



Medical and Dental Education & Training

STEPWest 2020-21: Information for Trainees

The Specialist Trainees Engaged in leadership Programme (STEP) project is a Leadership Skills and Quality Improvement Programme for Specialist Trainees in the Western Trust.

The Aim

STEPWest aims to develop trainees' skills in medical leadership, and provides basic training in quality improvement (QI) with each trainee undertaking a quality improvement or patient safety initiative in their clinical areas under mentorship.

Requirements

STEPWest is open to ST3 and above trainees based in the Western Trust at commencement. For certificate of completion attendance at a minimum of 70% of the teaching workshops is required (Week 1-10), alongside participation in a QI project. The timetable is included below. As those delivering the sessions are giving their time voluntarily we do need to allow a degree of flexibility, and as a result this timetable is subject to change. We will however, endeavour to keep this to a minimum.

Trainees can undertake their QI project on an individual basis or in groups. Trainees undertaking STEP will be divided into groups. You are encouraged to use these groups to discuss any issues, and may find it useful to set up a means of communication within the group e.g. through an email group or Whatsapp (again, not for sharing any confidential information). Each group will have a mentor, as well as a named person from the STEP Faculty. There will also be access to other professionals within the Trust with QI experience and training that are available for additional mentorship. All trainees will be guided as to who their service manager is and they are strongly encouraged to make contact with them to arrange to meet and discuss their role and any ideas or potential involvement in their improvement project.

Trainees are strongly encouraged to registrar with the following:

- IHI Open School - <https://www.ihl.org>
- BMJ Quality - <http://quality.bmj.com/>

These both provide invaluable resources and support for planning and undertaking improvement work.

Why are Medical Leadership and Quality Improvement Skills important?

Following on from the events in Mid Staffordshire, the Francis Report was published in February 2013 which detailed 'whole system failures'. It called for the whole service to have a patient centred focus. The recommendations did not call for a reorganisation of the system, but rather for a re-emphasis on what is important, to ensure that these failings do not happen again. After publication of this report, the Government commissioned a number of national reviews to explore

in detail what needs to happen to help organisations improve the quality of patient care across the NHS.

Berwick's report 'A promise to learn, a commitment to act' was subsequently published in August 2013. In this, four guiding principles were recommended that should be incorporated into our daily work:

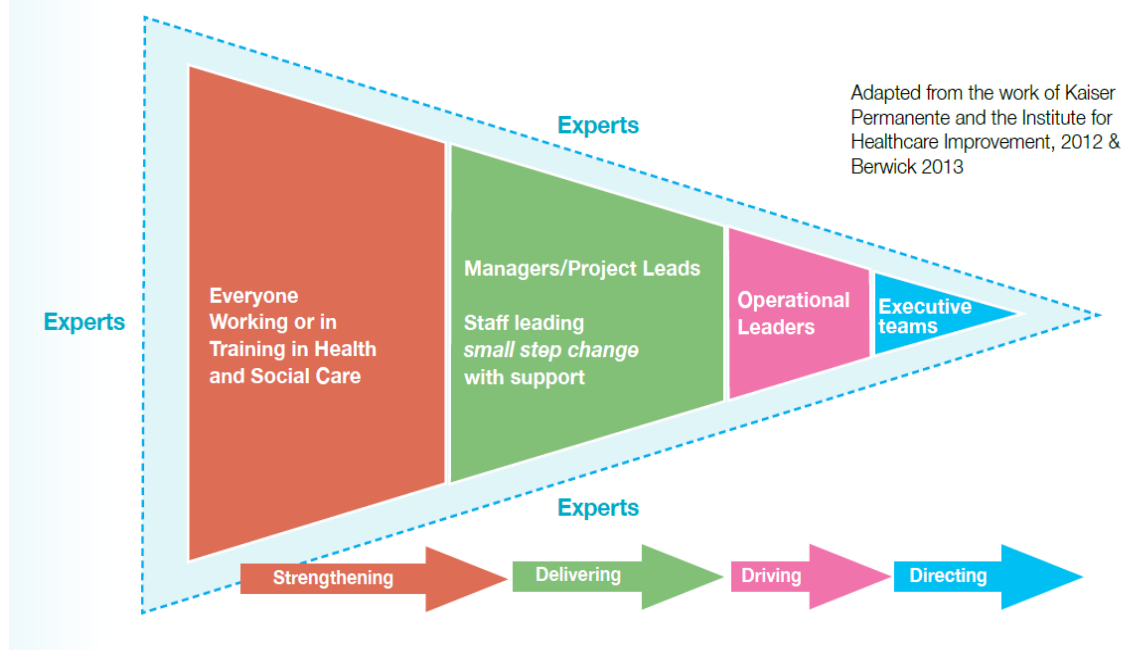
- Place the **quality** and **safety** of patient care above all other aims for the NHS
- Engage, empower and hear patients and carer at all times
- Foster wholeheartedly the **growth and development of all staff**, especially with regard to their ability and opportunity to **improve the processes** within which they work
- Embrace transparency unequivocally and everywhere, in the service of accountability, trust and the growth of knowledge

