

Posters

CQ - Clinical Quality - CQ - Patient Centredness

1066 INCREASING CONFIDENCE OF FOUNDATION DOCTORS IN MAKING AND DISCUSSING ESCALATION DECISIONS

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Introduction: The Covid-19 pandemic has resulted in renewed emphasis on escalation decisions and discussions, often conducted by junior doctors without any training. Our local Foundation Year (FY) teaching does not address these topics. The distress caused by poor communication regarding escalation is well recognised. Our goal was to improve FY doctors' confidence in this area and consequently improve quality of patient care.

Method: In PDSA cycle one, email questionnaires established a lack of confidence amongst FY1 doctors. This cycle resulted in the design of a one-hour workshop by middle-grade trainees interested in geriatrics or acute medicine. This workshop included an interactive teaching session, followed by demonstrative and participant role play. Feedback from the first workshop closed cycle two. In cycle three, a subsequent workshop was amended according to feedback. Workshop participants completed anonymous feedback, rating the impact on their confidence.

Results: Thirteen FY1 doctors responded positively to the initial questionnaire, with nine able to attend a workshop. Pre- and post-workshop questionnaires asked respondents to rate their confidence from 1 (low) to 5 (high). Comparison demonstrated an increase in confidence making decisions from an average of 1.8 to 3.7 and discussing decisions with patients from 2 to 3.1. Qualitative feedback emphasised benefit from participant role play and the need for longer workshops.

Conclusion: Our project highlighted the need and desire for FY training in making and discussing escalation decisions. A one-hour workshop increased confidence in this group, though we acknowledge this is a surrogate marker of improved care. Workshop uptake was limited by a small local FY1 cohort, leave and clinical commitments. Though convenient, a one-hour session did not provide adequate time to realise full benefit. We hope to address these issues by integrating longer sessions into the protected teaching for all FY doctors in our health board.