Quality improvement, international collaboration

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 standardized 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.

Leading innovation and improvement

INTRODUCTION OF BALINT SUPPORT GROUP TO MEDICAL STAFF IN EMERGENCY DEPARTMENTS ACROSS CWM TAF MORGANWWG 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.
Developing effective leaders

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.

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 UHWC 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