

describes a 5-step coaching process: Topic - Goal - Reality - Options - Will & Way forward. The aim is to catalyse insight and motivation to change and grow through asking powerful questions linked to each of the model's five steps.

65% of our supervisors on the course (n=23) have previously found it difficult to engage with trainees. Following training, 50% of our supervisors felt increased confidence in their communication skills. Attendees found the workshop to be helpful to reflect on the changing medical culture and how coaching can be used to reach across perceived divides and disengagement.

Our experience highlights some of the difficulty faced by supervisors when communicating with trainees. Coaching as a communication tool may be especially pertinent when managing the uncertainty faced during this pandemic.

Head injuries & anticoagulation

7 IMPROVING THE DOCUMENTATION OF RISK ASSESSMENTS AND DISCHARGE ADVICE IN ANTI-COAGULATED PATIENTS WITH HEAD INJURIES AND NORMAL IMAGING HEAD INJURIES & ANTICOAGULATION

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Background Patients on systemic anticoagulation are at risk of delayed bleeding following head injury despite normal head imaging. There are no current unified guidelines to help clinicians assess the risk of this delayed bleeding and advise patients on anticoagulation, however, a detailed trust guideline exists.

Aim We aimed to audit the documentation of risk assessments of delayed bleeding and of discharge advice to temporarily withhold or continue anticoagulation for 7 days as per local guidance across 2 sites, with a head injury and normal initial CT Head. Various interventions were implemented and subsequently re-audited with the aim of a 50% improvement in 6–9 months.

Methods We retrospectively audited 100 eligible patient encounters (Nov-Feb 2020) using patient records to assess documentation of risk assessment and discharge advice against our Trust policy. Interventions consisted of an amendment to the Trust head injury leaflet and CT Head Form Requests to include an anticoagulation section, structured teaching to raise awareness including in patients and e-mailing the local policy to all A&E staff with regular entries into the Staff Bulletin/Intranet, Induction of New Joiners and Weekly Safety Message. 50 eligible patient encounters were re-audited (Apr-Jun 2020).

Results Audit 1 revealed that 37% of encounters contained documentation of both risk assessments/discharge advice whereas 51% of encounters documented neither. Audit 2 had improved with 44% of encounters containing documentation of both and only 28% of encounters containing no documentation.

Conclusion This project demonstrates that simple measures such as education and sign-posting local guidance have the potential to improve complex decision-making and ensure adequate safety netting. Additional work is underway to identify other interventions which may improve documentation further and to ascertain the durability of these changes.

Developing effective leaders

8 CLINICAL LEADERSHIP MENTORS – A PILOT SCHEME TO IMPROVE TRAINEES' LEADERSHIP OPPORTUNITIES AND DEVELOPMENT IN THE WORKPLACE

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Introduction All doctors in training should be exposed to appropriate leadership developmental opportunities throughout their training in line with the GMC Generic Professional Capabilities framework. Leadership learning is a process of participation in increasingly complex and personally informative tasks rather than just acquisition of a pre-determined set of knowledge and skills. As part of the 70:20:10 model of leadership development we need to move learning from the classroom into the workplace providing leadership initiatives and development at every level of training.

Intervention Health Education England South West developed a Clinical Leadership Mentor (CLM) programme in 2018. The CLM is responsible for overseeing the process and progress of leadership development amongst the trainees of their Trust, creating a portfolio of leadership and management development in partnership with other stakeholders.

Strategy for Improvement CLMs required funding, support, development, and network opportunities. Financial support for 2 year pilot across all 19 Trusts in the South West supported by Regional Director HEE-SW with annual report by each CLM; achievements aligned against measured outcomes of key responsibilities. CLM network and developmental days with regional NHS Leadership Academy (NHSLA). Annual reports collated and shared within CLM network and HEE-SW. Sponsored evaluation of CLM by the NHSLA conducted by the University of Birmingham (UoB)

Impact Formal evaluation (UoB) was encouraging; CLM role perceptions were positive and appreciated by trainees and Educational Supervisors alike. Medical Managers were also committed to the role. Excellent CLM network developed across HEE-SW. Outstanding achievements in the annual reports enabled funding secured for third year. CLM development publicised as an area of Good Practice - Leads Leadership Webinar #Leadersaloud.

Quality improvement and innovation

9 OVERCOMING BARRIERS TO EXCEPTION REPORTING IN TWO DISTRICT GENERAL HOSPITALS IN THE EAST MIDLANDS; A QUALITY IMPROVEMENT PROJECT

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The 2016 junior doctor contract (JDC) implemented a system of exception reporting (ER); this allowed trainees to report missed educational opportunities, and breaches of safe working as outlined in the 2016 JDC. Foundation doctors starting