Developing Effective Leaders

‘SUMMITS’ PROGRAMME – DEVELOPING JUNIOR LEADERSHIP IN SPECIALIZED HOSPITALS IN ‘CLALIT’, ISRAEL

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Aim This study explored formal leadership and management (LM) training available to new Foundation Year 1 (FY1) doctors at South Tees Hospitals NHS Foundation Trust (STEES) and compared it nationally. LM training is a topical field: FY1s feel unprepared for the LM challenges of practice; this contributes to anxiety and burnout, and increased patient safety incidents; and poor LM skills lead to poor patient outcomes. Patient safety, therefore, is at the core of this study.

Methods Since 2016 STEES has incorporated LM training within FY1 Induction/Shadowing. Instigated by a STEES FY2, and in a partnership between STEES’ Education Directorate and a Registered Apprenticeship Training provider, a FY1 LM apprenticeship programme, Foundation Leadership and Management (FLM), was piloted from December 2017. FY1s were surveyed anonymously, but individually tracked, during FLM. Further work is underway, including an additional 5 trusts being surveyed, to ascertain what other FY1 LM programmes are available, and the potential for dissemination and adoption.

Results With regards to self-rated preparedness for LM challenges, the results (n=164) show that: 40% feel prepared; 27% feel their undergraduate curriculum adequately prepared them; and 21% feel confident as a leader and manager. Those enrolled on FLM have shown significant increases in their self-rated scores. Additionally, research so far reveals local initiatives of varying content, delivery, and reach. There is yet to be a standardised, regional or national FY1 LM programme.

Conclusions Our research shows the feasibility of a FY1 leadership apprenticeship as a sustainable programme with positive impact on FY1s’ LM preparedness. LM apprenticeships can be disseminated; two additional trusts adopted FLM in August 2019. Research into FY1 LM programme availability in the UK will offer the potential to change how FY1 LM training is delivered at a national level through the identification and promotion of best practice.

‘Fasting app’ to prevent multiple episodes of fasting following cancellation of surgery by providing visibility on the elective surgery booking list. (Safe/Timely/Risk Management). Other initiatives included a next of kin texting initiative to update families on patient progress (Patient centred/Consumer Partnerships), implementation of multidisciplinary ward governance rounds (Effective/Clinical Practice) and participation in an online patient feedback platform (Patient centred/Consumer Partnerships). Our preexisting Safety Culture Program was ‘rolled in’ to our Clinical Governance Framework (Safe/Leadership and Culture). We believe this approach ‘personalises’ clinical governance and assists frontline care givers and consumers in understanding how our organisation monitors and improves the care we provide, ensuring it is safe, timely effective and person centred.