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Health Education England

# Learning To Make A Difference

*Quality improvement in  
practice:*

*A core competence of medical  
education in the 21<sup>st</sup> century*



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# Learning to Make a Difference

- Learning To Make a Difference (LTMD) provides the framework and tools to enhance the training of core medical trainees in QI
- Enables learning, developing and embedding of new skills in quality improvement and to put these new skills into practice to make a real difference to the quality of their clinical practice and patient care.
- The expectation is for all CMT trainees to do a quality improvement project in each training year
- Remember an audit is a QI project but just against a known standard or benchmark..... so the this approach should be used

***“My whole outlook has changed... I now look for situations to improve...”***

*Trainee*

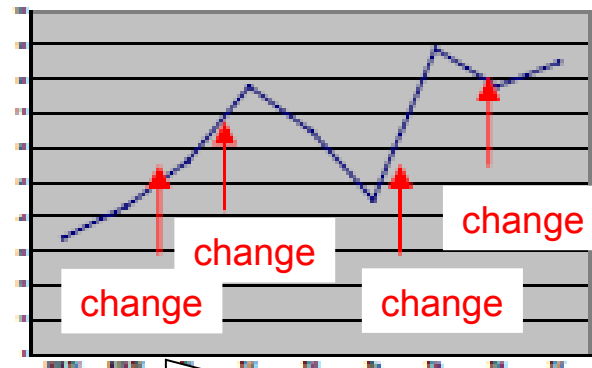
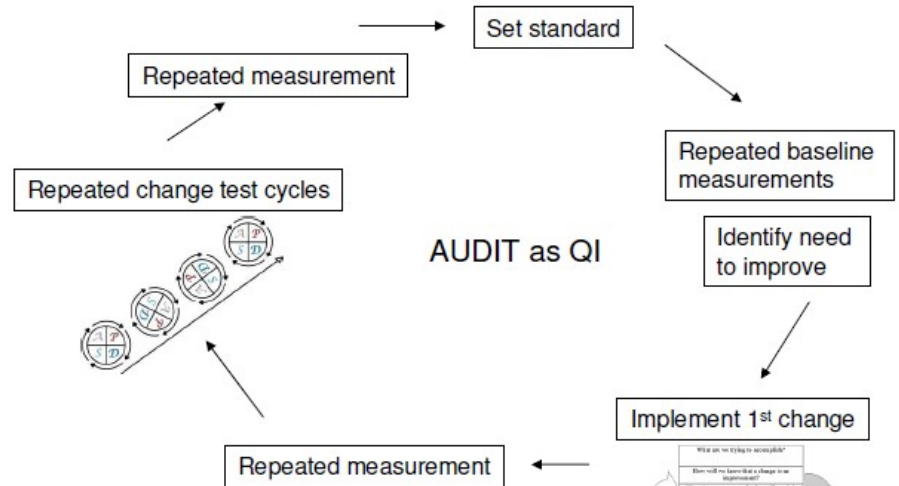
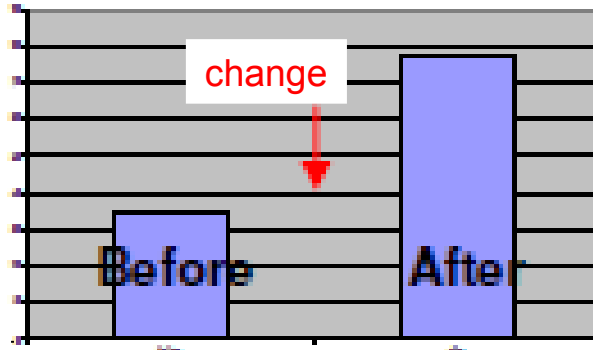
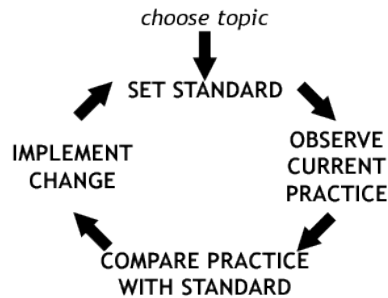
# WHY training in Quality Improvement?

- Trainee doctors often see improvement that can be made in the system they work – QI gives them an opportunity to put ideas to action
- Systematic methodology – if it's not working move on and test again
- Small tests of change that lead to big result → enhancing patient safety
- Compliments audit - rather than just data collecting, can put recommendations into place and test
- Infectious, as quick to complete can see results and often leads wanting to do more projects
- Means to respond to Francis and Berwick reports..... No more learned helplessness

***'You hear about projects and they sound really huge but this has opened my eyes to how you can do little things and make small changes that make a big difference'***

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If you are doing an audit  
i.e. against a known standard  
then this must be done as a  
QI project



Move from a traditional audit cycle to real-time,  
dynamic improvement change....little & often measurement



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# What does 'doing a QI project' involve?

