

2. Bedside teaching: FY1 led teaching on inpatients at RSCH.
3. Lecture based teaching: Weekly lectures delivered by FY1's covering all aspects of the medical curriculum.
4. Mentorship programme: Final year students assigned to FY1's for career advice.

Results Mock OSCEs

100% of students found it useful and well organised. Recruitment of real patients was largely unsuccessful thus necessitating the use of professional actors.

Bedside teaching

100% of FY1's enjoyed this form of teaching and felt a list of students was provided in a timely manner. The teaching was not timetabled, and it was noted there was difficulty in arranging the teaching. 85% of FY1's felt this was due to conflicting schedules.

Lecture based teaching

100% of participants enjoyed this form of teaching. Importantly a senior doctor observed none of the lectures. FY1's received feedback directly from medical students.

Mentorship program This program was unsuccessful due to 1) limited FY1 and medical student time 2) unclear distinction between bedside teaching and mentoring program.

Conclusion

1. Both FY1's and students benefit from medical education
2. Observation of lecture-based teaching from a senior doctor with constructive feedback is needed
3. Mock OSCE could be expanded to cover more topics.
4. Consultant-led patient recruitment will improve Mock OSCE
5. Mentoring and bedside teaching should be combined with clinical and social support provided by the same F1

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INTRODUCING PHYSICAL HEALTH CLINICS TO INPATIENT PSYCHIATRIC WARDS

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Patients with a severe mental illness (SMI) experience significant physical health inequality compared to the general population, resulting in a 15–20 year reduction in life expectancy. Estimates suggest that 60% of the excess mortality in patients with SMI is avoidable, demonstrating the necessity for healthcare professionals to take action. The aim of our project was to determine whether introducing a 'Physical Health Clinic' on an inpatient psychiatric ward led to improved management of physical health for these patients.

Using the criteria and standards as set by the Academy of Medical Royal Colleges to assess the physical health in SMI patients, retrospective analysis of 17 inpatients on a psychiatric working-age male ward was conducted. A 'Physical Health Pro-Forma' was designed and integrated within a weekly 'Physical Health Clinic', and re-audit data was compared against baseline data to assess the impact of the clinic.

Introduction of a 'Physical Health Clinic' demonstrated a marked improvement to all physical health parameters, in particular cardiovascular risk, infectious disease risk and oral health monitoring. Baseline compliance identified that

only 12% of inpatients had a subsequent physical health assessment following admission, compared to 100% of patients after clinic introduction. Increased focus on physical health led to several new diagnosis of illness and conditions, including diabetes, spinal fractures and serious infectious diseases.

Initial compliance with physical health standards was poor. Introduction of a weekly clinic significantly improved physical health compliance, demonstrating an improvement in physical health management. Following discussion with Trust Medical Directors, the clinic is being implemented Trust-wide to all inpatient psychiatric wards, thereby enabling greater data collection and research into the physical health of these patients with overall aims to improve health management to psychiatric patients.

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JUNIOR DOCTOR SERVICE IMPROVEMENT BOARD; AN INCH WIDE MILE DEEP APPROACH TO TACKLING THE BARRIERS FOR CHANGE

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Background In 2013 the Junior Doctor Service Improvement Board (JDSIB) was created to support multi-disciplinary staff in Quality Improvement Projects (QIP) across Dartford and Gravesham NHS Trust. In 2018–2019 the JDSIB introduced four co-chair roles from varying specialities. This unique advantage provides valuable perspectives and crucial trust-wide links.

Aims Identifying and supporting opportunities for meaningful, sustainable improvement.

Methods JDSIB's rebranding using distinct logos and colour scheme improved visibility and recognisability and thus engagement. Despite staff identifying areas for improvement across the Trust, there was a perceived notion that the culture was not receptive to change. To tackle this, JDSIB held regular events to showcase QIP ideas in the presence of senior key leaders such as the medical director, CEO, and the audit team. These forums discussed solutions to roadblocks and provided a dedicated space to listen to, and inspire new projects. Cross-team collaboration with the audit team proved crucial in combining resources, expertise and preventing duplicated effort.

Results JDSIB was deemed 'inspirational' by management and 'very useful' by colleagues. JDSIB linked motivated individuals and supported colleagues in implementing QIPs, but most importantly emphasised that investigating roadblocks can lead to sustainable solutions. Challenges ranged from co-ordinating rota commitments with events, to influencing senior staff involvement.

Conclusion Employing a senior solely dedicated to QI and leadership would be a useful resource. The strong emphasis on junior doctors to become more engaged, provides opportunities for organisations to nurture their trainees for future leadership roles. Trust wide engagement is by no means an easy feat, yet slowly changing micro-cultures is the start to embracing wider change. The JDSIB are dedicated to encourage improvement and support healthcare professionals to create meaningful change.