Developing effective leaders

42 IMPLEMENTING A CHANGE IN PRACTICE IN A DIFFERENT SPECIALTY VIA THE CHIEF REGISTRAR (CR) ROLE

S Wienand-Barnett*, L Markham, R Powell, L Jones, T Whitehead, L Webb. *Royal Devon and Exeter NHS Foundation Trust, UK (All authors)*

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Junior doctor feedback from the General Medical Council (GMC) survey and quality panels has consistently highlighted poor handover in Acute Medical Unit (AMU) as a concern. Neglected handover practice has been identified as a key component of poor outcomes in root cause analyses within the unit. There was no formal handover of patients between the incoming and outgoing medical teams. Resolution of this problem was tasked to the chief registrar (CR). As an obstetrics and gynaecology registrar in the CR role there were potential benefits and barriers to taking on a project in a different specialty.

The information gathering occurred over six months (surveys, focus groups, incident reporting). The implementation coincided with the COVID-19 surge. All staff were notified of the finalised plans the week before handover was implemented and key staff were individually approached to be champions. Feedback was encouraged and actively sought to highlight teething problems.

The results show a clear improvement in handover practice, junior doctor support and multi-professional team working. There had been resistance from some senior clinicians to attend an evening handover in the planning stages, however, implementing change at the height of the pandemic meant that staff had to adapt rapidly to new ways of working and as a result this change was widely accepted and implemented. The next stage is to incorporate more teaching into handover practice by including 'teaching bites.'

Upon starting the CR job this was presented as an unsolvable project. However, by a thorough analysis and formation of a plan for change with buy-in from the entire team we were able to affect a successful change. This demonstrates the value of seconding middle grade doctors to management roles as they can provide a crucial link between medical and management staff and coordinate vital change to improve patient safety.

Enhancing your leadership and management skills

43 IMPLEMENTING A MORNING GYNAECOLOGY HANDOVER IN A DISTRICT GENERAL HOSPITAL (DGH) IN THE ROLE OF CHIEF REGISTRAR (CR)

Sophie Wienand-Barnett*, Katharine Edey. *Royal Devon and Exeter NHS Foundation Trust, UK (both authors)*

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The gynaecology unit is staffed out of hours (OOH) by the same middle grade and Senior House Officer (SHO) as the

obstetric unit. Traditionally they have attended the obstetric handover leaving the gynaecology unit without a formal medical handover to the incoming team. Implementation of an integrated Multi-professional (MDT) gynaecology handover was essential to the safety of the unit.

In order to understand the current barriers to safe handover a survey was distributed, focus groups and one to one interviews were carried out. Management and Governance committees were approached for senior and management buy in.

Through this process it was decided that the on call SHO and Registrar would attend the two specialty handovers independently. The SHO would attend a gynaecology handover at 8am with the incoming day gynaecology SHO and Registrar. The team would then attend the 'board-round' where each patient is discussed from an MDT perspective.

The benefits of having a CR was evident in agreeing the changes at all levels and then in overseeing and helping the implementation.

The results of a repeat survey 3 months after implementation showed significant improvement in all areas assessed. Other measures, such as doctors and nurse's satisfaction via focus groups, revealed very positive responses. Assessment of the complaints coming through gynaecology governance and the rates of completion of assessments such as VTE reflected the benefits of this change in practice. A further outcome measure (the original driver for change) will be the repeat GMC survey which is not yet available.

Attendance of doctors at the board-round has led to better communication with nursing staff and better collaborative working. Consultant presence at the board-round has anecdotally led to earlier reviews, interventions and discharges. For junior doctors a positive team spirit has been observed with improved senior support and the opportunity for teaching.

Enhancing your leadership and management skills during covid-19 pandemic

44 DEVELOPMENT OF A COVID 19 LEADERSHIP PLAN IN MENTAL HEALTH REHABILITATION SETTING

¹Mary C Self*, ²Neda Mehrpooya. ¹Mental health rehabilitation services, Cwm Taf Morgannwg University Health board, UK; ²Forensic Mental health services, Swansea Bay University Health Board, UK

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The work was done across inpatient Rehabilitation Service in Cwm Taf Morgannwg University Health Board (CTMUHB), South Wales covering the areas of Bridgend, Rhondda Taf Ely, and Merthyr Cynon valleys. The team involved consisted of senior members of the Multidisciplinary Team across three inpatient rehabilitation units. The target audience were the wider junior members of the Rehabilitation service.

Issues

- Quickly and effectively respond to a rapidly evolving scenario.
- Provide leadership and direction in unknown and unprecedented scenario.
- 'Lockdown' a service providing mental health care for a complex group of patients.

