Quality improvement, international collaboration

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BUFFALO CITY AND AMATHOLE MEDICAL SUPPORT INITIATIVE: QUALITY IMPROVEMENT VIA COLLABORATIVE CARE AND EDUCATION IN SOUTH AFRICA

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Health inequality is an important issue in South Africa where there is a disparity between health care delivered in a rural versus urban setting. Junior doctors staff the rural clinics often with only intermittent senior support. There is no standardised support system to assist clinicians with the development of clinical skills and in one large survey only half felt they had adequate clinical supervision.

Cecilia Makiwane Hospital (CMH) is a large provincial hospital situated in Mdantsane, the second largest township in South Africa. In April 2019, the Discovery Foundation provided a grant to the internal medicine team to create a systems-strengthening programme to help rural clinicians improve their clinical and non-clinical (quality improvement and teaching) skills. This became the Buffalo City and Amathole Medical Support Initiative (BAMSI), a programme with three arms: inreach, outreach and resource development.

The UK Health Education England Improving Global Health (IGH) Fellowship has partnered with the hospital with successive generations of IGH fellows assisting in the creation and delivery of the programme. We describe the progress thus far of one of the arms: inreach.

The development of the programme was determined by a steering committee of multi-disciplinary specialists as well as a stakeholder needs analysis.

To-date, there have been fifteen doctors who have completed their inreach week. During the inreach week, participants completed a supervised audit with feedback provided by a consultant. Subsequently, a majority of participants felt an improvement in their understanding of, and ability to conduct quality improvement projects.

The results thus far show that rural clinicians have a strong inclination to improve basic skills. The positivity demonstrated by doctors for quality improvement shows an opportunity to incorporate this type of training more widely in a rural setting.

Innovation and improvement in educational supervisor training

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EDUCATING THE EDUCATORS: LESSONS IN DEVELOPING AN EDUCATIONAL SUPERVISORS UPDATE COURSE

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Background All UK Educational Supervisors (ES) must comply with the Professional Development Framework for Educators (PDFE). ES based at the west London site of a large NHS Foundation Trust found accessing ES training challenging. Demand for in-house training addressing local challenges led to the development of the ES Update Course (ESUC).

Methods The ESUC ran in February (Feb-19), June (Jun-19) and November (Nov-19) 2019. It comprised six sessions. Five core sessions were delivered in all iterations, covering the PDFE in two parts, local responses to National Training Surveys, the trainee contract, and trainees' perspectives on educational supervision. A sixth session, 'Trainees and the GMC', ran in Feb-19 and Jun-19 but was replaced in Nov-19 by sessions covering Less Than Full Time trainees and Locally Employed Doctors. Post-course questionnaires collected quantitative and qualitative data to aid course development. Session content was rated using a Likert scale from 1 (poor) to 10 (excellent). Thematic analysis of blank space questions elicited the most and least useful sessions, impact on behaviour, and ongoing learning needs.

Results Attendance was 19 (Feb-19), 17 (Jun-19) and 8 (Nov-19). Median ratings were consistently high for all sessions (≥ 8) and increased to 9 for four of the five core sessions in Nov-19. 'Trainees and the GMC' received mixed feedback and was replaced in Nov-19. Qualitative feedback from Feb-19 requested more information on supporting trainees in difficulty ($n=5$). This was implemented in Jun-19 with a decline in subsequent requests ($n=1$). Learning from shared experiences was identified as the most useful aspect of the course overall ($n=8$).

Conclusions Actively developing the ESUC in response to feedback improved the quality of the educational experience. Peer learning was a key benefit and embedding this within the course created a highly effective environment for senior doctors to develop as ES.

Leading innovation and improvement

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INTRODUCTION OF BALINT SUPPORT GROUP TO MEDICAL STAFF IN EMERGENCY DEPARTMENTS ACROSS CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD POST PEAK OF COVID-19 PANDEMIC

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Balint support group is offered to medical staff within CTMUHB as part of the COVID-19 wellbeing support for staff. This is led by wellbeing lead and run by a group of Balint leaders and expert psychiatrists for medical staff of all seniorities.

Throughout the pandemics medical staff in acute services were faced with challenges they never faced before such as moral injury, battle with misinformation, lack of PPE and also witnessing colleagues, patients and families pain through it. This was alongside all the disruption with their personal lives and blurred boundaries between home and work.