

SmartPage DATE-R



Utilising SmartPage Data to offer feedback opportunities to junior doctors in the medical service following their on-call shift.

Aim:

To increase regular feedback regarding clinical practice to PGY1-PGY2 Medical House Officers from 0% to at least 80% often following their on-call shifts by end of August 2019.

Problem

There is currently no formal feedback system for junior doctors regarding the effectiveness of their management plans or their patient's outcomes after they complete their on-call shift.

Context and Background

House officers are junior doctors in their early years of training at Wellington Hospital. As part of their duties, they work weekly after-hours shifts where they cross cover a number of clinical services from 4pm until 11pm. This occurs outside of the day job where junior doctors normally work more closely with senior clinicians.

Junior doctors are given tasks via SmartPage to review patients. Requests can come from services outside of the specialty that a junior doctor may be unfamiliar with. At the end of the shift, a junior doctor will handover outstanding concerns to the night team prior to going home. There is no formal debriefing process surrounding their practice or formal supervision follow up.

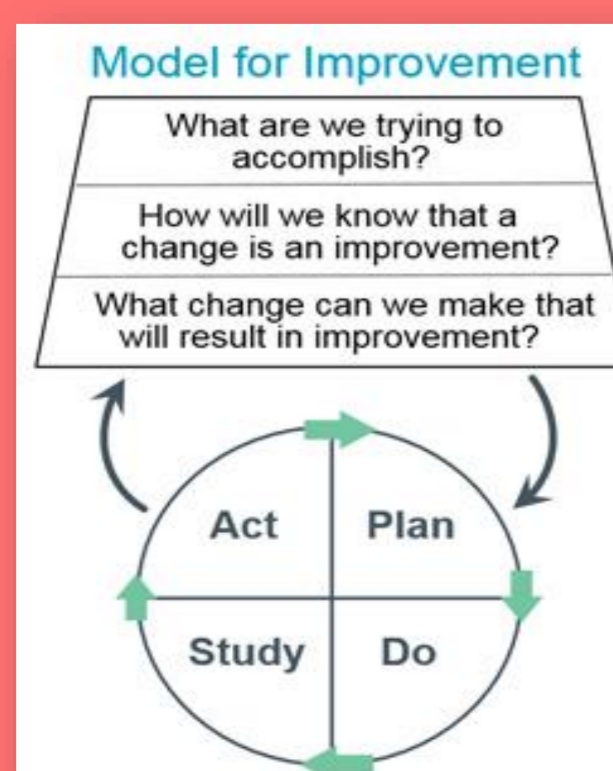
As a junior doctor, I have seen my colleagues involved with complex medical cases during the after hours period where often, no supportive oversight or debriefing has occurred subsequent to the case. This leaves a missed opportunity in capitalising on learning opportunities, and for clinical or pastoral support being provided to the practicing clinician. This can impact on physician and patient safety.

In 2018, one-third (37%) of Medical Emergency Team (MET) calls occurred during the on-call evening shift; the highest number occurring for patients admitted under General Medicine (26.2%). This data has orientated an improvement project to be trialled for house officers in this service.

Baseline/ Current situation

Half the junior doctor population was surveyed at Wellington Hospital. 94% identified that they rarely on never received feedback following their on-call days, and 77% perceived on-call days to occasionally 'rarely' or 'never' to provide clinical debriefing or learning opportunity. Only 58% of junior doctors stated that they sometimes or often knew the outcomes of patients that they had reviewed.