Research from the King's Fund has shown that the best healthcare systems have clinicians as leaders, supported by skilled managers. In November 2011, The Department of Health produced 'Quality 2020 - a 10 year strategy to protect and improve quality in health and social care in Northern Ireland'. This introduced the 10 year vision of recognition as a leader for excellence in health and social care, not just in Northern Ireland but also internationally. The Donaldson review ('The right place, the right time', published in December 2014) however highlighted that there is still not enough emphasis on clinical leadership within Northern Ireland.

One of the task groups from Quality 2020 was tasked with developing an outline proposal for a multi-professional leadership programme that would 'develop leadership skills at all levels and empower staff to take decisions and make changes'. An Attributes Framework for Health and Social Care to Support Leadership for Quality Improvement and Safety was published in November 2014 (available at http://www.dhsspsni.gov.uk/quality_strategy_2020).

There are four levels in this framework, and all staff working or training in health and social care can identify what level their expected attributes are. This framework enables assessment of an individual's current attributes in relation to leadership for quality and safety, therefore allowing identification of learning and development needs for their current or future roles.

Figure 1: Learning and Development Journey for Quality Improvement and Safety



(Taken from www.dhsspsni.gov.uk/quality_strategy_2020)

Level One	Level Two	Level Three	Level Four
Strengthening Foundations for Improvement	Delivering Improvement	Driving Improvement	Directing Improvement
For everyone working or in training in Health and Social Care	Staff and those in training, who can lead small step change (s), with support, in their services	Staff who lead team(s) or service(s) within their organisation	Staff charged with leading quality improvement across their organisation and/or across the Health and Social Care system.

As a trainee, you are in a position to lead small step change(s) in your service. STEP allows trainees the opportunity to develop Level One and Level Two competencies of the Attributes Framework.

GMC

The General Medical Council (GMC) introduced 'Leadership and management for all doctors' in March 2012. This guidance sets out the wider management and leadership responsibilities of all doctors in the workplace, including:

- responsibilities relating to employment issues
- teaching and training
- planning, using and managing resources
- raising and acting on concerns
- helping to develop and improve services

The GMC states: "being a good doctor means more than simply being a good clinician. Every day, doctors provide leadership to their colleagues, and vision for the organisations in which they work and to the profession as a whole. The definition of leadership has undergone an evolution in recent years. We recognise that some doctors are formal leaders who are accountable for the performance of their team, department or organisation. But we think that the responsibility for identifying problems, solving them and implementing the appropriate action is shared by the team as a whole. This is what we mean by shared leadership."

The GMC is in the process of working with the Academy of Medical Royal Colleges to develop a new framework for the generic professional capabilities that are common to doctors across all medical specialties and are essential to safe, high quality clinical care. The draft framework sets out the core professional values, knowledge, skills and behaviours that all doctors should know about, and should be able to apply and adapt these to a range of clinical and non-clinical contexts by the time they complete specialty training.

