QI Project Case Study - Improving Access to Learning from Incidents for Junior Doctors

31 August 2021

QI Project Lead: Cornelia Byers
Improvement Advisor: Nick Conway
QI Coach: Dr Renarta Rowe
Project Sponsor: Ruth Scally
Additional Team Members: Eleanor Parkinson, Alice Packham, Sameer Nardeosingh, Dolapo Oseji, Rajendra Harsh

For this month's Quality Improvement Case Study we recently spoke to Cornelia Beyers, ST5 Trainee in Forensic Psychiatry at Hillis Lodge, about a project that she's leading that is looking to improve access to learning from incidents for junior doctors.

Hey Cornelia, thanks for taking the time to have a chat with us! How did you come to be involved in QI and this project? Have you been on any training?

I was working with Dr Renarta Rowe at Hillis Lodge in 2019 and was motivated to get involved with QI when it was started by the Trust at the time. I was therefore able to submit this idea to the first QI training provided in May 2019 and the project continued from there. Whilst at the training event I met the QI team and several key persons who took an interest in the topic and supported me with the project throughout.

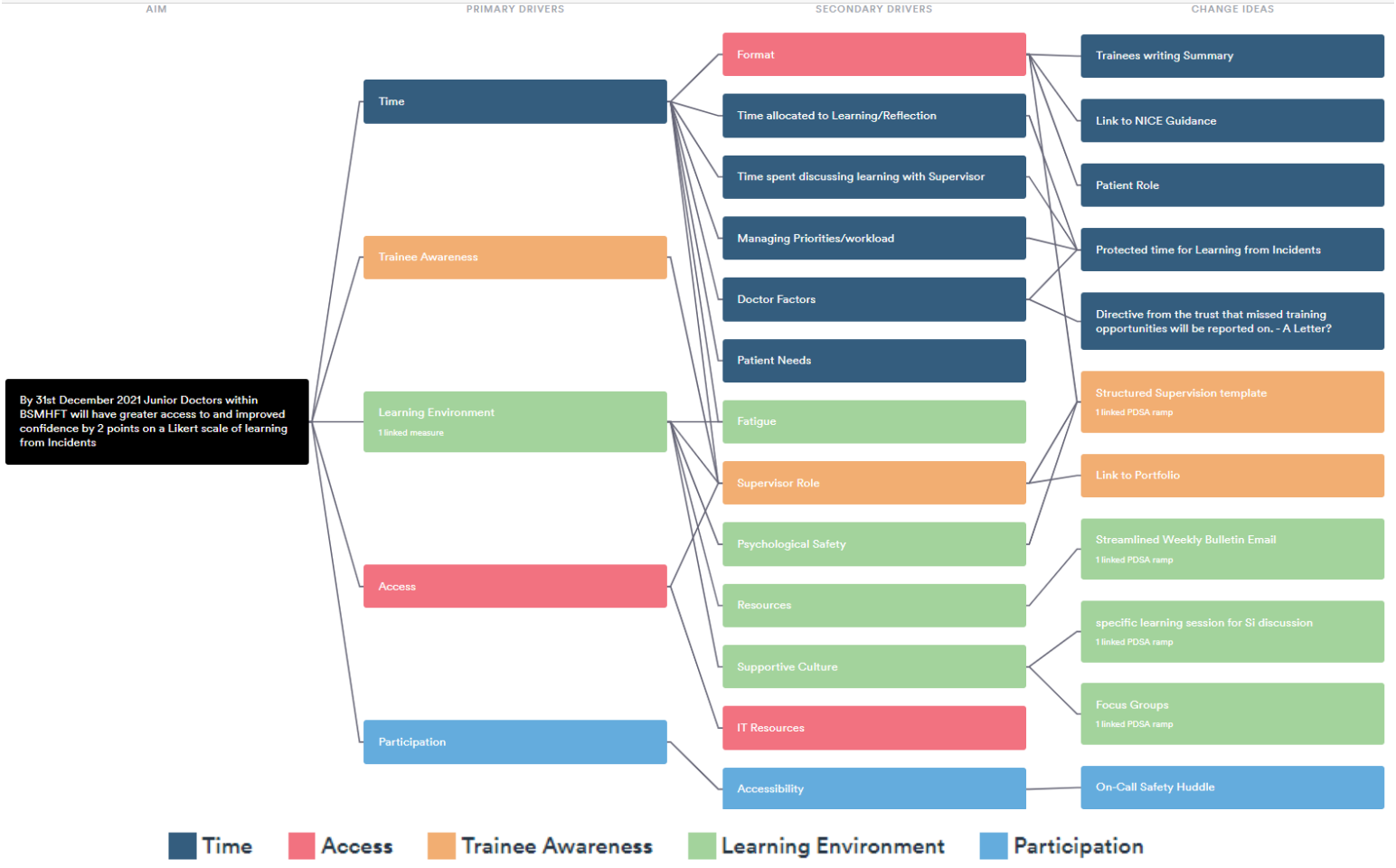
Team photo from left clockwise: Eleanor Parkinson, Alice Packham, Raj Harsh, Cornelia Beyers, Ruth Scally, Nat Rowe, Sameer Nardeosingh, (absent Dola Oseji, Nick Conway)

