

CATEGORY 6 POSTER WINNER

IMPROVING THE LEARNING ENVIRONMENT AND CULTURE IN AN OBSTETRICS AND GYNAECOLOGY DEPARTMENT USING A NOVEL MODIFIED CHANGE LABORATORY METHODOLOGY

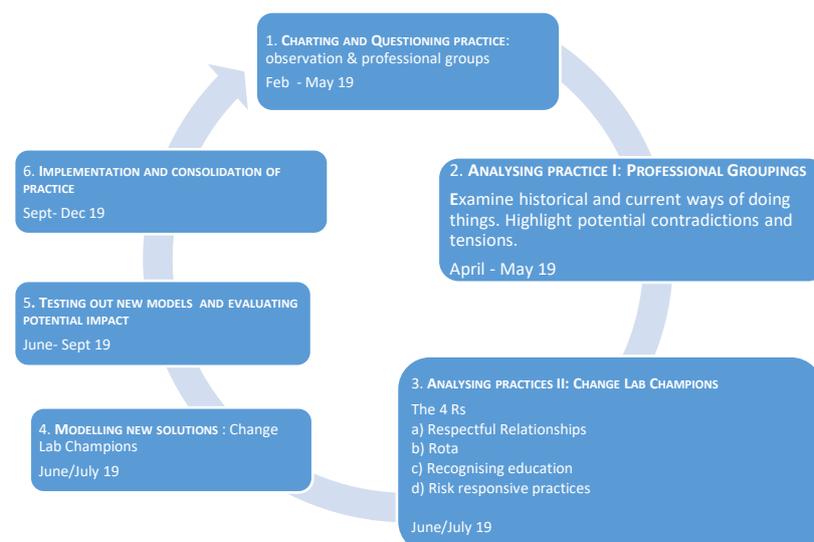
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INTRODUCTION: The culture of a department is determined by how individuals behave, work and learn as a multiprofessional team. Incivility in the workplace affects the individuals concerned, onlookers and the wider team with psychological distress, reduced performance and reduced willingness to help¹. Learners may fear repercussion and be reluctant to ask for help, thus affecting quality of training. Poorer team working can adversely impact the quality of patient care as highlighted in the Francis report².

Current interventions to tackle negative workplace behaviours mostly target the individual – remedial bullying workshops for the people exhibiting bullying behaviour or resilience workshops for those experiencing bullying behaviour. Unfortunately national surveys have shown that the percentage of trainees experiencing bullying and undermining is on the rise³. Recognising these behaviours are usually a symptom of the pressures and tensions within a complex system, we have used a novel system wide intervention called the Change Laboratory.

METHOD: The Change Laboratory is based on an expansive learning cycle where a cross section of the multi-disciplinary workforce meet over time to question, analyse, model and test out new ways of working, before mutually agreeing a model to be implemented. Due to a range of practical and ethical reasons of working in a live, busy Obstetrics and gynaecology department the Change Laboratory methodology was modified to be a development intervention. Charting the situation was done over time by two authors observing daily work, asking questions and gathering examples that have the potential to undermine supportive working, learning and training practices. Professional group discussions were held to hear different perspectives on how staff determined each other's capabilities within the team, how training needs were identified and training incorporated into daily practice and by whom. These discussions were also a way to gain trust, safely question practice and facilitate a shared analysis that would form the basis of the multi-voiced change lab that is to commence.



IMPLICATION: The system wide approach of the modified Change Laboratory has highlighted the perspectives of staff less often heard regarding training. For example, administrative rota staff corroborated the current rota's emphasis on service provision rather than any continuity in training environment, trainer or acknowledgement of what trainees were capable of doing. Gynaecology nurses felt

medical trainees were being set up to fail due to a lack of direct supervision and formal teaching and consequently provided informal teaching to maintain patient care and safety.

Valuing respect during interactions with colleagues, challenging behaviours that undermine team work and training and recognising education in daily work will be the initial aims of the Change Laboratory.