

6-1

A LOCAL STUDY ON FOUNDATION YEAR TRAINEES AND FOUNDATION YEAR EDUCATIONAL SUPERVISORS VIEWS OF THE EDUCATIONAL IMPACT OF MULTISOURCE FEEDBACK (TEAM ASSESSMENT OF BEHAVIOUR TAB) IN THE ASSESSMENT OF MEDICAL PROFESSIONALISM

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The author set out to explore the views of Foundation Year (FY) trainees and FY educational supervisors on the educational impact of Team Assessment of Behavior (TAB) and also to find out if a) Trainees behave for this assessment b) Trainees found it stressful c) Educational Supervisors perceived any training needs that could enhance this assessment and d) what the failure rate of TAB has been during the last four years among FY trainees in a Teaching District General Hospital (TDGH).

Methods: The author applied validated questionnaires to FY trainees and FY educational supervisors. The author then analyzed failed FY TAB assessments done over a four-year period.

Results: 43 (66%) of 65 FY trainees and 19 (34.5%) of 55 FY Educational Supervisors responded. 62% of our FY respondents agree TAB has a positive educational impact resulting in behavioral change. 62% of FY respondents believe the impact results from knowing one is being assessed and wanting to learn how to pass the assessment. 74% of FY respondents agree as well that learning results from the feedback comments of assessors. Majority of FY trainees as well as FY Educational supervisors agree trainees do not behave for the assessment and the resultant behaviour change is not transient.

Most trainees find TAB stressful, but mostly from the administrative aspects. 77% of FY educational supervisors believe that TAB has a positive educational value, 83% believe it is an effective tool in identifying trainees that need corrective action. While the majority (89%) of the Educational Supervisors sampled viewed themselves to have had adequate training in feedback skills, almost half (47%) felt they could do with more training in feedback skills. Out of a total of 263 FY trainees over 4 years, six (2.3%) failed TAB. Four of the six (66.7%) failed TAB due to concerns raised by assessors and two due to insufficient or incorrectly constituted returns. Most concerns (43.75%) were from the "Team Working" TAB domain.

Conclusions: TAB has educational value resulting in behavioural change at Kirkpatrick level 3. It can be further strengthened by minimizing administrative burdens to trainees and according educational supervisors opportunities for advanced training in feedback skills.

6-2

THE ROLE OF STUDENTS IN QUALITY IMPROVEMENTS: IMPACT, OUTCOMES AND CHALLENGES

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INTRODUCTION:

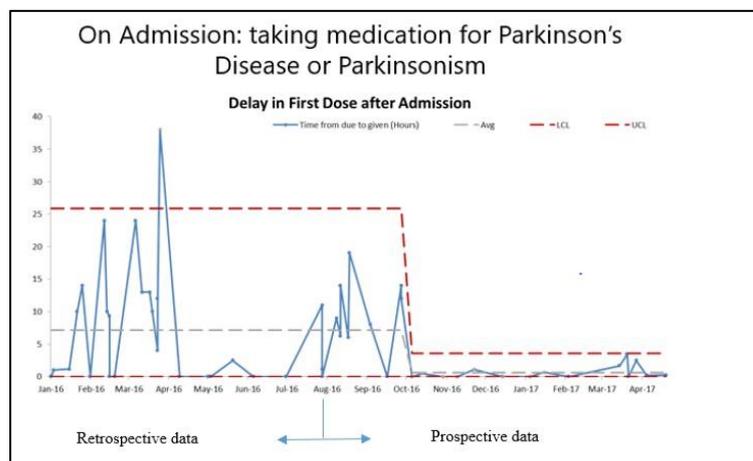
Quality Improvement Projects (QIPs) can effectively assess and improve healthcare practices and patient outcomes. This report investigates the professional development of medical students involved in a QIP based in Leeds Teaching Hospitals Trust (LTHT), aimed at improving the care of patients with Parkinson's Disease. This study aims to investigate their involvement in the QIP – positives and negatives of involvement, impact and lessons learned, contributing to future practice.

METHOD:

Medication delays and omissions can lead to severe complications in Parkinson's. Contemporaneous data was used to measure efficacy of interventions (designed in discussions with clinical teams) post-implementation. There was a conflict between measuring baseline data versus a desire to avoid delays in improving care. Thus, retrospective data was analysed instead. Students collected and analysed notes of LTHT patients with Parkinson's Disease ranging from January-August 2016. Analysis focused on drug administration (including delays and omissions) on admission and after four days.