What are the issues you are trying to address? How did they inform your aim?

When I started this project, I was aware that junior doctors possibly did not have a lot of contact with the outcomes and learning from serious incidents and realised that the learning from this important topic might not have reached this cohort. I was also aware of how often junior doctors were directly or indirectly involved in serious incidents and thought it would be an important topic to investigate. As I had learnt from the QI training that it was useful not to know the solution for a problem, I thought it would be a good project to suggest and started to work on the aim statement from there.

How have you been using the Model for Improvement to plan and move the project forward?

The model of improvement formed a large part of our planning and once we started with the various PDSA ('plan-do-study-act') cycles we were able to look into the various factors that improved outcomes and avoid/let go of factors that made no difference. Towards the latter part of the project, we have now been able to focus on the PDSA's with good outcomes and drive those forward.



Can you describe a couple of the PDSA's you implemented? Do you have any more planned?

Our initial PDSA's focussed on the original method of distributing learning i.e. emails and sending bulletins. Once we were able to show that these methods failed to reach the cohort group, we started PDSAs focussing on face-to-face learning which has now become the main drive for the project.

How has COVID affected the project? What difficulties have you had to work around? Did it present any opportunities?

We originally started in May 2019 and had to re-group with changeover in August of that year. The project gained some momentum after this due to the addition of several new members to our team. The covid outbreaks that followed initially slowed the project due to difficulties with meeting in

person. However, we quickly regrouped and started online meetings. Thanks to the efficiency of MS teams and the ability to share documents we were able to maintain focus and drive the project despite the COVID limitations. We struggled during some of the more intense COVID periods to get feedback from the junior doctor groups due to their escalated workload during an outbreak but used the data to drive new ideas and PDSA's.

What have been your findings so far? Have any of your changes led to improvement?

At this point we have shown that the junior doctor groups feel more comfortable with face-to-face learning on the topic of serious incidents. We have developed a short (1 hour) concise learning session online presented by our team members to groups of doctors. Our results show good feedback from this method of learning, and we are now developing new focus groups to aim at different sets of junior doctors to adapt the learning material to match the various group needs (FY2, GP trainees, Core trainees, Higher trainees, SAS doctors).

What are the next steps for the project?

We are very excited to start the new groups in the next few months in order to see how various groups of doctors interpret the learning. Hopefully this will allow us to set up learning-lessons sessions for each group separately in order to use this during the various induction periods and improve learning from serious incidents as a whole.

And finally, in one or two sentences, how would you describe your experience of using Quality Improvement?

QI has allowed me to take a project from start to (hopefully!) finish during my training and learn how to lead a group of enthusiastic people to remain motivated, getting involved in QI and learn and share how QI can improve patient care. It has been a very rewarding experience for me and introduced me to various people and structures of the Trust to widen my knowledge about the system we work in. I can genuinely recommend it to anyone looking for a new project or interest!