Improving access and confidence in learning lessons from serious incidents: a Quality Improvement project aimed at junior doctors

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Background

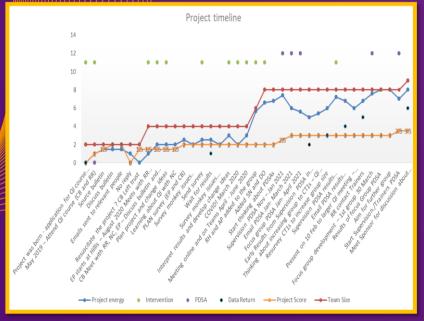
As junior doctors are frontline staff on inpatient wards and community teams they have the potential to play a large role in events leadings to serious incidents. Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) had previously seen a repetition of serious incidents and concerns were raised about learning from these events. Feedback from trainees (national trainee and trainer GMC surveys) previously also indicated that important clinical learning from investigations did not always reach trainees, resulting in their clinical practice not changing. Furthermore, we acknowledged that despite the various "lessons learnt" systems already available within BSMHFT, trainees were still not accessing this and other important clinical learning opportunities. A secondary effect of this was potentially to not feel fully embedded and connected with the organisation, leading to effects upon their training experience.

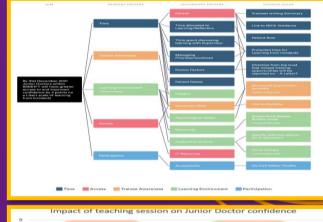
Aim and Methods

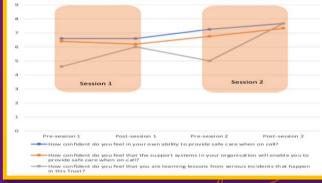
Aim: By 31st December 2021, Junior Doctors within BSMHFT will have greater access to and improved confidence by 2 points on a Likert scale of learning from Serious Incidents.

Our initial baseline survey measured effectiveness of the current mode of information sharing with BSMHFT trainees. With this data, we directed our change ideas and implemented our strategy for change in order to improve the communication of key messages. By identifying which methods of learning reached trainees more effectively we aimed to increase learning in the junior doctor group. We collected further data with before/after questionnaires during various PDSAs in order to monitor change. As the project progressed we continued to re-survey new groups of junior doctor cohorts.

Timeline and Driver diagram







Results

- The current approach involved a lengthy quarterly bulletin being circulated by email to trust staff. An initial survey confirmed that this was not effective in delivering learning lessons information to junior doctors. Using a driver diagram we identified multiple potential areas for change. Selected change ideas were sequentially trialled including a shortened email bulletin, supervision templates and a remote learning lessons session. Initial PDSAs highlighted difficulties with communication via email, with the vast majority of trainees failing to read or engage with this format.
- The use of remote interactive learning sessions has yielded positive results, with an improvement in the confidence that junior doctors reported in their ability to learn lessons from serious incidents. This change idea continues to be refined and trialled by the team.
- During the Covid-19 pandemic there were multiple setbacks such as cessation of bulletin distribution, inaccurate email distribution lists, struggles
 to access resources, working with an overloaded junior doctor cohort and restrictions on arranging team meetings in person.
- We created a timeline to support team morale, maintain team energy throughout the pandemic, visualise our progress and motivate the team. Acknowledging our challenges and frustrations as well as our successes helped the team to persevere through the pandemic, maintain participation with weekly meetings and even strengthen the group by recruiting members to the team.

Conclusion and Next Steps

The team have successfully created a sustainable, effective and interactive short online teaching session which has shown to be effective in engaging trainees in this vital area and help us meet our aim. This format further has the potential to be refined and following QI methodology, be rolled out to a wider audience in the future to improve learning throughout the trust as well as nationally.