RESULTS:

Retrospective data collected was used to create Statistical Process Control Charts alongside prospective data. This revealed an improvement from an average (mean) delay to first dose from admission of 7.1 hours to 42 minutes (see chart). Retrospective data analyses demonstrated the QIP impact - reduced medication omissions and delays, improved patient care and outcomes, greater healthcare professional awareness and successful multi-disciplinary teamwork.



Positives of student involvement include undergraduate learning and role models within the team for leadership and innovation. Early involvement in QIPs fosters a desire for junior doctors to improve care. Negatives include high sensitivity in selection criteria of patient notes resulting in many retrospective patient notes being excluded due to lack of suitability, causing inefficiency in analysis. Prospectively, involvement will empower students to lead projects in their own careers. Success of the QIP has led to improved practices and patient care/outcomes in LTHT and shared expertise with other healthcare organisations.

CONCLUSION:

Successful QIPs benefit patients, healthcare professionals and hospitals, but require effective education, integration, collaboration and accountability to effect lasting change. Student involvement can positively contribute to this, enriching undergraduate learning and shaping future practice.

Acknowledgments:

We would like to thank ... for their help and support throughout the project and in writing of the study.

6-3

THE CHALLENGE OF FORMAL MENTORING

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Background

Mentoring in medicine is now embedded within practice frameworks, such as GMC “Tomorrow’s Doctors” [1] , “Leadership For all Doctors ” [2] and the Academy of Medical Educators “Professional Standards”[3] . Structured mentoring schemes for early career professionals have therefore grown and rely on engagement of volunteers. In a more common “return on investment” focus on outcomes for mentees, less attention can be paid to the experience of mentors within formal schemes.

Method

In-depth interviews were held with four mentors in structured schemes for early career doctors or teachers. All had provided informal mentorship previously and had encountered protocols, briefing and training for the formal scheme. An Interpretative Phenomenological Analysis model [4] was applied to carry out thematic analysis of the data. This method brings limitations of using a small sample but allowed in-depth, mentor-centric exploration of reflections on real experience.

Results

Findings showed that even experts in a professional field can return to the experience and anxieties of novice practice when taking up formal mentorship. Most felt that mentees in formal schemes may have different or higher expectations than in organic, informal mentoring relationships. When anticipating what mentorship may look like in the future, some participants were less clear how they would continue than they had been before engaging in the scheme [5].

Conclusion and Next Steps

The shift from ‘professional-as-mentor’ to ‘professionalised mentor’ brings different challenges and new development needs. If these are not met, mentors can lose rather than gain confidence in their practice which could impact on volunteer retention [5]. Scheme organisers can learn from this to ensure that mentors are trained and supported throughout a scheme, with opportunities to share and reflect on practice. Mentees who take part can help their mentors by being realistic in their expectations, clear about their objectives at the outset and recognising that they are also part of a learning experience for the mentor.

[1] http://www.gmc-uk.org/guidance/good_medical_practice/teaching_training.asp

[2] http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

[3] <http://www.medicaleducators.org/Professional-Standards>

[4] Smith, J. A., Flowers, P, Larkin, M. (2009). Interpretative Phenomenological Analysis: theory, method and research. London: Sage

[5] Blake, S., From expert to novice: Supporting mentor development through professionalisation of practice in formal schemes. International Journal of Evidence Based Coaching and Mentoring, Special Issue No 10, pp. 1 – 15 <http://ijebcm.brookes.ac.uk/view.asp?issue=special10>

6-4

SKILLS OPTIMISER SELF-EVALUATION TOOL (SOSET): A FACILITATED SELF-EVALUATION AND EDUCATIONAL PROCESS TO ENHANCE TEAMWORK IN GENERAL DENTAL PRACTICE

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Introduction: Studies across the health service reveal benefits of team-work. In general, dental practice in the UK, the staffing mix needs to be managed both as a business and as a healthcare service.¹ We have yet to establish how to optimise the skill-mix of the dental team to achieve best service delivery. This study built upon an established self-evaluation process (Maturity Matrix Dentistry)² and a realist evaluation of the dental skill-mix literature to develop a whole-team self-evaluation tool for optimising practice skill-mix. We report the development and piloting of the skills optimiser self-evaluation tool (SOSET).