These Generic Professional Capabilities are considered under 10 domains. When looking at these, we can see that STEP allows the development of some of the skills noted under a number of these domains:

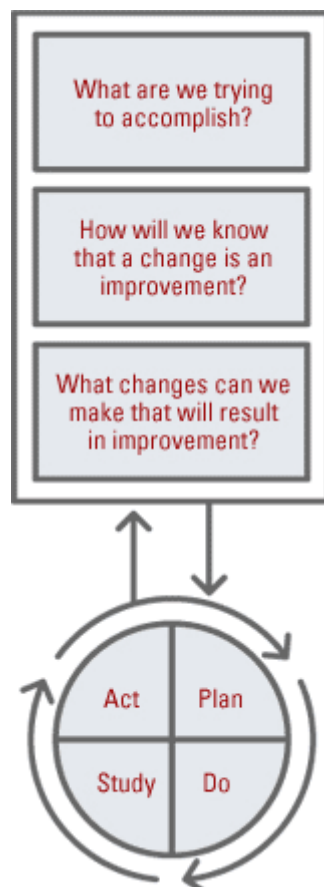
1. *Professional values and behaviours*
2. Professional skills
3. *Professional knowledge*
4. *Communication capabilities*
5. *Capabilities in leadership and team working*
6. *Capabilities in patient safety and quality improvement*
7. Capabilities in dealing with complexity and uncertainty
8. Capabilities in safeguarding vulnerable groups
9. *Capabilities in education and training*
10. Capabilities in research

Quality Improvement Methodology

This is a very brief introduction to the Model for Improvement and PDSA Cycles taken from the Institute of Healthcare Improvement (IHI) website (www.ihl.org). Trainees are strongly encouraged to register for the IHI Open School course. The online courses cover a range of topics in improvement capability, patient safety, triple aim for populations, person and family centred care, leadership and quality, cost and value. Courses are free for trainees. A Basic Certificate of Completion is obtained on completion of the 16 courses. To register, go to: <https://www.ihl.org>

The Model for Improvement

The Model for Improvement is a framework used to guide improvement work. It was developed by the Associates in Process Improvement and is a simple but powerful tool in implementing improvement. The model has two parts: three fundamental questions and the Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings.



Vital components of successful improvement work:

Forming the Team: Including the right people is vital for a successful improvement effort.

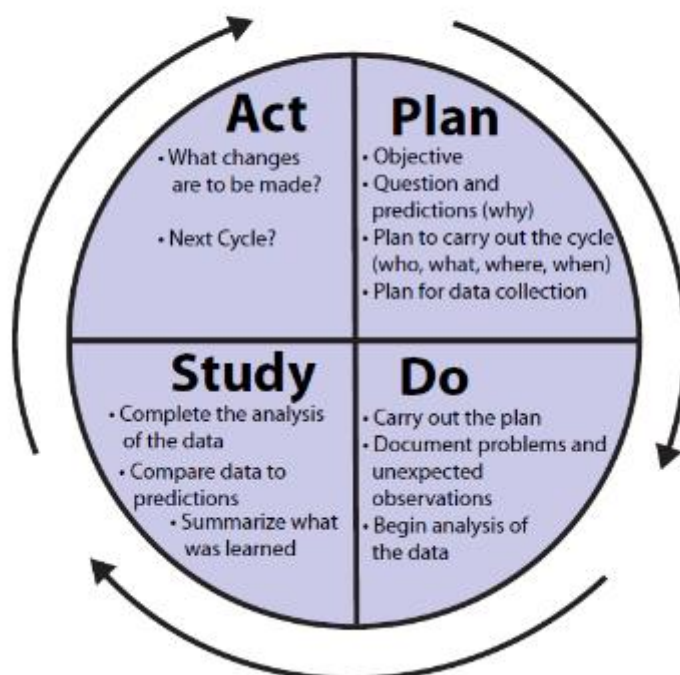
Setting Aims: The aim needs to be time specific and measurable. It should also define the population of people or system that will be affected.

Establishing Measures: Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes: Ideas for change may come from those who work in the system, change concepts or other creative thinking techniques.

Testing Changes: The PDSA cycle allows testing of changes in the real work setting. This allows observation on results and acting on what is learned.

The PDSA Cycle for Learning and Improving



Implementing Changes

After testing a change on a small scale, learning from each test and then refining the change through several PDSA cycles, the team may implement the change on a broader scale.

Spreading Changes

After successful implementation of a change, the team can then spread the changes to other parts of the organisation or in another organisation(s).

STEP Reading List WHSCT

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