Improvement Methodology IHI Model for Improvement



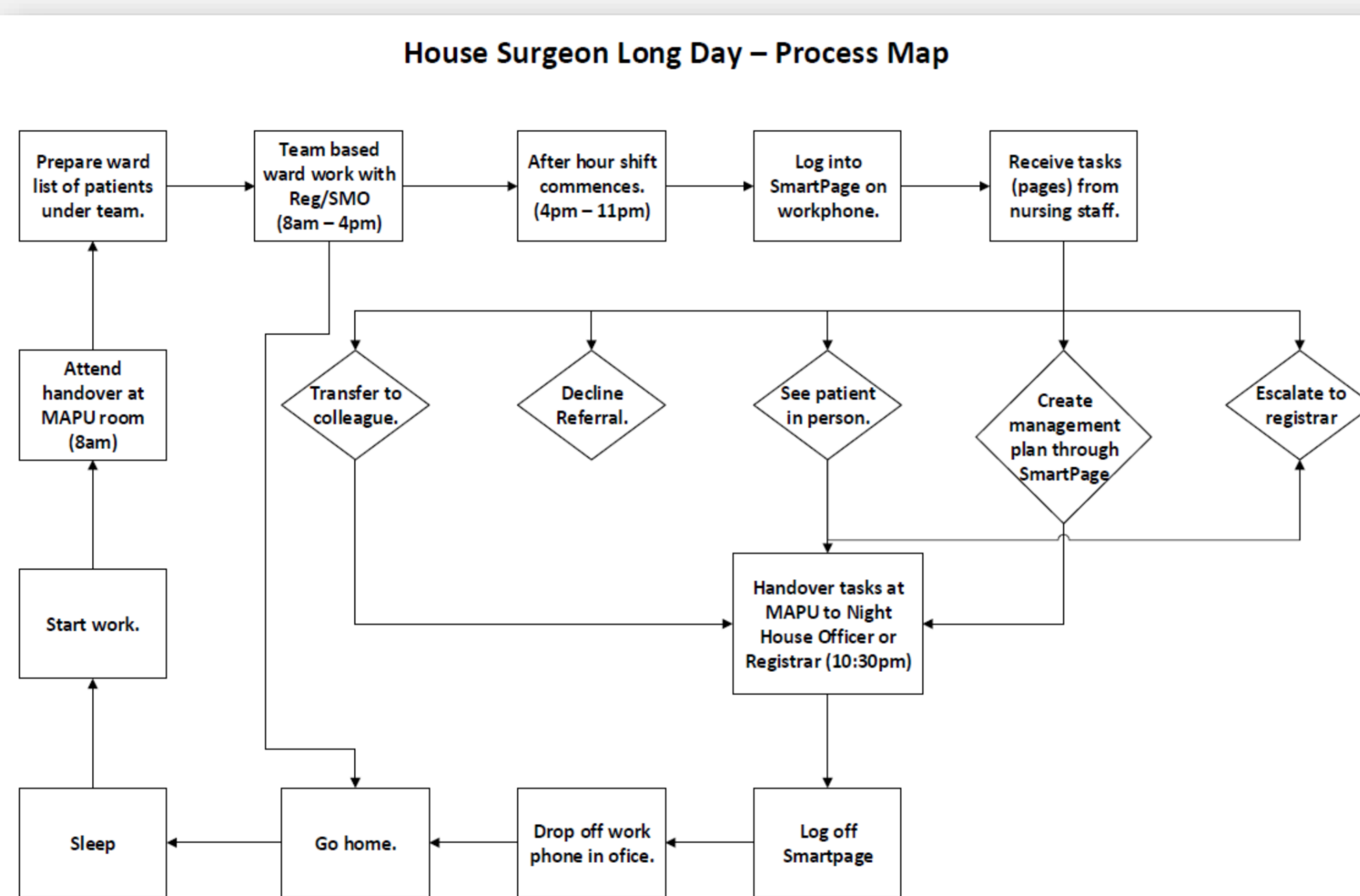
Contact: Carmen Chan
Email: carmen.chan@ccdhb.org.nz