Methods: Following the realist approach,³ research literature was coded for high-level factors (positive and negative) describing the *context* (C) under which *mechanisms* (M) operate to produce desired *outcomes* (O). Influences on skill-mix were extracted and presented in a matrix. The items within domains of influence were refined following repeated consultations with professionals from the wider sphere of dentistry (government and policy, NHS contracts, practitioners, educators,). SOSET was piloted in 10 dental practices.

Results: Nine domains of influence relating to whole team skill-mix in general dental practice were derived: practice team belief in skill-mix; scope of team members' practice; the practice and premises; patients' needs and views; system efficiency and business case; staffing; delegation systems and protocols; training; and communication and team meetings. Each domain contains five sub-levels, against which dental teams benchmark themselves during a tutor-facilitated group discussion. Post-session, the teams identify next steps for improvement and future personal learning needs. To encourage self-directed learning, a 'sources of help and advice' document can be referred to after the session. The pilot demonstrated the value of the tool and led to further modifications.

Conclusion: Based on a well-established methodology,² the SOSET is a straightforward way for the whole practice team to discuss skill-mix. The tool acknowledges that a practice may be at different levels of progress in each domain. It enables good practice to be recognised alongside highlighting areas for improvement. It also allows different staff groups—or individuals—to discuss educational needs related to teamwork.

¹ Brocklehurst & Tickle 2011 Is skill-mix profitable in the current NHS contract in England. *BDJ*, 210(7):303-308.

² Barnes EJ, Howells EP Marshall KA, Bullock, AD, Cowpe JG, & Thomas, 2012. Development of the Maturity Matrix Dentistry (MMD): a primary care dental team tool. *British Dental Journal* 212 (12), pp. 583-587.

³ Pawson and Tilley 2003 *Realistic Evaluation*. Sage: London

6-5

'THE MOST BEAUTIFUL THING YOU CAN WEAR IS CONFIDENCE' PEER MENTORSHIP PROGRAMME: EFFECT ON CONFIDENCE LEVELS OF MOCK INTERVIEWS

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Introduction: Mentoring in medicine has been shown to have a positive impact on mentee's career development (1), especially at important career transition points. A peer mentoring scheme was developed at our DGH in 2016, which paired foundation year doctors with senior trainees to provide informative, confidential support. Feedback from mentees highlighted a lack of confidence around speciality interviews, particularly the level of specific knowledge required and uncertainties of how to correctly prepare a portfolio. Most mentees had not had a professional interview since application to medical school over six years prior, meaning their concerns were confounded by being unsure what to expect on the day.

Method: Mock interviews were designed for 12 foundation trainees, each consisting of three 10 minute stations: portfolio and commitment to specialty, ethics, and clinical knowledge. Trainees had applied across multiple specialities, including core medical and surgical training, paediatrics, ophthalmology and psychiatry, which required individualised stations and speciality specific examiners to maximise realism and educational impact.

Further strategies were employed to improve the trainee's confidence and preparedness:

Area causing low confidence and level of preparedness	Strategy to reduce these issues
Unsure what to expect on the day	<ul style="list-style-type: none"> Realistic dress code Realistic structure (2 examiners per station, preparation time for scenarios, strict time-keeping)
Portfolio	<ul style="list-style-type: none"> Candidate portfolios reviewed in portfolio station Additional feedback on portfolios from specialty registrars afterwards
Unclear of desired standard	<ul style="list-style-type: none"> At least 1 speciality specific examiner per station Allocated time for feedback, delivered with mark schemes Feedback on content, structure and style List of additional potential questions provided

Preparedness and confidence were measured before and after the interviews on a five point likert scale. Statistical analysis was performed using a Wilcoxon signed-rank test.

Results: Average confidence improved from 2.6 to 3.8 ($p < 0.05$). Average preparedness improved from 2.5 to 4.1 ($p < 0.05$). We acknowledge some variability as candidates were different time frames away from their summative interviews.

Conclusion: Authentic mock interviews, addressing specific trainee concerns, with sufficient time for feedback significantly increased confidence and preparedness of participants. This improves their educational impact as a formative assessment tool.

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6-6

TAI CHI FOR BUILDING RESILIENCE

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Background

In recent years, there has been much interest in how GPs can protect themselves in their everyday practice through building resilience. The impact of wellbeing on the clinical care given and working relationships is now being recognised as important, and ways of building resilience are developing. This poster describes an educational session designed to support GPs by introducing them to the practice of Tai Chi, and how to use it to manage stress.

