvement projects.

The first workshop explored the lived experiences of junior doctors' working lives. The second discussed how healthcare demands and the medical profession will change by 2030, and how medical training will need to change to meet these future demands. The third workshop discussed the interventions needed to achieve excellence in medical training, and agreed a preliminary timeline for this improvement.

The results of the event informed a strategy for enhancing post-graduate medical training, and highlighted several areas for immediate improvement. The outcomes of this meeting were discussed at junior doctor forums, the medical director's office, HR department, education department, and regional education committees, at which feedback was sought.

This work provides a co-produced vision of excellence in physician training and working lives which we can strive to achieve.

Engagement

23 ENGAGEMENT OF FOUNDATION DOCTORS WITHIN A SURGICAL TEAM – HOW ARE WE DOING AND HOW WILL WE IMPROVE?

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Aims There has been a significant decline in general surgery recruitment and a perceived lack of engagement of Foundation

Trainees (FTs). We set out to assess and improve the current status of FT engagement at Good Hope Hospital.

Method and results A survey based on key indicators of engagement and focus groups of trainees was delivered to consecutive rotations of FTs. The majority did not feel valued by their team, not involved with decision making and reported minimal opportunity or encouragement to attend theatre. After their placement they were actually less likely to consider a career in surgery!

Firstly we improved theatre accessibility with induction, handbooks and encouragement. Secondly we set up laparoscopic skills trainers and ran skills competitions for each rotation. Thirdly we introduced role reversal clerking and ward round as standard practice. Finally we assessed nursing attitudes and addressed the issues they had with FTs leaving the wards by setting up 'bleep of the day' boards and by presenting our work to the ward managers.

Discussion All interventions to improve engagement require motivation and enthusiasm from seniors which is difficult to sustain. We have introduced the role of 'Engagement lead' to be allocated to a trainee each year with a handbook which runs through the fundamentals of engagement and outlines their role which would include induction to theatre and clinics, organising trainee led teaching sessions on surgical skills, ensuring role reversal, running laparoscopic skills competitions and troubleshooting issues with nursing staff. This role will also fulfil ARCP requirements of leadership for the core and specialist trainees who take it on. Each engagement lead should quantify improvement with repeat surveys and add to the role as they see fit, developing the department over time to create an environment within which FTs are engaged and encouraged to consider a career in surgery.

Leadership in information delivery

24 ADVANCES IN INFORMATION DELIVERY FOR FOUNDATION DOCTOR ON-CALL SHIFTS VIA PEER TO PEER INTERVENTIONS. A QIP (QUALITY IMPROVEMENT PROJECT) FOR SERVICE PROVISION

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General medical foundation doctors at the Queen Elizabeth Hospital Birmingham currently cover a complex rota of six different on-call shifts. However from for a and multiple patient safety incidents, issues with shifts clarity were highlighted including:

1. How to access electronic resources.
2. Team roles and responsibilities.
3. Location of handovers.
4. Ensuring patient safety by highlighting weekend reviews.
5. Clarification of cardiac arrest bleeps and areas covered.
6. Differentiation of the requirements between day and night shifts.

To review concerns a 12 question survey was created. Doctors (1st survey n=12, 2nd survey n=9) were asked on a scale of 1–5 how they felt a topic was covered (1 not covered) – 5 (covered very well).