

G543(P) IMPROVING PATIENT SAFETY AND QUALITY OF CARE FOR REGIONAL NEONATAL SERVICES

N Hoque, S Wang, M Watson. *Curriculum Delivery Group, London School of Paediatrics, London, UK*

10.1136/archdischild-2015-308599.494

Context Neonatal care delivered by ST1 Paediatric trainees attached to 18 Local Neonatal Units and Special Care Baby Units.

Problem Trainees did not feel adequately prepared or supported to perform essential duties of their role including attending deliveries and performing newborn examinations. Trainees highlighted the risks to patient safety and quality of care.

Assessment of problem and analysis of its causes To quantify the problem and understand the root causes we interviewed and surveyed 48 Paediatric trainees after completing their first post with neonatal duties. 50% of trainees felt inadequately prepared to perform essential duties and 40% of trainees were unsatisfied with their supervision. We discussed our findings with trainees, the specialty training committee and local departments, and identified problems with induction and training as well as devising strategic interventions.

Intervention Multiple interventions included 1. Neonatal Life Support (NLS) courses specifically for ST1 trainees before or during their first neonatal post and 2. Engaging with College Tutors to provide comprehensive recommendations for neonatal specific induction, adequate supervision attending deliveries and performing newborn checks, and formal assessment of competence before working unsupervised.

Study design Trainees who had completed their first neonatal post were surveyed. We used multiple choice, Likert scale and free text answers to capture trainee's experiences.

Strategy for change We implemented changes to training over two years, starting with NLS training for new ST1s. Working with Training Program Directors and NLS course directors we offered places to all new ST1s at or near induction. With Local Education Providers and neonatologists, and guided by trainee's feedback, we developed standards and recommendations for local ST1 induction. To aid dissemination, at all stages, we presented the work at regional and local meetings and directly communicated with the Specialty Training Committee, College Tutors, and trainees.

Measurement of improvement We found that undertaking NLS training before starting their first post significantly increased trainees' confidence in attending deliveries and resuscitating newborns. Trainees felt better prepared to perform their duties if they had a specific neonatal induction lasting at least two days (our recommendation). Trainees satisfaction with supervision at deliveries was significantly increased when they were accompanied to the first 4 or more deliveries (our recommendation). There was a trend towards increased satisfaction with supervision when trainees were observed for the first 3 or more newborn checks.

Effects of changes Our work increased the proportion of ST1s a. adequately trained to resuscitate newborns before starting work, b. adequately supervised after induction, and c. having an assessment of competence before working alone utilising Supervised Learning Events. We decreased the number of inadequately trained staff who are responsible for neonatal care and improved supervision that ultimately increased patient safety. Our ongoing challenge is supporting local units to balance service provision with effective training and supervision.

Lessons learnt We learnt that effective change relied upon good communication at all levels between lead providers, local units, and trainees. We focused on Paediatric trainees but other trainees perform the same duties in some units including GPVTS and FY2 trainees. It is important to understand their experience and support them in similar ways in order to protect patient safety.

Message for others Safe neonatal care relies on adequately trained and supervised junior medical staff. Significant shortcomings were partly addressed using a collaborative approach including regional courses and support of local training. We believe that quality of care was improved by increasing the proportion of trained staff that are assessed before working independently.

G544(P) ABSTRACT WITHDRAWN

G545(P) CLINICAL MANAGEMENT AND DEVELOPING SERVICE IMPROVEMENT PROJECTS (SIP) – OUR EXPERIENCE

S Jyothi, A Kanani, H Goodyear. *Paediatrics, West Midlands, Birmingham, UK*

10.1136/archdischild-2015-308599.495

Context Paediatric trainees have variable training in clinical management. Although all trainees are involved in audits and many in research, not many trainees understand how NHS management works.

Assessment of problem and analysis of its causes An informal discussion among senior trainees revealed that almost all were planning to attend a leadership or management course during their last year of training and specifically before attending consultant interviews. Most of these courses were oversubscribed and had trainees from different specialties leading to difficulty in following examples of change in clinical practice.

Intervention A senior trainee (ST7) liaised with the Head of School who agreed to fund this initiative for 2 years. We made enquires to other deaneries and 3 universities who organised medical management courses. We chose Keele University to collaborate with for a new bespoke course for senior paediatric trainees. The deanery allocated £30,000 for 60 trainees to complete this course over a 2 year period. Each course was limited to 22 trainees to encourage discussion and interaction.

Strategy for change Guided by the senior trainee who initiated this project, a 4-day programme was developed on Clinical Management for paediatric trainees. Course information was disseminated via email to all senior trainees and announced in ST6–8 training days. The first course was run in autumn 2012. The programme included an initial 2 days, an 8–10 week interval to complete a SIP before the final 2 days.

Main course topics

- History and structure of NHS
- Financing healthcare
- Personality types
- Leading and motivating teams
- Leadership style and handling conflict
- Roles and responsibilities as a new consultant
- Writing a successful business case
- Service improvement project-the basics