Summary of work

The aim of the session was to introduce participants to some basic principles and moves in Tai Chi. It comprised a mix of informal discussion of the principles and a practical introduction. Follow up support was provided by a podcast video which demonstrated a short 10 minute practice that could be completed every day. 10 participants attended the session, drawn from a range of roles in general practice. The session was evaluated using a feedback sheet, and a further follow up email evaluation was conducted three months later.

Summary of results

Participants valued the introductory session and rated it as 'good' or 'very good.' The 'on-the-day' feedback reflected their liking for the practical nature of the session and reported seeing how it could be fitted into the working day. The poster will outline the findings of the evaluation and future steps for developing this area of educational support.

Conclusions /Take home messages

The session demonstrated that there is a willingness amongst GPs to engage with practical support to manage stress, and the session adds to the existing menu of strategies offered in the area. The evaluation provided useful information for ideas for future development.

6-7

IMPACT OF AN EDUCATIONAL RESOURCE ON ADVANCE CARE PLANNING (ACP) IN A GP SETTING

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Introduction: Advance Care Planning (ACP) is the process of decision making by a patient that helps to guide decisions about their future care when they lose capacity, usually in the context of progressive illness. The first cycle of an audit to establish the quality and documentation of ACP for a General Practice of approximately 8,350 patients revealed a compliance of less than 10% with National Institute for health and clinical excellence (NICE) and Gold Standards Framework (GSF) derived quality indicators, with the main issue being poor documentation of ACP discussions.

Aim: The aim was to introduce and assess the impact of an in-house "toolkit" containing relevant educational material from a range of appropriate resources on ACP such as the GSF website. The toolkit was designed for flexible use by the General Practitioner (GP).

Methods: ACP discussion and documentation was re-audited 9 months following the launch and implementation of the toolkit against the following NICE and GSF derived quality indicators:

- Preferred place of care
- Preferred place of death
- Advance statement
- Advance decision to refuse treatment
- Legal lasting power of attorney
- Do not attempt cardiopulmonary resuscitation (DNACPR) order

Patients were identified by virtue of their inclusion on the surgery Palliative Care Register (PCR). The GP who was best acquainted with the patient was asked to contact them to commence and document ACP discussion(s) using a pre-devised template included in the toolkit.

Results: 24 patients were identified as candidates that would benefit from ACP discussion. 9 months following implementation of the toolkit, compliance with quality indicators improved the most for discussion and documentation of preferred place of care (PPC) and DNACPR order (29.2% compliance). All other remaining indicators showed a compliance of greater than 10%, representing an improvement with the exception of Advance decision to refuse treatment (ADRT) whose compliance remained static at 0%.

Conclusion and implications: Advance Care planning (ACP) promotes patient autonomy at the end of life. Educational resources can result in quality improvements in ACP discussion and documentation. However the gain seen is modest despite use of a template to document discussion(s). Other barriers to the implementation of good ACP need to be evaluated and addressed, especially in regard to an Advance decision to refuse treatment if we are to see greater GP engagement with this process.

6-8

IMPLEMENTING A MENTORING PROGRAMME FOR JUNIOR TRAINEES AT ALDER HEY CHILDREN'S HOSPITAL

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Introduction:

Mentoring is a framework in which trainees can get advice, support, guidance from a peer. It is a partnership between mentor and mentee and is a learning and developmental experience for both parties.

At Alder hey, we wanted to introduce this idea of mentoring to ensure supportive and pastoral care for Junior colleagues was available.

Methods:

A list of Foundation year and GP trainees were identified who would be rotating to Alder Hey in March 2016. Emails were sent to trainees introducing this mentoring pilot scheme and asking for an expression of interest. A list of potential mentors was also identified and these were matched with the mentees.

Following allocation, we then asked mentees to contact their mentors to arrange an initial meeting. We provided mentors and mentees guidance on the mentoring scheme and gave contact details for the mentor leads if any problems were encountered that needed addressing.

One month after allocation, a survey was sent out to all participants to gain feedback relating to the allocation process and the initial meeting. This was then followed up by a survey at the end of the mentoring placement.