- Complete a QI project within a 4 -6 month training post (or can decide to do a project over the whole year)
- Each trainee has a supervisor – this would be an educational or clinical supervisor
- The trainee may work on their own....but very much recommended to work as a group and/or involve the multi-disciplinary team
- The trainee decides on a project and then should follow the guidelines outlined in the 'trainee tool kit'
- Ideally the project would be a trainee-led idea
- Suggest start by October 2015; complete by May 2015
- Project plan on e-portfolio (and app) to help the planning and process

***'I identified it in my own appraisal as the best thing I have done all year.'***

Consultant supervisor



# What does this mean in practice?

Aim	How?	Time-frame
All core medical trainees to do a QIP during the training year	Provided with resources and supported by a supervisor	2015-2016
Expectation set by TPDs	Powerpoint presentation at August induction	Aug 2015
Follow up presentation by QI leads	Face to face presentations by new QI leads and/or clinical lead	Sept/Oct 2015
Each trainee to think of a potential improvement idea (work on own, in small group)	Think about what frustrates you, what is bothersome, what is your department where you are working or the trust's quality agenda Multi-disciplinary team approach	Sept/Oct 2015
Each trainee to start to develop an understanding of the framework	Read the LTMD tool kits, review the website and learn about QI projects already done	Sept/Oct 2015
Getting started	Identify your supervisor Complete the project plan Submit project title to JRCPTB central database	Oct/Nov 2015
Complete project May 2016	Present regionally with potential national presentation June 2016	May/Jun 2016

# The overview...

All about following a structured process

Guides to how to make this happen

- For the trainee
- For the supervisor

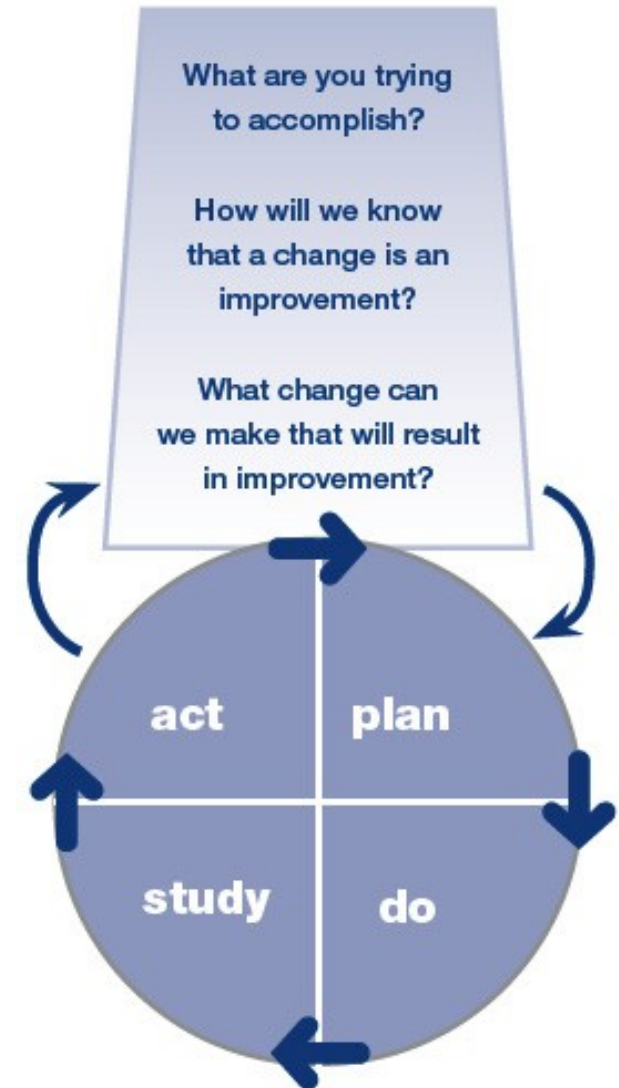
All accessed via the LTMD website

Templates in e-portfolio

E-portfolio App

*“The magic is in seeing a trainee identify a problem they encounter and feel empowered to make a change”*

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# Website

<http://www.rcplondon.ac.uk/resources/clinical-resources/learning-to-make-a-difference>

Trainee and supervisor  
pack resources  
Presentations from peers  
How to get started  
Templates to use

Step by step guide to QI in practice  
QI project plan template to help the plan  
QI project report template to help the writing  
up  
PowerPoint presentation template to help  
any oral or poster presentation of findings  
QI Project Assessment Tool on the e-portfolio  
to complete with your supervisor  
Potential opportunity for face to face training  
and/or support



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# A QI project in a nutshell

- Identify a clear and focussed SMART aim
- Decide what change(s) going to make
- Decide what going to measure before you start to monitor

What are we trying to accomplish?	Improvement in service provision at the Royal Berkshire Hospital for patients with recurrent malignant ascites by reducing hospital admissions and length of stay whilst improving patient quality of experience and life
How will we know that a change is an improvement?	Reflection of current NICE guideline which have concluded with EBP that quality of life is improved and individual patient feedback
What changes can we make that will result in improvement?	Commence insertion of long term drains – no provision existed previously Institution of national guidelines Raise awareness within multiple specialities including oncology, palliative care, radiology and acute medicine

