

# CT and ACT national conference

## Category 1: Life as an ACT

### Advocating for safer staffing and better training

**Dr Mary Broughton**

The workload of junior doctors is increasing but it is vital that they can access training opportunities whilst safe staffing levels are maintained. Through peer led feedback, I have implemented changes improving working conditions for junior doctors. Junior doctors at Queen Elizabeth Hospital in Gateshead were surveyed on their experiences working in medicine.

The results identified difficulty in achieving workplace-based assessments (WBPAs) and insufficient hours spent in acute medicine for IMT trainees. Doctors reported the cover for medical specialty wards was insufficient resulting in an unsustainable workload, particularly when SDEC was converted to provide additional inpatient beds. Results were shared with hospital management; using RCP Safe Staffing guidance, junior doctor ward allocations have been adjusted to ensure safer staffing levels. A requirement was added for IMTs to undertake more shifts in acute medicine ensuring they gained appropriate experience and meet their portfolio requirements. Regarding inpatient care on SDEC, site managers now liaise with the medical on call teams at the start of a shift so that resources can be allocated accordingly.

Following the implementation of these changes, a survey was completed demonstrating 80% of doctors now reporting that workload was more equally allocated and opportunities for WBPAs were much improved. As an ACT you have unique insight into the working life of junior doctors, and the opportunity to implement changes from the ground up. We can use feedback to adapt working conditions to maximise learning opportunities and ensure that the needs of both patients and trainees are met.

## Category 2: Cultural competency

### Medical communication charts

**Lead author: Dr Amrita D'Souza**

**Co-authors: Matt Robinson, George Vasilopoulos**

**Background:** The concept of medical communication charts originated from a 3-PDSA cycle QIP conducted in 2020 at King's College Hospital NHS Foundation Trust published in the peer-reviewed BMJ Open medical journal in 2021 (PMID: 34561279). These charts are based on four commonly used speech and language therapy charts utilised during the COVID-19 pandemic, tailored for daily medical ward rounds for inpatients who speak limited English. The ONS Census 2021 reports a high percentage of residents in Chelsea & Westminster Hospital Trust's surrounding boroughs feel they cannot speak English well. Language barriers may affect healthcare access, patient care, safety and experience. We applied for CW+ charity funding to help professionally translate and re-design these MCCs to make them more patient-friendly, accurate and quality assured.

**Results:** Our results from the initial 3-PDSA cycle QIP at KCH showed that patient satisfaction and communication on the medical ward round improved post-chart implementation particularly in the domains of physical symptoms, concerns and anxieties. We have engaged with C&W Trust's Maternity Forum and Patient Experience Group with representation of service users and staff members including through a ward visit to gain verbal feedback on our MCCs with positive response from patients and staff.

**Conclusion:** These MCCs will be uploaded onto the trust intranet and external Chelsea website where they will be free to access and available 24/7 nationally. We will pilot the MCCs in selected wards first e.g. maternity and acute medicine where language barrier has been highlighted most in patient safety data and monitor uptake.

## Category 3: Innovations in medical education

### Innovating quality improvement with TikTok-Style training videos for Cerner EPR System

**Lead author: Dr Yorissa Padayachee**

**Co-authors: Dr Jiawei Huang, Peiru Zhao**

Since the introduction of “Cerner” electronic patient record (EPR) system in August 2024, many doctors have struggled to use Cerner's “Inpatient Workflow” feature. This powerful feature allows for easy documentation of key clinical information, including acute diagnosis, past medical history and diagnostic results, which can be updated and carried through in future notes. Despite its potential to streamline and improve clinical documentation, Cerner's lack of intuitiveness and the initial 8-hour training videos have led to doctors abandoning the “Inpatient Workflow” in favour of “blank notes” for documenting admissions and ward rounds. This practice has underutilised Cerner's capabilities and fails to standardise documentation.

To address this issue, we developed a series of essential 60-second training videos, created by doctors familiar with Cerner. The videos were inspired by the concise, engaging format of TikTok videos and use visual aids to effectively convey key points, making the learning process more engaging and fun compared to the traditional 8-hour training videos.

The response to these videos has been overwhelmingly positive. Doctors have praised the format for its brevity and relevance, and the hospital's medical management have recognised the initiative's success. Following dissemination of these videos, adherence and compliance with the “Inpatient Workflow” feature has significantly improved, leading to better standardisation and accessibility of patient information, as well as enhanced clinical efficiency during admissions and ward rounds.

We learned bite-sized high-yield video content can greatly enhance user engagement and effectively train staff by overcome the barriers of traditional training methods, thereby improving quality of care.