

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

Raees Lunat*, Qasim Malik, Reema Akhter.

10.1136/leader-2020-FMLM.116

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

Raees Lunat, Lukon Miah*, Yahya Abu Seido, Abdul Elmi. *NHS, Barnet Hospital, UK*

10.1136/leader-2020-FMLM.117

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

¹Rahul Menon, ²Meenakshi Jhala. ¹*Guy's and St. Thomas's NHS Trust*; ²*St George's University of London*

10.1136/leader-2020-FMLM.118

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

bed load, leadership and giving instant updates about guidelines and dissemination of critical information. Medic Bleep contributed to efficiencies in clinical workflow and may positively affect patient care.

Understanding leadership through research

119

WHY ARE THERE SO FEW MEDICAL CHIEF EXECUTIVES IN PSYCHIATRY? AN EXPLORATION OF THE PERCEPTIONS OF MENTAL HEALTH MEDICAL DIRECTORS AND CONSULTANT PSYCHIATRISTS

J Fellows*, I Snelling. *University of Birmingham, UK*

10.1136/leader-2020-FMLM.119

Background Since the introduction of general management to the National Health Service (NHS), there has been a divide between doctors and managers which has prevented doctors from taking on management roles. However, there is evidence that clinicians, as managers produce better outcomes and doctors as CEOs, yield better results yet the number of medical and clinical CEOs remains small. The barriers and enablers for clinicians to leadership and management have been explored by the Faculty of Medical Leadership and Management (FMLM) but there is little research in psychiatry and the mental health sector.

Aims To gain insight into the experiences and perceptions of consultant psychiatrists and mental health medical directors on the barriers and enablers to leadership and management roles and the CEO position. To explore the recommendations of consultant psychiatrists and mental health medical directors on how to increase the number of medical professionals taking on leadership and management positions and the CEO position.

Methodology Eleven qualitative interviews were conducted with a combination of inductive and deductive questioning. Nvivo was used to organise codes. Braun and Clarke's six-step analysis was used for thematic analysis.

Findings Nine themes were found. Some echoed the findings from the research conducted by the FMLM. However, there were new findings specific to psychiatry related to demographics of the workforce including personality traits, higher BAME staff and a reaction against the traditional medical hierarchy which impact the ability of doctors to take on medical leadership and management roles.

Conclusion Many of the barriers and enablers found are similar to previous research so the recommendations from the FMLM report could be useful. New findings specific to psychiatry require further research to understand their impact and to determine their presence in other specialities.

120

IMPLEMENTATION OF A HYSTEROSCOPY USER GROUP AT SOUTHMEAD HOSPITAL, NORTH BRISTOL NHS TRUST TO ENABLE SUSTAINABLE EFFECTIVE CHANGE

Rowena Sharma*, Hajeb Kamali, Laura Kelsey, Sophie Kenyon. *North Bristol NHS Trust*

10.1136/leader-2020-FMLM.120

Background The Royal College of Obstetricians and Gynaecologists (RCOG) recommend the provision of an outpatient

hysteroscopy (OPH) service by all gynaecology units. We run a high-quality OPH service at Southmead Hospital, however, increasing clinical demands drive the need to improve services.

Aims and Objectives We aimed to set up a multidisciplinary team (MDT) in OPH to identify specific areas where we could increase capacity and improve patient safety.

Materials and Methods We set up a MDT, entitled the 'Hysteroscopy User Group' (HUG) in the Gynaecology outpatient department.

A prospective efficiency flow-time audit was initially conducted analysing 36 patient journeys during an OPH appointment.

British Society of Gynaecology Endoscopy (BSGE) patient satisfaction surveys were undertaken to assess service quality.

Results The efficiency flow audit demonstrated the following averages times: three minutes for patient consent and three minutes for equipment set-up; eleven minutes procedure time; four minutes for patient debrief and overall thirty-nine minutes for the appointment.

BSGE patient satisfaction surveys showed 100% of responders classifying their treatment as good or excellent, with 94% of women stating that they would choose this treatment option in the future.

Interventions and Strategies for Improvement

We collaboratively identified specific areas for improvement including the introduction of RCOG consent stickers and nurse-led set up of equipment.

Capacity was subsequently increased by 40% thereby improving patient access to services whilst maintaining excellence in quality of care.

Conclusions and impact Formation of the multidisciplinary HUG improved capacity, transparency and communication across the OPH service; hence we were able to improve the quality of care we deliver to our women.

Change of symptomatic breast clinic during covid and into the future

121

LEADING CHANGE & THE EVOLUTION OF THE BREAST CLINIC THROUGH THE COVID-19 PANDEMIC AND INTO THE FUTURE

Mondani Giuseppina, Sulleman Mona*, Potiszil Kali, I Abbas, mran King Polly, English Rachel, Brown Iain, Drew Philip. *Breast Oncoplasty Surgery, Royal Cornwall Hospital, Truro UK*

10.1136/leader-2020-FMLM.121

The high transmissibility rate of Covid, obliged us to adapt and transform our symptomatic clinic to be able to continue diagnosing and treat breast cancer and at the same time protect patients and staff.

Prior analysis of clinical activity suggests at least 80 per cent of patient attending breast clinics are either healthy or found to have benign conditions, identification of this group of patients ahead of time would allow assess and treat them safely with a telephone clinic consultation instead

On this tenet we worked, in compliance to new and emerging guidance about breast cancer care during the pandemic from the Association of Breast Surgeons and the National Institute for Clinical Excellence, to devise a novel vetting system for stratifying and prioritizing all new referral to out-patient clinics.