Results:

The feedback surveys have been very positive. Trainees feel the idea of a mentoring scheme would be of great benefit to them and from the feedback we received, many gained a lot from it including support with the day to day job role, support for difficult experiences trainees may have been involved in, and also advice for gaining the most from the 4 month rotation. However, with the initial pilot scheme some learning points have been identified. These include improved allocation of mentors and mentees, better communication relating to roles and responsibilities of both parties including setting up the initial introductory meeting, earlier identification of mentees agenda, and improved support to mentors facing difficult conversations with their mentees.

Conclusion:

The pilot mentoring scheme introduced at Alder Hey Children's hospital appears to have been successful and both mentors and mentees have benefited from it. There are improvements and developments that need to be implemented and these changes have been planned for implementation in the next cohort. We will continually address feedback issues to ensure the mentoring scheme is a success and proves worthwhile for all those involved.

6-9

FELLOWSHIP IN EDUCATION QUALITY IMPROVEMENT

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Introduction & Method: A non-clinical fellowship in education quality improvement (EQIP) was established three years ago within the department of clinical education (DCE). Each year a senior trainee is appointed to work alongside the DCE on EQIP projects and to undertake a Masters in Medical Education.

Fellowship projects:

- Development & delivery of non-training grade doctor simulation.
- Creation of an educationally focussed patient safety newsletter.
- Faculty development programme delivery and content review.
- Support administering a local reporting tool (GRIPES).
- Representation on committees.

Fellows gained experience in quality management (internal processes & external reviews), financial accountability, strategy and sustainability planning.

Results: Simulation work complemented a wider project aimed at improving recruitment & retention of non-training grade doctors.

The newsletter improved dissemination of learning from incidents and led to a critique of investigation outputs and staff engagement strategies.

Presentation of work nationally/internationally.

Demonstration of fellowship benefits to senior management.

Discussion: Junior doctor engagement is challenging due to the temporal nature of placements. However, their input can offer new perspectives and contribute to DCE work whilst also cultivating the leaders of tomorrow.

Non-clinical fellowships delay progression through speciality training by 12 months.

Returning to clinical practice needs planning.

Conclusions: In addition to the projects discussed, the fellowship post was presented to the trust board highlighting the value and impact of education within the trust to the senior leaders. Facilitation of other projects followed on return to clinical training through linking projects, aligning efforts and identifying resources/ levers.

Take-home messages: This fellowship helps raise the profile of medical education in our Trust.

Outputs demonstrate the short-term benefits to the trust and potential improvement in recruitment & retention.

This non-clinical fellowship offers the opportunity for juniors to become fully involved with DCE activities gaining leadership and management experience.

Acknowledgements: Health Education England for providing funding for the Education Quality Improvement Fellow post.

6-10

USING PBL AS A TOOL IN THE DEVELOPMENT OF MEDICAL STUDENT'S PROFESSIONAL IDENTITIES

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Introduction:

Medical Schools have the responsibility of developing students' professional identities, but this is often at the periphery of the curriculum, rather than being an overt feature. It is agreed that didactic teaching is not effective in teaching professionalism. Problem-Based Learning (PBL) is a potential teaching and learning innovation in providing a platform for group discussions to bring professionalism forward into the formal curriculum. The study endeavoured to integrate prompts that sought to highlight relevant teaching and learning points about professionalism in pre-clinical PBL scenarios as to prompt discussion with students at Barts and The London, SMD.

Methods:

Qualitative evaluation of this teaching and learning innovation was undertaken including five non-participant observations and three focus groups with both pre and post-enhanced PBL scenarios and trained facilitators in order to understand the students' experiences of PBL sessions and perspectives of professionalism.

Results:

Students responded positively to the inclusion of prompts with more engagement in discussions of issues such as recognition of the need to holistically approach the patient. The facilitator played a central role in discussions. Prompts encouraged students to reflect on clinical experiences in peer discussions.

Conclusion/Implications:

Results show that incorporating prompts relating to the broader parameters of the role of the doctor as a professional affects themes discussed in PBL sessions and influences students' perspectives of professionalism. From the appreciation of different perspectives in peer discussions, issues involving professionalism are explicitly considered. Reflection on role-modelling provided integral learning experiences.

In conclusion, PBL is useful to deliver explicit teaching on professionalism. Training of facilitators is vital for the effective use of prompts. Scope for future work includes the inclusion of similar prompts into other modules across different cohorts and incorporation of reflective and collaborative practice into other teaching in the formal curriculum.

