



# Promoting resilience for doctors in training: Chief Resident model of trainee engagement



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## Introduction:

Through the Chief Resident (CR) Programme at Hairmyres Hospital we have developed a framework designed to improve engagement with doctors in training. The Programme was created in August 2015 and is currently in its second year. CRs are senior trainees in a Higher Specialty Training Programme and are appointed from various specialities within the hospital. CRs lead on four initiatives to strengthen working relationships between doctors in training. These initiatives are the Mini M&M, Junior Doctors Forum, Buddy system and Quality Improvement Workshops. A supportive and psychologically safe environment is created through trainee-only spaces to allow open discussion, sharing of experiences and learning, and the opportunity to raise concerns about training or patient safety. CRs are the key to building these cross-specialty collaborative working relationships and supporting doctors in training. We describe our experience over the past two years of “restoring a sense of team and belonging” which is under threat due to shift pattern and increasing work intensity.

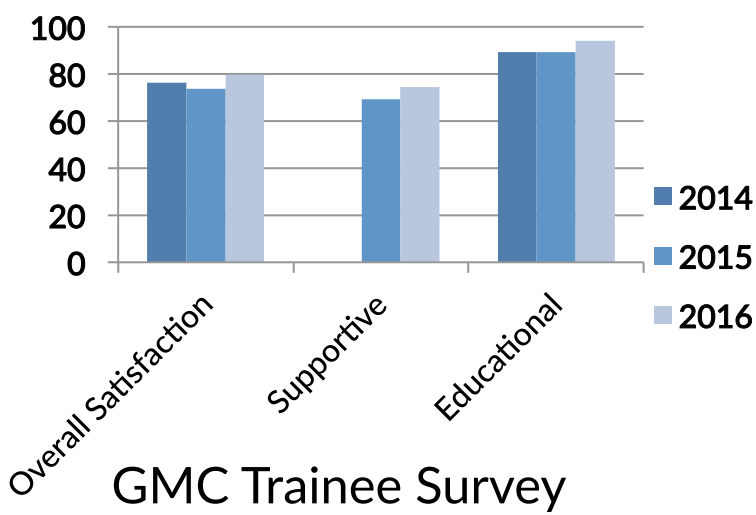
### Quality Improvement workshops:

Workshops held every 6-8 weeks aim to support and guide junior doctors in their QI projects which are closely linked to issues raised at mini M&M and JDF. We discuss potential projects, encourage cross-specialty and multidisciplinary collaboration and give practical advice.

10 completed projects were presented at NHSL Showcase in July 2016 with the winning project by 2 FY1 (J. Osmanska & E. Nugent): “Improving phlebotomy and time management of Junior Medical Staff”



Having personally contributed to improvement work results in Junior Doctors feeling valued in their work place and better trainee satisfaction.



Chief Residents Hairmyres Hospital 2016-2017



### Mini M&M

- 6 weekly Morbidity and Mortality meetings for Trainees only
- Chaired by CRs - confidential space - open discussion
- Linked to Department and Hospital M&Ms
- CRs report to Chief of Medical Services to ensure organisational governance and oversight