- Keep units infection free.
- 'Shield' clinically vulnerable patients at high risk of fatality.
- Reassure and support anxious staff and patients.
- Maintain services during times of high staff sickness.

The cause of the challenge was monitored via daily Government briefings, Daily CTMUBH updates and keeping updated with Public Health Wales Guidance. A weekly planner was disseminated to the lead members of the Covid 19 team, then cascaded to the remainder of the teams with all issues identified and clear action plan outlined in a table format.

The weekly Covid 19 planner was adopted by all three units and disseminated quickly after each weekly meeting. Consistency across the units meant that if staff needed to relocate due to the high sickness rate, they knew the plans in place. Patients adapted to the pandemic well with no critical incidents. There were no shortages of drugs or PPE because planning began well in advance of the Pandemic peak. Throughout the first wave of the pandemic, we had only one patient who tested positive who was rapidly identified and hospitalised. Staff felt supported and anxiety reduced due to clear plans being formulated.

We learned that in highly stressful circumstances such as the Covid Pandemic, a different leadership style is required; one which is flexible, creative and more assertive.

Peer-led medical education

45 SOLVIT: INNOVATIVE ONLINE PEER-LED LEARNING FOR LOCKDOWN

Seb Casalotti*, Salina Rai, Isabel Norris, Amandeep Singh, George Choa, Rebecca Johnston, Camilla Sen, Yasmin Baki. *University College London Medical School, UK ; University College London Hospital, UK*

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A team of UCL Medical School (UCLMS) graduates developed interactive remote teaching for medical students during the COVID-19 lockdown: Student-led Online Virtual Team-based Learning (SOLViT). Following a pilot with Year 5 students, we worked under UCLMS mentorship to formally integrate it into the curriculum.

SOLViT comprised 29 new sessions spanning the Year 5 curriculum, enhancing established team-based learning with novel gamification: 'knock-out' clinical cases and innovative 'Bonus questions'. Content was generated by Year 5 students, who wrote questions on their most recently studied module. Our SOLViT team vetted and formatted questions into quizzes, collaborated with clinicians for quality assurance and delivered the teaching live over 11 weeks. Gamification and peer co-design improved relevance and engagement, and graduate facilitation relieved clinicians of technological responsibility. Creating strong relationships between the SOLViT team, clinicians and UCLMS staff was essential to embed and deliver our innovation. Additionally, in this process we gained feedback from experts for our own development.

We evaluated the program through weekly feedback forms, in-session polls, and live whiteboard interaction, enabling

week-by-week improvements. Students reported their need for clinical teaching and social interaction was addressed when many felt isolated. From 79 respondents, 64% felt that sessions were stronger being peer rather than clinician led (29% were neutral). 93% felt that peer-driven gamification made sessions more fun.

This project demonstrates that students can generate high-level, interactive, peer-to-peer education with low time investment by clinical staff, and boost student morale even at a challenging time. Our strengthening of relationships between graduate educators and medical faculty will enable us to shape future learning at UCLMS.

Peer-led, MedEd, gamification, distance

Developing effective leaders

46 A NOVEL APPROACH TO SUPPORT NEW FOUNDATION DOCTOR TRANSITION

Tsun Yu Kwan*, Sharvari Vaddeyar, Thuvarahan Amuthalingam. *MDCAS Group Limited, UK*

10.1136/leader-2020-FMLM.46

It is a longstanding problem that medical students feel inadequately trained for the workplace during their time at medical school. This year, the COVID-19 pandemic exacerbated this situation through cancellation of all clinical placements including assistantships.

An online survey consisting of 124 participants was carried out to assess the confidence of participants for practice. We found 94.4% were not confident in managing the workload of a foundation doctor. 95.2% had not received formal workplace training from their medical school. 67.7% reported feeling reliant on senior students to prepare them for working as a doctor.

An online teaching programme titled 'F1 Survival Guide' was created. The series included four sessions, covering topics including maximising induction, managing ward jobs, organising the e-portfolio and conducting quality improvement projects.

It was broadcasted through Microsoft Teams to incoming foundation doctors. It consisted of a brief presentation by a foundation trainee, followed by panel-style questions and answers. In total, 515 people attended live internationally. 9% of them were international medical graduates preparing to work in the UK.

Of the 124 participants, 91.1% revealed their confidence improved after the webinars. 87.9% agreed the topics were important for their career development. 73.4% would recommend this program to their colleagues. 83.9% reported that online webinar was equally effective as in-person teaching.

The data shows this online training had a positive influence on the confidence of new foundation trainees by covering pre-existing gaps in the curriculum. Additionally, it revealed that senior students are heavily relied upon for this information. This indicates a need to re-evaluate how transition to practice can be made more equitable and economical through the use of virtual teaching. Recommendations include further research into the creation of a national online training programme for this transition.