6-11

MAKING SENSE OF URINALYSIS: USING KOLB'S REFLECTIVE MODEL TO IMPROVE THE KNOWLEDGE, ATTITUDES AND PRACTICE SURROUNDING URINE ANALYSIS AMONGST JUNIOR DOCTORS

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Introduction

Urinalysis and urine dipstick testing is a simple, effective and informative test in the management of many acute and chronic conditions. Studies show that it is sub optimally used, especially by junior doctors who form the bulk of frontline clinicians (Stewart J., et al. 2009). This may be associated with financial implications. The project aim was to improve knowledge, attitude and behaviour surrounding urine analysis by using educational intervention which incorporates Kolb's reflective model (Kolb's 1984).

Method

We assessed current practice with a pilot questionnaire designed to stimulate reflection on practice followed by delivery of power point presentation to help participant re-interpret their experience in the light of the existing urinalysis guideline before retesting their knowledge and behaviour. Our educational interventional design follows Kolb's reflective cycle of experiential learning (Kolb, 1984) (see figure 2). We used the results of our initial responses to improve our teaching material. Participants included are junior doctors at 3 hospitals in the North West region.

Results

Pre-intervention, our results showed that knowledge surrounding infection was good; however, knowledge and behaviour surrounding management of proteinuria and haematuria was poor. Post-intervention results showed improvement in all areas tested and demonstrated that the educational intervention used was an effective means of improving knowledge, attitudes and behaviour surrounding urinalysis (see table 1 and figure1). Our study also identified that documentation of results and knowledge of urinalysis guidelines is poor amongst junior doctors. We designed a result-sticker and a guideline-flow chart with intent to improve documentation and management of abnormal results respectively. This will be launched into clinical practice shortly.

Conclusion

This study has demonstrated the effectiveness of educational intervention in improving clinical knowledge, attitudes and behaviour surrounding urine analysis amongst junior doctors. The study could be extended to nursing staff. It has also highlighted areas for further improvement and offers potential future projects, in particular how this intervention might lead to an improvement in clinical practice. We hope to gather this data soon.

6-12

A LONGITUDINAL STUDY OF THE WELSH CLINICAL LEADERSHIP TRAINING FELLOWSHIP PROGRAMME 2013-2016: THE FIRST THREE COHORTS

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Introduction:

In response to the low level of engagement of doctors in leadership and management roles¹ and the importance of clinical leadership as a requirement of all doctors,^{2,3} the Welsh Clinical Leadership Training Fellowship programme, (12 month out-of-programme) was set up in 2013 by the Wales Deanery. The aim was to recruit aspiring future clinical leaders and equip them to build and lead improvements in healthcare delivery. Although such Fellowship programmes exist throughout the UK, there has been scant analysis of their success.⁴ Our primary aim was to investigate the impact of the Fellowship on their practice as doctors.

Methods:

Former Fellows (n=14) were contacted by email and invited to take part in a semi-structured one-to-one interview via telephone or face-to-face. Research interviews were recorded, transcribed and analysed thematically.⁵ Ethics approval was granted by Cardiff University (28-02-17).

Results:

Twelve Fellows were interviewed (86% response rate). Primary themes related to impact on careers; application of knowledge and skills; and impact on day-to-day clinical practice and patient care. Having a year out of training to concentrate on leadership development was highly valued. Fellows benefitted from greater insight into how complex organisations function, as well as an understanding of how to influence team members, knowledge that was lacking in their specialty training programmes. They reported that completing the Fellowship enhanced their prospects when applying for training or consultant posts in a highly competitive market. Networking and negotiating skills were particularly valued, with some Fellows reporting such networks had continued beyond the Fellowship,

Conclusions:

The Fellowship provided trainees with skills which they were able to integrate into clinical practice. Although the programme gave Fellows the knowledge, skills and confidence to initiate and lead projects, the ability to put these into practice depended on the level at which Fellows were in their career.

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6-13

MINDFULNESS: AN APPRECIATIVE INQUIRY OF GP PARTICIPANTS' REFLECTIONS ON ATTENDING AN EIGHT WEEK COURSE

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Background

Mindfulness as a means of addressing and managing the stresses of medical practice has, in recent years, become very topical in medical education. It has become well-established across the continuum of medical education in different forms, and there is a burgeoning field of research to evaluate its effectiveness, using a variety of approaches. This poster describes an evaluation of an eight week mindfulness course to support GPs by fostering awareness to stress and strategies for resilience.

