Quality improvement, novel educational leadership project

4 LEADING EDUCATION IN A PANDEMIC – THE ‘LEAP’ PROJECT

Neil Tiwari, Laura Troth, Syed Husain, James Wood, Patrick Hayes, Lynn Carpenter. *Clinical Education Team, Anaesthesia and Critical Care division, Hereford County Hospital, NHS Wye Valley Trust, Herefordshire, UK, University Hospitals Birmingham NHS Trust, UK, NHS Tayside, UK*

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Covid 19 drove unprecedented changes in healthcare provision, necessitating a paradigm change by the healthcare workforce incorporating new clinical knowledge and rapid upskilling in competence.

The LEAP Project established a novel system for dissemination of vital role-appropriate training. Project analysis was disseminated to relevant stakeholders via departmental clinical leaders, facilitated by a Directorate Operations Centre (DOC) established at onset. This ensured integration of training within clinical care delivery. The target audience comprised multidisciplinary critical care and anaesthetic staff, and was then expanded to include the wider workforce.

Phase one involved drafting a statement of requirement and needs analysis, determined by relevant clinical and educational stakeholders as informed by recommendations from Public Health England, the Royal Colleges and Health Education England. This informed a framework of dynamic role and domain specific training. Leadership was delegated to multidisciplinary educational leads, ensuring academic rigour and credibility. Reciprocal escalation ensured consideration of workforce planning, future-proofing and sensitivity to individual concerns.

Subsequent training incorporated a multimodal educational approach. Participant feedback and formal peer review enabled reflection on earlier training delivery, enabling dynamic adaptation of training objectives to ensure relevance and consistency. Almost all 271 nurse upskilling candidates reported a significantly increased knowledge base post session. For Covid 19 teaching days, 90% of 191 candidates reported sessions were at an appropriate level of teaching. All 55 multidisciplinary simulation candidates reported 100% satisfaction.

This project dynamically considered all facets of workforce planning and care delivery. We have proven that rapid institution of a functional, multifaceted education programme in response to a crisis is both feasible and practical.

Leading innovation and improvement

5 AWARENESS OF RADIATION EXPOSURE AND IT'S ASSOCIATED RISK AMONGST EMERGENCY DEPARTMENT DOCTORS AT A DISTRICT GENERAL HOSPITAL

Rahul Khamar*, Raees Lunat. *Royal Free London NHS Foundation Trust, Health Education England and Royal Free London NHS Foundation Trust*

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During our emergency medicine rotations, we noticed that emergency department (ED) clinicians requested the largest

volume of radiological investigations (both plain-film and cross-sectional) in the hospital. Many ED clinicians did not have a robust understanding of the amount of radiation exposure (and associated risk of inducing fatal malignancy) that was associated with these investigations and therefore, patients weren't being adequately counselled.

We created a multiple-choice questionnaire that identified level of seniority amongst healthcare professionals in addition to assessing their level of knowledge regarding radiation dose exposure in common imaging modalities.

We distributed our questionnaire to ED doctors of all grades working within the ED, ranging from foundation year 2 (FY2) doctors to consultants. Subsequently, we hosted a short interactive tutorial on two separate occasions in the ED over a 3-day period in order to engage the largest proportion of initial survey respondents. Following this, we repeated the questionnaire.

Our study found that initially, ED doctors had limited awareness of the radiation exposure associated with the imaging modalities they routinely requested and also, minimal awareness of the associated risk of inducing fatal malignancy. As a result, they were unable to confidently counsel patients regarding this. Following our intervention, we found that all doctors, irrespective of grade, had increased awareness of radiation exposure associated with common imaging modalities and the associated risk of inducing fatal malignancy.

This will no doubt lead to better clinical reasoning, discussions with patients regarding risk of radiation and consequently, more patient-centred care.

Developing effective leaders

6 DESIGN AND DELIVERY OF A PILOT COMMUNICATION SKILLS WORKSHOP WITH FOCUS ON COACHING SKILLS FOR SUPERVISORS AT HOMERTON UNIVERSITY HOSPITAL, LONDON

Cheh Kuan Tai, Kathleen Sullivan, Jude Tavanyar and Eleanor Wood. *Homerton University Hospital, London, UK, KS Coaching, London, UK*

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The COVID-19 pandemic has led to thousands of doctors being redeployed. The especially stressful circumstances of the pandemic may mean that regular debriefing with a supervisor is necessary. The onerous rota may prohibit lengthy meetings but coaching-style conversations may be a valuable adjunct in the communication between trainee and supervisor.

We developed a pilot communication skills training - with a focus on coaching skills - to enhance communication between supervisors and trainees.

2 sessions facilitated by 2 coaches were held with 22 and 13 participants respectively in the summer of 2019. Participants explored and challenged their assumptions about the positive and negative ways trainees and supervisors interact with each other. The coaches then introduced the SBI feedback framework (Situation – Behaviour – Impact) and the TGROW coaching model. Working in small groups, participants used TGROW to coach one another on issues relating to their role as supervisors, rotating as coach/coachee/observer.

TGROW is a solution-focused framework and leadership tool for structuring a coaching conversation. The acronym