

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.

Research indicates that some established benefits of Balint groups include; feeling more supported and more validated; better interpersonal outcomes in the Doctor-patient encounter; higher feelings of job satisfaction and generally feeling less isolated and less burnt out. (Kieldmand & Holmstrom 2008; Benson & McGrath 2005).

We hope that the experience of Balint support group will be a start of peer emotional support group among medical staff in acute services where a safe, confidential space is created and continued to grow among group members. This is prioritising compassion at the heart of leadership and utilising creative ways of empowering employees and promoting staff wellbeing in such crisis.

A qualitative study will be conducted half way into running the groups focusing on subjective experience of the attendees as well as burnout indicators.

We anticipate poor initial engagement will be an issue due to stigma, exhaustion and lack of exposure to Balint.

In crisis such as Covid-19 pandemic leaders has to be innovative using resources smartly and also inclusive on welcoming and promoting new ideas in order to support staff wellbeing.

Introduction of Balint group to other specialities will offer them tools to maintain a safe confidential peer support system at the time of crisis as well as normal times in order to reduce burn out.

Developing effective leaders

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RESILIENT DOCTORS: RAISING THE RESILIENCE OF FOUNDATION YEAR 1 (FY1) DOCTORS THROUGH THE FOUNDATION LEADERSHIP AND MANAGEMENT (FLM) APPRENTICESHIP PROGRAMME

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Aim This study assessed the impact of the Foundation Leadership and Management (FLM) apprenticeship programme being delivered to Foundation Year 1 (FY1) doctors on participant's resilience. Started in 2017, through a partnership between South Tees Hospitals NHS Foundation Trust and Always Consult, a Registered Apprenticeship Training provider, FLM aims to address the lack of standardised and sustainable clinical leadership and management (LM) training for medical students transitioning to FY1. FLM is now run in 6 trusts with over 350 FY1s having enrolled-in or completed the programme.

Methods FLM incorporates 12 medical LM themed modules which complement the FY1 clinical curriculum in parallel leading to a nationally recognised qualification and membership to international LM bodies. Participants are regularly surveyed anonymously but individually tracked using metrics such as clinical LM self-rated preparedness and resilience through the Brief Resilience Score (BRS).

Results In 2018–19 over 70% of those enrolled on FLM increased their resilience, whilst over 70% of those not enrolled decreased their resilience over FY1. For 2019–20 the mean resilience scores for those enrolled on FLM increased

from 6.19 to 6.37, whilst the scores for those not enrolled increased from 5.96 to 6.21. Individual analysis, as with the 2018–19 cohort, is to follow. Qualitative analysis strongly suggests FY1s enrolled on FLM increase in their preparedness for clinical LM challenges.

Conclusions Our research shows the feasibility of a sustainable FY1 LM training programme and the positive impact on FY1s' clinical LM preparedness and resilience. LM training and improvement of resilience will lead to higher performance of doctors, better patient outcomes and increased patient satisfaction. Programmes such as FLM offer a solution to establishing sustainable, targeted, and locally delivered LM programmes in a resource-constrained NHS which can support staff development and resilience.

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UNDERSTANDING THE LIVED EXPERIENCE OF REDEPLOYED CONSULTANT PHYSICIANS IN THE COVID-19 PANDEMIC: ESSENTIAL INFORMATION FOR LEADERS OF FUTURE PANDEMICS AND EMERGENCIES

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A key challenge early in the COVID-19 pandemic was to identify staff able to meet the demand for senior medical assessment of an influx of acutely unwell respiratory patients. At UHCW we proposed that specialist physicians without recent general medicine experience could be safely and effectively redeployed to support the acute medical take.

A rota of consultant physicians from 8 medical specialties, who did not participate in the acute medical take, was developed at pace to work alongside the medical registrar, in the segregated respiratory area of ED, following limited training. Two shifts were implemented within 6 days of inception, fitted around doctors' ongoing specialty roles.

We gained feedback iteratively during the early phases. We then used a survey of all those asked to redeploy to explore their lived experiences and perceptions, with a 71% response rate.

Median time since consultants had participated in an unselected medical take was 12 years. 66% were not GIM accredited. 84% found the online training useful. Many had concerns regarding availability of PPE and the risk of passing infection on to others, including their own vulnerable patients. 81% described concerns around personal competence.

63% of respondents felt this redeployment had made a positive difference to the COVID-19 response. However, 57% felt other groups should have been redeployed before them, and 45% reported they would not agree to be redeployed in a repeat scenario. Transparency regarding who was redeployed and equity amongst all physicians were the most important factors influencing decisions on future redeployment.

We rapidly implemented a consultant redeployment programme during the pandemic, and redeployed doctors felt they made a positive difference. However, the same staff group may not willingly be redeployed during any future