Summary of work

This study evaluates the experience of the course participants (n.3 cohorts) and explores their understanding of mindfulness and their experience of engaging with mindfulness in their lives. We have used the approach to research 'appreciative inquiry' (AI), and conducted interviews to develop an understanding of each participant's personal journey on the programme. AI has allowed us to focus our 'researcher' gaze on what worked/s for them and possibilities.

Summary of results

Participants interviewed (to date 5) and the MBSR facilitators (n.2) valued the programme in terms of support and strategies to manage daily stressors. They came to the programme with different understandings of mindfulness and different levels of engagement with the concept. Our poster will outline the findings of the evaluation and contextualise them in the literature.

Conclusions

The 8 week programme allowed participants to develop their understanding of mindfulness, its potential relevance to them and to embed its practices in their lives. It provides a new perspective on the nature of this type of intervention. Our poster will explore this.

Take home messages

Participants reported continuing to use the principles and practices, those these were often modified.

6-14

MEDICAL EDUCATION GENERAL PRACTICE FELLOWSHIP FOR ROYAL COLLEGE GENERAL PRACTITIONERS ASSOCIATES IN TRAINING – TRAINING TO BE AN EDUCATIONAL LEADER

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Introduction: As part of the Health Education England response to “Five Year Forward View” and “Building the Workforce – A New Deal for General Practice” created new academic posts with Health Education England West Midlands offering fully funded General Practice fellowships. One of the themes offered was Education.

Method: Choosing the theme of Education offered multiple opportunities within the General Practice fellowship. The first element was being undertaking funded formal training such as a Postgraduate certificate. The second element being was 60 extra days study leave and 30 days extension in General Practice placement.

Results: As part of my Medical Education Fellowship, I have been organising the educational element of the practice meeting with the help of the practice management staff. An initial individual needs assessment was carried out identifying what each of the General Practitioners identified as their educational needs. Other educational sessions that had been popular in the past were still included such as in-house teaching between the medical staff. In the future, I aim to build a reference folder for all educational meetings and re-evaluate learning needs.

Conclusions/ Implications: Fellowships in medical education allow for improving educational skills and leadership skills. It allows the trainee to develop variety of skills whilst still in training. Finally, they encourage the promotion of continuing professional development.

6-15

IMPROVING THE REPORTING, LEARNING & SHARING OF PATIENT SAFETY INCIDENTS IN PRIMARY CARE

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Background

Safety-related incidents in primary care are usually reported and analysed as 'Significant Events.' All surgeries partake in Significant Event Audits (SEA); however, sharing such learning beyond the surgery is rare. The aim of this project was to understand and improve the practice of reporting, sharing and learning from safety incidents in primary care.

Summary of work

Baseline data was gathered from 3 surgeries, including: SEA reporting policy, the number and nature of SEAs reported over 10 months in 2014 and whether SEAs had been shared outside the surgery. Changes were introduced at each surgery to improve reporting and learning from incidents. As a way to facilitate sharing of safety incidents, the new NHS England GP e-form was adopted as the reporting template for significant events.

Summary of results

The number of SEAs reported is variable between surgeries. Less than 1% were shared with the local area team or CCG. Each surgery has introduced changes to improve the process of reporting and documenting learning from significant events. Use of the NHS England GP e-form has been adopted by some GPs at each surgery.

Conclusions /Take home messages

For sharing incidents and learning from primary care services to be successful, the system to do so must be easy and quick to use. There needs to be a mechanism for collating and feeding back the shared lessons at both a local and national level, and there needs to be a culture change within the NHS to eliminate fear of blame.

6-16

HOW DOES AN APPRAISAL DRIVE CHANGE? REVEALING THE SKILL OF THE APPRAISER

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Background

Much interest has been directed at demonstrating the outcomes of appraisal and their impact on an individual's practice and more widely. This research set out to identify changes on the introduction of appraisal for general practitioners in Jersey, and determine to what degree it had generated change in clinical practice /care structures. An unintended finding was evidence for the power of the appraiser in the process.

Summary of work

This work stems from an evaluation which drew on a documentary analysis of appraisal paperwork (form 4 and PDP) for a sample of appraisees on Jersey over three years. Using a framework informed by the four domains of 'duties of a doctor,' we coded the documents to reflect evidence of individual level change and practice level changes. The findings not only indicated evidence of change for both individual and practices, and addition the power of the role of the appraiser in this process.

