A quality improvement (QI) initiative to increase junior doctor participation in QI

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Aims

75% of junior doctors joining the trust to receive training in basic QI methodology and be enrolled on a QI project by August 2017.

Methods

We outlined our process measures as junior doctors' knowledge and feedback, along with the total number of QI projects registered. We initially created a skilled QI team consisting of a consultant, improvement specialist and two core medical trainees. We then designed and implemented teaching sessions for all new junior doctors starting at the trust, along with publication of an online QI handbook easily accessible to all doctors. Following this, we created an online project database that is accessible to all junior doctors and tailored to individual career aspirations. This database also allows the juniors' projects to be coupled with a lead consultant and improvement specialist. Following the initial registration of projects and training sessions, we hold regular improvement surgeries for the junior doctors to attend with any queries or support they need. By using regular focus groups and online surveys, we are able to get continual feedback from our juniors, enabling us to test our innovations against our measures.

Results

Our initial focus groups following the execution of our QI teaching have showed positive feedback from juniors and have coincided with a significant amount of QI projects being registered. We have currently allocated 30 junior doctors to projects, which is a significant increase from previous years. The initial teaching session has equipped juniors with a template to assist them in planning projects that they feel confident in completing. The sessions received very positive feedback, with some juniors praising the engaging and enthusiastic nature of the team and the clarity of information delivered.

Conclusions

QI has become an integral component of undergraduate and postgraduate curricula. There is little in the way of local,

accessible QI training and support for junior doctors. Many juniors have found the shift away from audit towards QI daunting and stressful. The creation of a tailored, approachable and enthusiastic team trained in QI has been met with very positive support from all junior doctors. Although our project is ongoing and well equipped to be continued annually, our preliminary results have shown that introduction of this team has helped increase junior doctors' knowledge and participation in QI.

Conflict of interest statement

We have also submitted this project for consideration at the UCLP education conference.

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