

Quality improvement programmes: a model for clinical leadership training for foundation doctors

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Aims

Develop leadership skills amongst foundation doctors through the completion of a supervised quality improvement (QI) project over a 6-month period.

Methods

Volunteers were sought amongst foundation year one (FY1) doctors to participate in the pilot programme. Meetings were held out of hours each Monday and training used a combination of interactive lectures, guided group discussions, and workshops with both in-house and external speakers. Through these methods, trainees were able to choose a feasible topic, develop their own objectives and project charters, and use the PDSA method of QI to introduce change and demonstrate improvement. Project management was led by the participants with senior supervision. Trainees were actively involved in stakeholder engagement and negotiations through meetings with both clinical and non-clinical stakeholders to support their projects. Feedback was given at the weekly meetings, with opportunities to reflect as a group and individually. After 6 months, a questionnaire was released to evaluate the programme.

Results

Thirteen FY1s volunteered for the pilot programme and two QI projects were completed in the 6-month period. Both projects had trainee-led objectives and aimed to improve patient safety and clinical outcomes, while also aiming to reduce waste in processes, time and/or money. Attendance at the Monday meetings was consistently high, with 60–100% attendance rates. After the programme, all trainees strongly agreed that they understood the process of QI. 86% of trainees approached members of the multidisciplinary team (MDT) throughout the course of the project and, of those, all agreed or strongly agreed that they were successful in engaging the MDT in planning or implementing a solution. All participants successfully engaged

non-clinical stakeholders such as managers, directors and department leads. One hundred per cent of trainees agreed or strongly agreed that the objectives of their projects were met, with 86% strongly agreeing that the involvement of non-clinical stakeholders was significant in achieving the objectives. All trainees agreed or strongly agreed that the programme helped to develop leadership skills and would recommend the programme to incoming FY1s.

Conclusions

Voluntary involvement in a supervised QI programme with trainee-led objectives resulted in completed projects with demonstrable improvement and sustained motivation, as evidenced by the high attendance rate at weekly meetings despite being held out of hours. Leadership development through an active project gave trainees the opportunity to put skills into practice, gain feedback, reflect and develop. Given the correct guidance, foundation doctors have the capacity and motivation to become clinical leaders and improve patient safety, clinical outcomes and systems. ■