

Introduction

Quality improvement projects (QIP) are an integral part of implementing change within the NHS and can run over long time frames, thus rendering them vulnerable to loss of team members [1]. To address this a novel approach called 'Pass the Baton' could be used which involves a QIP being handed over between groups [2].

This project aimed to improve the foundation year assistantship (FYA) utilising a 'Pass the Baton' approach. The FYA is a clinical placement undertaken by medical students in their final year which aims to prepare them for going into foundation training [3].

We created two tools; an FYA pocketbook and 'Bored on the Ward' (BOTW) – a series of mini-games, to address the issues we identified using the QI methodology.

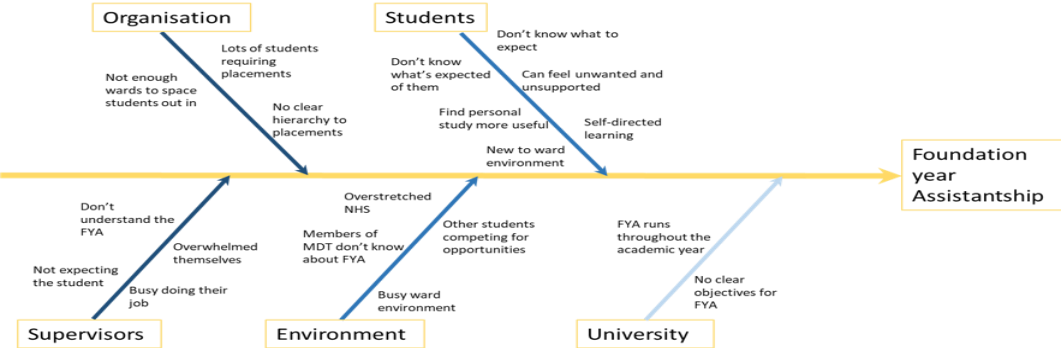
Qualitative data from students suggested that the FYA has more structure with the pocketbook and BOTW. Communication was highlighted as a key limitation to the 'Pass the Baton' approach, and the SBAR for QI tool was created as a result.

Methods

The first group started by creating a cause-and-effect diagram (Fig. 2) and a driver diagram (Fig. 1) to understanding the system, in line with NES QI framework [2]. Once their block was over, the project passed onto the incoming students who implemented change ideas utilising Plan, Do, Study and Act (PDSA) cycles, including the design of a pocketbook and BOTW – a series of mini-games, see in Figure 3.

The project was then handed to the final group who implemented their changes and conducted interviews with FYA students to review the perceived success of changes to conclude the project.

Figure 2: Cause and Effect diagram



Outcomes

Pocketbook including FYA skills list

- A survey conducted of FYA students found they rated the booklet 5/5 helpful to their FYA experience.
- The Pocketbook aided them staying on track and achieving the learning outcomes attached the FYA block.

'Bored on the Ward'

- FYA students thought BOTW would be a useful resource to encourage them to stay on the ward
- FYA students felt reassured that doing simpler 'activities' was still a good use of their time.

'Pass the Baton' approach to QI

- Communication was identified as a key limitation which inhibited the collection of quantitative data.
- As a solution we developed a QI SBAR (situation, background, assessment and recommendation) tool, based on the medical 'SBAR' handover [4] that would facilitate the handover of key information when the project changed groups.

Figure 1: Driver diagram

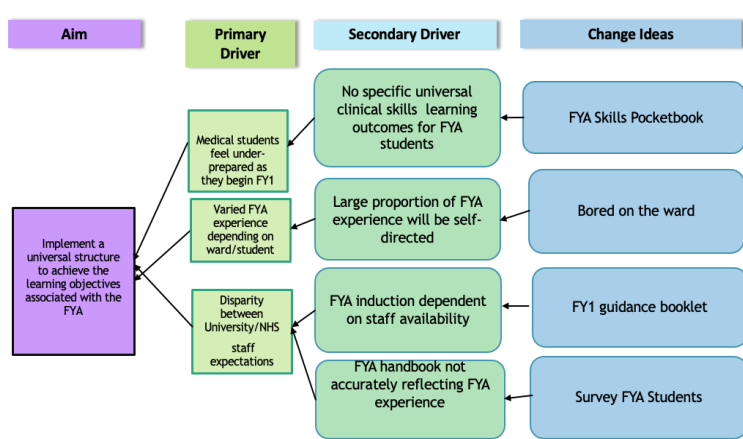


Figure 3: FY1 skills list (left) and BOTW segment (right)

FY1 Skills Checklist:

Prescribing

- Antibiotic prescribing including:
 - o Vancomycin
 - o Gentamycin
- Fluid prescribing + review
- Prescribing sliding scale insulin
- Write a Kardex (or clean one up)
- Meds Rec

Assessing patients

- Manage an initial acute presentation
- Clerking in a patient

Ordering tests

- Ordering imaging
- Order bloods (no access to TrakCare – so ask a member of staff to supervise you with their login)

Patient notes + tasks

- Write a referral
- Compile/write a discharge letter
- Death Certification

Other

- Document notes during ward round
- Attend Handover and present a patient.

1. Kardex Review

- Do you recognise all the medications? If not, get the BNF App and have a read of the indications and possible side effects.
- Guess the diagnoses – based on the medications the patient has been prescribed, attempt to guess the diagnoses, both acute and chronic.
- Med rec – find a 'well' patient and talk to them about their medications. Do they understand why they are required/possible side effects/have they had to be changed and why. Take some time to explain these things to the patient.

2. Review blood tests

- Guess the diagnosis: pick a ward patient you don't know and review their bloods. Can you identify differential diagnoses based upon any abnormalities? Consider using the "Surgical Sieve" to find all potential diagnoses.
- Based upon your list of differentials, can you list further investigations you would want to request in your management of this patient.
- Compare how your differential diagnoses and management plan matches with the current plan in the patients notes.

3. Review scans

- Report a chest x-ray to a colleague using a structured format. Can you identify any abnormalities and list potential diagnoses?
- Review other scans (CT, MRL, XR) and identify any pathologies.

Conclusion

The pocketbook helped structure the FYA which increased the student's confidence and competence going into their foundation training. BOTW could increase the time students spend on the ward, thus increase their chances of being involved in educational situations. The use of 'Pass the Baton' approach in QI allowed the group to move on but the project to continue. This is particularly applicable to medical students and doctors in training who regularly rotate to different placements [5].

References

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