Leading across systems and organisations

116 USING ACE FY1 INDUCTION COURSE AS AN INTERVENTION TO INCREASE CONFIDENCE IN NEWLY GRADUATED DOCTORS BEFORE STARTING FOUNDATION YEAR 1

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NHS - UK Transitioning from a final year medical student to a FY1 doctor can be a stressful experience for many newly graduated doctors due to the uncertainty of the next stage in their careers. Surveys suggest many feel unsupported, lacking confidence and singled out by media campaigns such as 'Black Wednesday'. This is detrimental for both junior doctors and can affect patient expectations.

We ran the ACE FY1 course at three locations preceding the start of the Foundation Programme. The course aimed to include practical matters such as managing finances, provide an opportunity for simulation of an acutely unwell patient and discussion of prioritisation of bleeps, how to be a successful Muslim doctor, and a general Q&A session. The programme included lecture-based workshops and practical sessions such as the simulation. Equipment such as CPR dummies and airway adjuncts were provided during the simulation session, and ARCP checklists were also provided for all attendees to take home.

Our pre event survey showed that 18% had above average confidence going into FY1. After our event this figure rose to 64%. Before the event we found that 5% were very confident going into FY1, but after our event this number rose to 18%. We also created a schematic analysis of our feedback which showed that attendees thought we were knowledgeable, helpful, informative and the content was material that was previously uncovered.

Hence we found that our event greatly improved the confidence and knowledge of new FY1 doctors and the subsequent care they would deliver.

Leading innovation and improvement

117 PATIENT AND STAFF SURVEY ON USE OF TABLETS AND DEVELOPING VIDEO COMMUNICATION INFORMATION GOVERNANCE GUIDANCE

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The Coronavirus pandemic limited patient visitors to Barnet General Hospital for infection control reasons. Consequently, families were unable to visit their loved ones in their final days. This was having detrimental effects on patient physical and mental health and family experience.

We conducted a Quality Improvement Project where we surveyed patients, families, and hospital staff about the use of video communication. We surveyed staff regarding their confidence of facilitating video communication before and after a guideline was produced. We then asked families, patients and staff whether they found video communications useful.

We found that 71% of healthcare staff surveyed have used tablets provided on the wards to communicate with patient's relatives. 99% of respondents would use tablets again and 71% expressed no concerns about their use. 77% of staff were unaware of guidelines regarding use of video technology. In response to this we created an information sheet which was distributed trust wide. Subsequently 97% of staff were aware of the guidelines, this also improved staff confidence in facilitating video calls from 55% to 90%. We found that 96% of staff, relatives and patients were all very likely to recommend video communication for further use. With 97.4% of all respondents recommending this service to continue beyond coronavirus times.

Our project showed outstanding results and video communication is now well established in the hospital for all patients. Due to the positive results received in this project our trust received funding for a further 100 digital devices.

118 THE POSITIVE IMPACT OF MEDIC BLEEP, AN ASYNCHRONOUS COMMUNICATION PLATFORM VERSUS EXISTING COMMUNICATION METHODS: AN OBSERVATIONAL STUDY

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Background Healthcare systems revolve around intricate relations between humans and technology. System efficiency depends on information exchange which occur on synchronous and asynchronous platforms. Traditional synchronous methods of communication may pose risks to workflow integrity and contribute to inefficient service delivery and medical care.

Aim To compare synchronous methods of communication to an instant messaging (IM) asynchronous platform and observe its impact on clinical workflow, quality of work life and associations with patient safety outcomes and hospital core operations.

Methods Cohorts of healthcare professionals were followed using the Time Motion Study methodology over a two-week period, using both the asynchronous platform and synchronous methods like the non-cardiac pager. Questionnaires and interviews were conducted to identify staff attitudes towards both platforms.

Results A statistically significant figure ($P < 0.01$) of 20.1 minutes' reduction in average task completion was seen with asynchronous communication, saving 58.8% of time when compared with traditional synchronous methods. In sub-category analysis for staff: doctors, nurses & midwifery categories, a P value of < 0.0495 and < 0.01 were observed; a mean time reduction with statistical significance was also seen in specific task efficiencies of 'To-Take-Out (TTO)', patient review, 'discharge & patient transfer' and escalation of care & procedure'. The platform was favoured with an average Likert value of 8.7; 67% found it easy to implement.

Conclusion The asynchronous platform improved clinical communication compared to synchronous methods. Throughout the COVID-19 pandemic, asynchronous communication could serve multiple purposes, including communicating critical care