

Staff Experience of a Fellow in Education Quality Improvement in the Department of Clinical Education

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Trust Board paper E

Executive Summary

This staff story focuses upon a trainee in anaesthesia (ST6/Registrar) and their positive experience while becoming a Fellow in Education Quality Improvement in the Department of Clinical Education.

A ST6/Registrar wishes to share with the Trust Board how, following a fellowship they have gained valuable insight into the management of education in a large NHS trust, how to effect change and pilot new ideas. It has strengthened their commitment to improving education both within their speciality and more widely. They have found themselves being approached for advice or collaboration and continue to work on a number of projects to improve training, learning from errors and how to integrate new technologies to promote engagement more widely.

This staff experience story will be shared with Trust Board using a video recording.

Background

Andrew Hughes moved to the East Midlands in 2010 having graduated from the University of Birmingham and spent his foundation and early anaesthetic years in the West Midlands. Andrew first rotated to UHL in 2012 and (apart from spending one year in Kettering) has worked here since.

Since university, Andrew has been drawn towards education, probably due to a mixture of poor educational experiences and observing some outstanding role models. He had wanted to explore medical education beyond the delivery of lectures and facilitating skills workshops. So, he started putting together a proposal for a simulation fellowship. Rob Powell (then Deputy Director of Clinical Education) told him about this one, which had been run for the past 2 years with funding from Health Education England.

The fellowship was non-clinical so Andrew had to consider how this would affect his training in terms of de-skilling and delaying his CCT date (Certificate of Completion of Training). Andrew applied as there was a good support structure and he could do bank shifts to keep his hand in with anaesthetics. Not having to contend with fixed clinical commitments allowed for a several projects to be undertaken and greater focus on the work which he was involved with.

Staff Experience

For the past year Andrew has worked as a Fellow in Education Quality Improvement in the Department of Clinical Education under the supervision of Professor Sue Carr (Director of Clinical Education). The work undertaken during the fellowship was varied and included the following:

- Trust Grade Doctor Project – developed a pilot simulation package for non-training grade doctors and registered nurses in UHL targeting some of the difficulties they face when coming to work in the UK/NHS. This work was presented at a national simulation conference.
- Education Faculty Development – supporting the delivery of teaching improvement courses for junior and senior doctors. This involved utilising the knowledge gained from my (on-going) masters in medical education to update material and try new ways of delivering content. I also provided ad hoc

teaching to regional training programmes on educational methods/theory. This work was presented at an international medical education conference.

- Dissemination of findings from serious incidents – the Education to Improve Patient Safety (EIPS) newsletter was piloted with several issues published. Each newsletter took two serious incidents within UHL, summarised them and offered tangible learning points for front line staff. Relevant resources were also signposted. It was distributed via email and hard copies throughout staff common rooms/rest areas. Work is in progress to restart the newsletter following further collaboration with the patient safety department.
- GRIPES tool – help with managing the junior doctor reporting tool. This involved acknowledging issues which impeded doctors from working efficiently and taking steps to address these through appropriate channels involving various associate medical directors and departments. Gained an in depth understanding of what mechanisms are in place to rectify problems in the trust, their limitations and the importance of staff engagement.
- Mentoring – trained as an Egan mentor, registered at UHL and continue to provide mentoring currently.
- Representation on various committees & groups:
 - Doctors in Training Committee
 - Medical Education and Training Committee
 - Learning from Experience Group
 - Education to Improve Patient Safety
 - Simulation Training Strategy Steering Group
 - Trust Grade Doctor Project Steering Group
- University of Leicester Medical School examinations – became involved with the writing and marking of exam questions. This was in response to a request to increase the number of questions in the bank (specifically for acute and perioperative care).
- Masters in medical education – enrolled with the University of Hertfordshire.

The benefits for Trust:

- Supporting trust grade doctors working in UHL and promoting inter professional learning through simulation. This led to them feeling more valued within the trust, better equipped to manage challenging clinical encounters and the value of what other professions bring in these situations.
- The Education to Improve Patient Safety (EIPS) newsletter was a targeted method of disseminating learning from serious incident investigations to frontline staff. It presented some interesting findings and a discussion about investigation recommendations and how they are interpreted in the organisation.
- Having returned to clinical work in anaesthesia I have found myself facilitating other's in their bid to advance their own projects by linking them with individuals or departments that can help. This can also lead to collaboration and alignment of efforts rather than 'silo' working.
- Finally, the work presented regionally, nationally and internationally which I believe helps build the organisation's image as an innovator and investor in people.

Andrew states *"Looking back I'm glad I undertook the fellowship as I have gained a valuable insight into the management of education in a large NHS trust, how to effect change and pilot new ideas. I have strengthened my commitment to improving education both within my speciality and more widely"*.

"The process has made me feel like a valued part of UHL offering the organisation something else in addition to my clinical abilities. It has challenged my plan to return to the West Midlands as a consultant when I complete my training because I want to remain involved with the people and work here and perhaps

shape the way education is seen and delivered in Leicester. Although direct patient care was not part of my fellowship, the projects I was (and continue to be) involved with positively impact patient care far beyond my own clinical work”.

“I feel posts like this help foster loyalty to the organisation which could result in improved recruitment/retention, better understanding between staff groups, research and innovation”.

Andrew now finds himself being approached for advice or collaboration and continues to work on a number of projects to improve training, learning from errors and how to integrate new technologies to promote engagement more widely. To that end he has applied for a part time fellowship (50:50 job split) to allow time to see some of these through whilst continuing with his anaesthetic training.

Input Sought

The Trust Board is asked to:

- Receive and listen to the staff’s story.
- Support and promote ongoing opportunities for Fellowships across the Trust.

For Reference

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Not applicable
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Not applicable
Enhanced delivery in research, innovation & ed’	Not applicable
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Not applicable
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	Not applicable
Board Assurance Framework	Not applicable

3. Related **Patient and Public Involvement** actions taken, or to be taken:

No Patient and Public Involvement issues identified as part of this staff story

4. Results of any **Equality Impact Assessment**, relating to this matter:

No equality issues identified as part of this patient story

5. Scheduled date for the next paper on this topic:	April 2017
6. Executive Summaries should not exceed 1 page .	The paper does comply
7. Papers should not exceed 7 pages .	The paper does comply