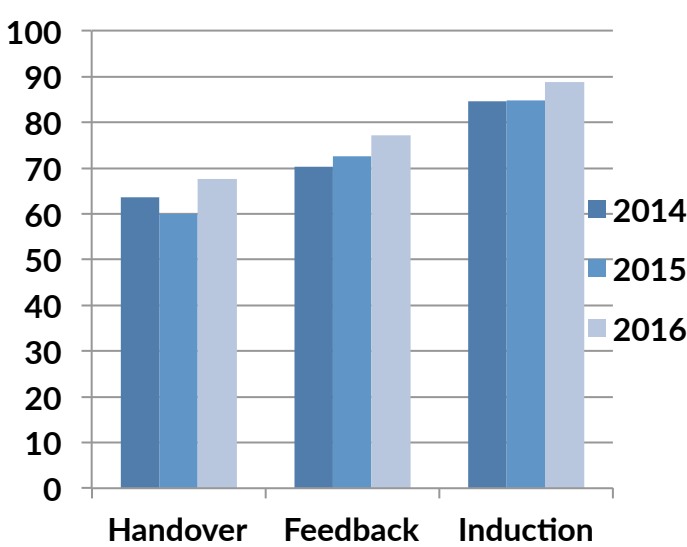


- Issues raised at Mini M&M aid link to quality improvement initiatives

- Implementation of ‘red flags’ trigger tool in medical receiving to improve recognition of the deteriorating patient based on physiological and biochemical markers



- Mini M&Ms have received positive feedback from doctors in training



GMC Trainee Survey

### Buddy Scheme:

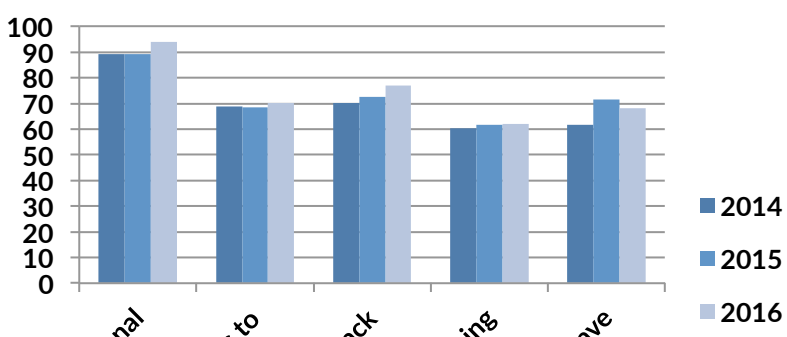
In August 2016, our 19 FY1s were paired with a ‘buddy’ of FY2 or above. Buddys are available as a first point of contact for the FY1s and act as an informal mentor. The agenda is led by the FY1 and common topics include orientation to the hospital, the day-day to tasks of an FY1 and career advice. The scheme has encouraged junior doctors to socialise outwith the hospital enhancing support and strengthening working relationships. The FY1s gave positive feedback for the Buddy scheme at Deanery visits in September 2016.

*‘I find the buddy system very helpful. It means I know that I always have someone to speak to if I need to.’*  
Kirsty MacLure FY1 2016-2017



### Junior Doctors Forum (JDF):

Junior doctor - only safe space to discuss any concerns from training to patient safety. Regular meetings are arranged with links and feedback to management. The forum encourages trainees to support each other, and enhances a sense of team which is under threat due to changing rota patterns and work intensity. Since the introduction of the forum, we have observed more positive feedback from the GMC survey.



GMC Trainee Survey

## Conclusion:

The Hairmyres’ “Chief Residents Programme” has empowered senior trainees to lead on Patient Safety and Quality improvement. This innovation was well received by trainees, as evidenced by high levels of participation in all the initiatives and QI projects. Our CRs hosted an end of year “Lanarkshire Trainee QI Show case” and several of the trainee led projects have led to NHSL wide changes in practice.

The 2016 GMC survey demonstrated an improvement in all quality indicators other than workload. Hairmyres Hospital has observed an increase in emergency activity of about 7 % over the same time frame. We consider that the CR programme has been a significant contributory factor to improving the training environment although it is not possible to conclusively make this link. Our CRs have fostered a safe and supportive environment for doctors in training which encourages grassroots involvement in patient safety.

The success of this programme has been recognised locally, regionally and nationally. For example: Our CR’s led a visit to Hairmyres by the CMO of Scotland in March 2016 and presented a workshop at the 6<sup>th</sup> National Scottish Medical Education Conference in May 2016. A number of other Scottish Health Boards have implemented our CR model and in England the Royal College of Physicians has developed a Chief Registrar scheme. We hope to create a national network of Chief Residents to allow sharing of experience and learning.