Date created: 5th August 2019

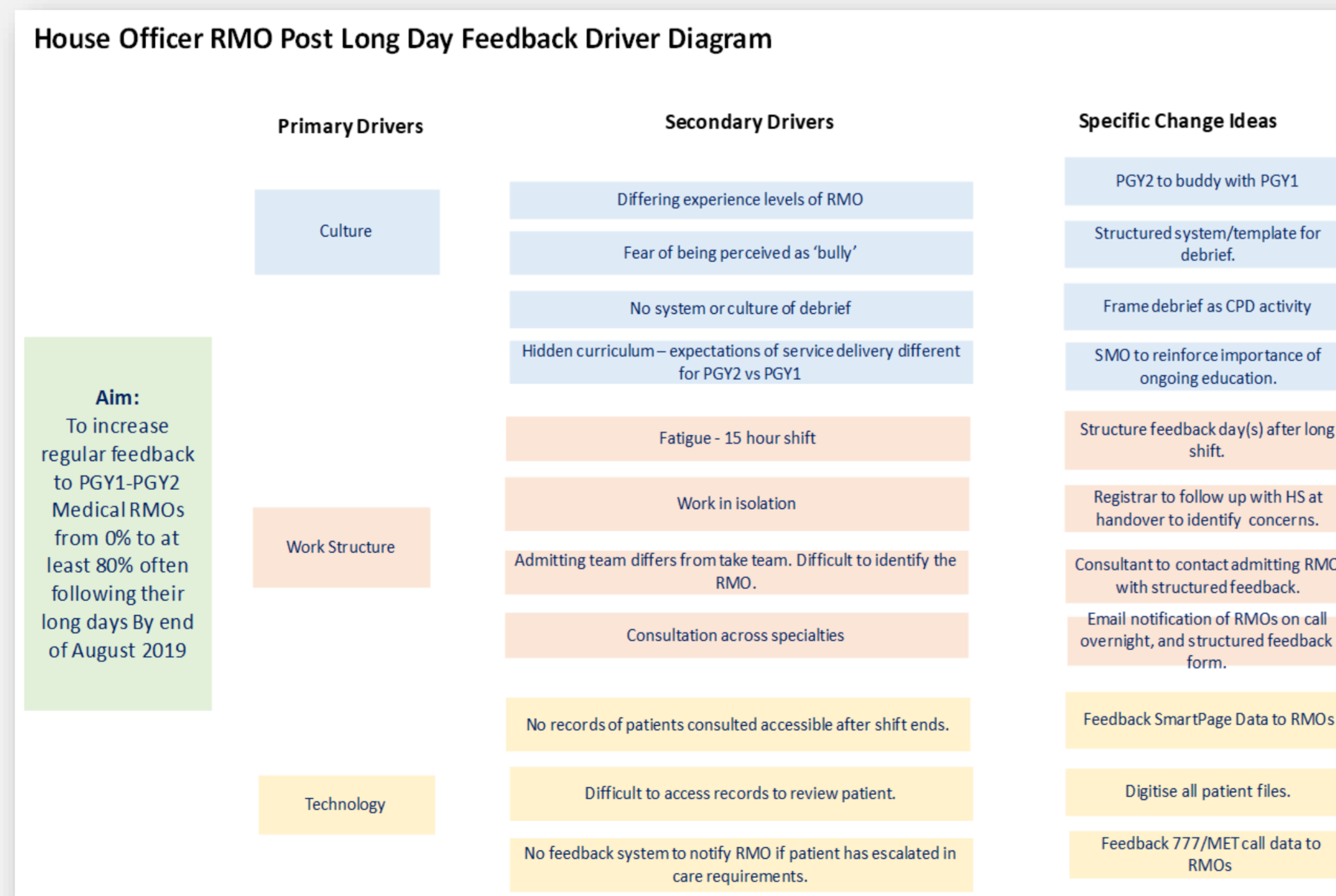
Baseline/ Current situation



Process Map



Driver Diagram



Doctors Acquiring Timely Education & Review (DATE-R)
Junior doctor: Includes 'RMO' – Resident Medical Officer; 'HO' – House Officer
Project Team: Carmen Chan, Kyle Perrin, Megan Fitzpatrick

PDSA 1: Connect HS with raising awareness of clinical debriefing services.

- Met with Employee Assistance Programme (EAP) and explored debrief services available within CCDHB.
- Identified that EAP primarily provided psychological support, and deconstructed critical incidents.
- EAP had limited capacity to debrief RMO cohort on regular basis. Project needed to have clinician oversight to deconstruct clinical management aspect.

PDSA 2: Feedback MET call and correlating SmartPage data to HS.

- Met with PAR service to attempt correlating MET/777 Database with SmartPage data to feedback to HO.
- Identified only 13 MET calls during on-call shift in one week. Minimal links to HO practice.
- Time consuming to sift MET records and management of episodes difficult to deconstruct effective feedback.
- Did not constructively address HO management prior to critical incident. Did not offer pastoral support or constructive clinician oversight.

PDSA 3: SmartPage Data formatted with NHI was emailed out to HO.

- Sent to 6 HO. 4 found useful for record keeping, 1 did not find useful without SMO oversight. 1 did not view.

PDSA 4: SmartPage Data with reflective questions included.

- Sent to 12 HO. All found useful for record keeping.
- Further identified that senior clinician oversight would be more constructive.
- HOs identified a barrier was not feeling they had 'permission' to email or contact an SMO
- SMO identified that a barrier was difficulty identifying the HO to feedback to, but that they were generally happy to provide feedback.

PDSA 5: SmartPage Data with proforma attached.

- Sent to 6 HO. 3 HOs identified that they would use the proforma in selective circumstances.
- HOs also discussed that they would prefer to contact their SMO or team in person.
- 71% of HOs identified that they preferred to continue receiving SmartPage DSU email reports.

Benefits

- Smartpage Data Feedback is sustainable and easy to implement with no additional costs. Can be done on 3 monthly rotation via DSU.
- Many HOs begin to develop their own feedback strategies as they gain experience, but this tool may be useful in prompting the fostering of ongoing personal strategies for professional development.

Next Steps:

- SMO Survey Questions regarding receptibility to feedback sessions - utilising SmartPage data to prompt meetings.
- Trial SmartPage Data to the Medical HS cohorts in Q4, with an 'opt out' option available.

Lessons Learnt:

- Building a culture shift takes time, and many junior doctors develop their own diverse strategies for ongoing professional development and they gain more experience in their practice and become more familiar with the hospital and their teams.
- A participant must be open to receiving feedback in order for it to be effective in producing change, and improving practice habits.

PDSA: Evolution of SmartPage DSU Templates

Outcomes/Measures/Data:

- Most HO found the SmartPage record valuable as a form of record keeping for patients that they had reviewed and that it helped them to reflect back on cases that they had seen following their long shifts.
- Some said that records alone did not offer great feedback, and that they often sought out team feedback themselves.
- The majority of HOs surveyed post intervention stated that they wanted to continue having their SmartPage record emailed to them.
- The perception of HO 'sometimes' receiving feedback following their on-call shifts improved from 6.5% to 42% in the intervention cohort.
- The perception that on-call shifts 'rarely' or 'never' provided clinical debriefing or learning opportunities went from 77% to 42.9%.
- HO identifying that they felt 'often' or 'always' having someone to contact for debriefing following an on-call day improved from 25.8% to 71.5% in the intervention group.