Summary of results

Our research set out to identify evidence of change flowing from the appraisal discussion. An appraisal was shown to be a vehicle through which specific examples of change could be seeded and nurtured, through the skilful role of the appraiser, who was instrumental in raising issues, challenging practice, and promoting change for our participating GPs.

Conclusions /Take home messages

This study identifies evidence for the impact of the appraiser on the process of change and development for an appraisee.

6-17

THE LEARNING TRAJECTORY OF MEDICAL APPRAISERS: COMMUNITY OF PRACTICE AND PROFESSIONAL IDENTITY IN MEDICAL APPRAISAL

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Background

An additional role GPs can take on is as an appraiser in which they provide medical appraisal for revalidation to primary and secondary care clinicians. Whilst clinical and education roles are well defined, appraisers do not, seemingly, have co-presence or are part of a clearly identifiable group. How do GPs construct their professional identities as appraisers? This study is part of on-going work looking at the role of the medical appraiser in continuing professional development.

Summary of work

The study uses 'community of practice' as an analytical framework in order to understand the extent to which members share goals and practice, and develop relationships that join appraisers together into a social entity. More specifically, Wenger's (1998, p. 73) three dimensional distinctions are applied to provide a framework of codes i.e. mutual engagement; joint enterprise; and shared repertoire. In-depth interviews with appraisers were analysed using Saldana's (2016) approach to coding and interpretation of qualitative research.

Summary of results

'Legitimate peripheral participation' sheds light on issues encountered as GPs construct their professional identities as appraisers and their evolving learning and practice through interaction with other appraisers (Lave and Wenger 1991). Where appraisers do participate in a community of practice, the study reports on how their professional identity as an appraiser is formed and on common expertise and shared practices.

Conclusions /Take home messages

The study helps understand how learning, working relationships, and practices are developed by medical appraisers. It draws out implications for the development of new groups of professionals, as well as synergies with existing ones.

6-18

PREVENTION OF HARMFUL STRESS AMONGST DOCTORS

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Background

Research has shown a link between practitioner stress/burnout and poor patient care. Contributory factors to high stress levels amongst doctors (such as heavy workload and economic constraint) and the need for resilience are well documented. Less is known about educational interventions that may help doctors to recognise and manage the harmful effects of stress in their own practice.

Summary of work

This poster presents findings from a thematic synthesis of national and international literature concerning pedagogy for educational interventions to combat stress for doctors, which can be offered as continuing professional development or as part of medical curricula. The synthesis was conducted as part of a mixed methods study which included focus groups with medical educators and an online Delphi exercise.

Summary of results

From the 1355 papers initially retrieved, 32 studies were included in the synthesis. Interventions spanned several specialisms and were provided for trainees, qualified doctors and multi-professional team members. Only a small number of UK based interventions were included in the review, interventions offered within the US, Australia and Scandinavia were more frequent.

Conclusions /Take home messages

The poster considers in more detail what can be learnt about which types of intervention appear to work well for whom and in what ways, reflecting on the differing foci and associated outcomes of various pedagogic approaches.

6-19

YOGA FOR INNATE RESILIENCE: STRETCHING INTO POSSIBILITY

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Background

In recent times the effects of work pressures and low morale for GPs and other primary care clinicians have been regular headline themes, and are an area for concern. Fostering resilience within the workforce is an area of interest and educational development work for medical educators. This poster describes an educational workshop designed to support GPs and other primary care staff by fostering awareness of stress and promoting practical strategies for resilience.

Summary of work

The aim of the practical workshop was to enable participants to engage in yoga practice and meditation, and to promote these activities as ways of managing stress on a daily basis in order to support personal resilience. The session comprised a mix of gentle stretching exercises and meditative activities. 17 participants attended two workshop mornings, representing a range of roles in general practice. After the sessions participants were encouraged to continue practice at home and in the workplace. Each workshop session was evaluated using an online feedback survey.

Summary of results

Participants valued each element of the workshop highly, not only for the focus on yoga and meditation but for 'time out.' They described how they integrated the practical strategies into their working day, and future intentions.

Conclusions

The work has allowed GP educators to broaden their portfolio of CPD for GPs, and identify potential barriers and opportunities for future development.

Take home messages

The workshop demonstrated that there is a willingness to engage in practical activities of support for to manage stress and develop resilience.