Developing future leaders

52 DIVERSITY IN HEALTHCARE: WHY REPRESENTATION MATTERS

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Aim African-Caribbean Medical Mentors (ACMM) was founded in 2017 to develop future leaders in healthcare from an African-Caribbean background. We currently have a team of 15 members who provide outreach, mentoring and networking opportunities in order to positively influence outcomes for black students and doctors. The 2017 GMC Medical School Annual Report showed that only 3.3% of all UK medical students were of an African Caribbean background. ACMM was founded to address this inequality by empowering black students through providing the skills necessary to succeed in a medical career. Our aim is to increase our contribution to the development of black doctors, in order to improve the diversity of leadership roles within healthcare.

Method We worked with schools and participation groups at universities, as well as utilising social media to enable our target audience to access our resources. Working alongside organisations such as the British Medical Association has provided us with a platform to reach doctors and medical students throughout the UK. Our evaluation demonstrates that black students who wish to study medicine benefit from free resources and guided support through the application process.

Results In the three years since African-Caribbean Medical Mentors was founded we have seen increased success in university applications: 80% of mentees have received medical and dental school offers. We have reached over 1500 students through outreach sessions and over 450 people through our events; we anticipate further increases. Effective promotion and a successful track-record has placed us in a position to support more individuals over time.

Conclusion Our social media presence and insight into healthcare allows us to promote diversity in medicine, as well as career progression amongst aspiring future leaders from African-Caribbean backgrounds. Representation is pivotal in the development of a more diverse healthcare workforce.

Understanding leadership through research

53 ASSOCIATIONS OF FOUR NURSE STAFFING PRACTICES WITH HOSPITAL MORTALITY: KEY LESSONS FOR HOSPITAL MANAGERS AND LEADERS

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Background Cross-sectional studies of hospital-level administrative data have suggested that four nurse staffing practices – using adequate staffing levels, higher proportions of Registered Nurses (RNs) (skill mix), and more educated and experienced RNs – are each associated with reduced hospital mortality. To increase the validity of this evidence, patient-level longitudinal studies assessing the simultaneous associations of these staffing practices with mortality are required.

Methods A dynamic cohort of 146,349 adult medical, surgical, and intensive care patients admitted to a Canadian university health center was followed for seven years (2010–2017). We used a multivariable Cox proportional hazards model to estimate the associations between patients' time-varying cumulative exposure to measures of RN understaffing, skill mix, education and experience, each relative to nursing unit and shift means, and the hazard of in-hospital mortality, while adjusting for patient and nursing unit characteristics, and modeling the current nursing unit of hospitalization as a random effect.

Results Overall, 4,854 in-hospital deaths occurred during 3,478,603 patient-shifts of follow-up (13.95 deaths/10,000 patient-shifts). In multivariable analyses, every 5% increase in the cumulative proportion of understaffed shifts was associated with a 1.0% increase in mortality (HR: 1.010; 95%CI: 1.002–1.017; $p = 0.009$). Moreover, every 5% increase in the cumulative proportion of worked hours by baccalaureate-prepared RNs was associated with a 2.0% reduction of mortality (HR: 0.980; 95%CI: 0.965–0.995, $p = 0.008$). RN experience and skill mix were not significantly associated with mortality.

Conclusions Reducing the frequency of understaffed shifts and increasing the proportion of baccalaureate-prepared RNs are associated with reduced hospital mortality.

Palliative medicine

54 DEVELOPING A PALLIATIVE CARE SERVICE AT NIGHTINGALE NORTH WEST

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The Nightingale North West recruited members of the medical and nursing teams from many different backgrounds. Some had not worked in adult medicine before, while others had been out of work.

I perceived a lack of confidence in palliative care from discussions with nurses and doctors in the ward environment. This was clearly going to be a crucial part of working at the Nightingale. Practitioners' confidence develops when their skills are high, empowering them to seek advice, and is a useful measure in the development of a quality service. Nursing and medical staff at the Nightingale were surveyed. Confidence in palliative care was reported at 65%, and only 38% for those with no prior experience.

Acting as a junior doctor representative on the palliative care management team helped address these issues. We laid on training sessions for staff, focussed on the logistics of palliative care at the Nightingale, alongside a separate consultant led session addressing identified learning needs. These sessions signposted to specialist advice and guidelines, so staff knew