***“This has been a very valuable learning experience into clinical quality improvement as well as being brilliant for my CV”***

*Trainee*

# An example

## **Aim:**

To reduce the number of inappropriate urinary catheters inserted into patients admitted to the clinical decision unit by 50% by January 2012

## **Change:**

Introduce a checklist to be completed prior to any catheter insertion

## **Measure:**

Number of catheters inserted according to trust guidelines measured on a weekly basis....start with baseline before any change made and then keep measuring frequently

**Test out the next change and keep measuring.....**



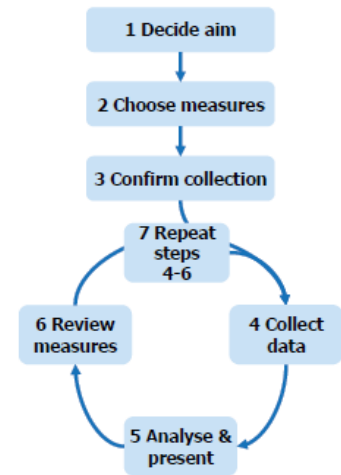
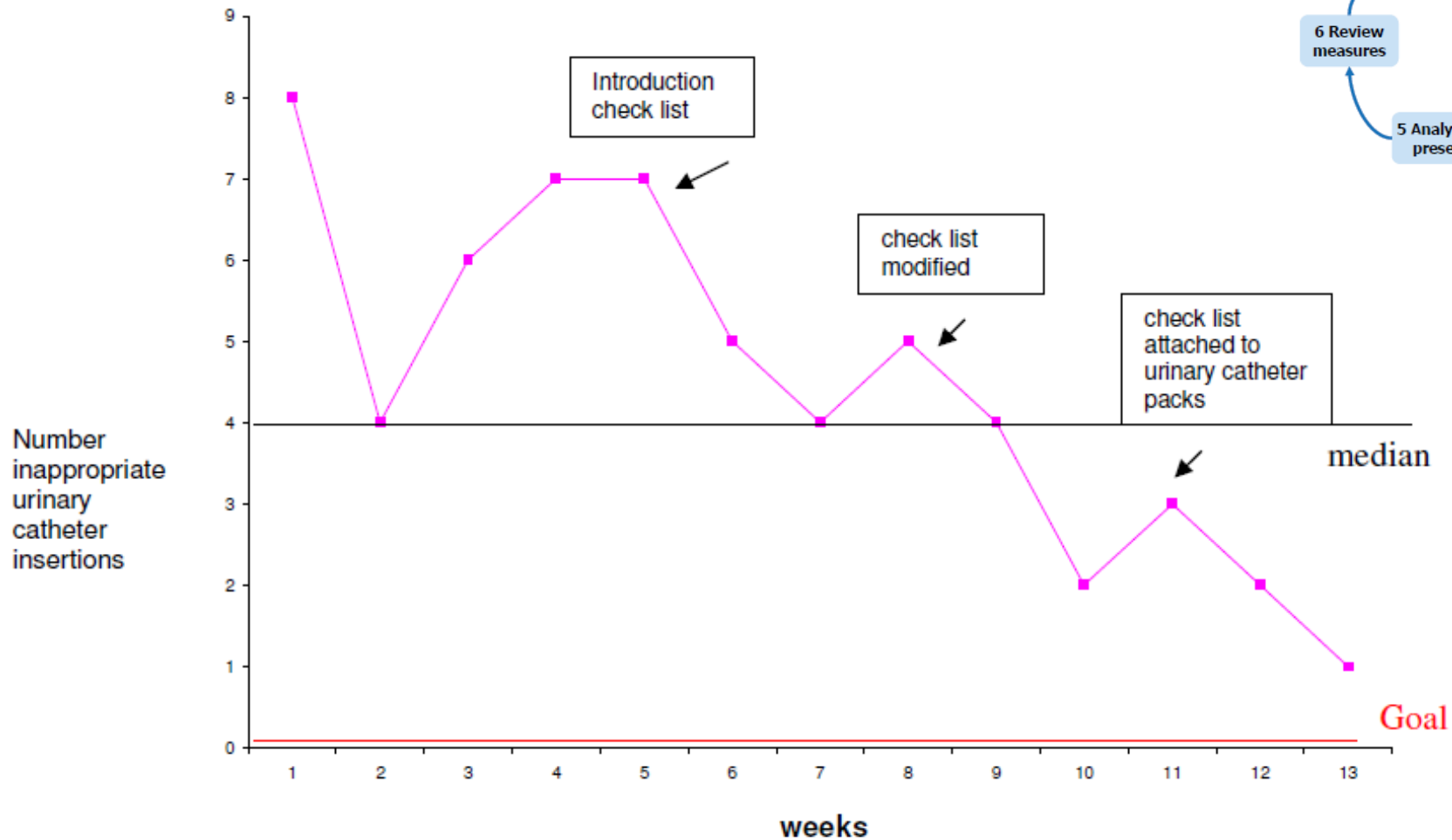
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# Measureme

## RUN CHART EXAMPLE

## Outcome measure

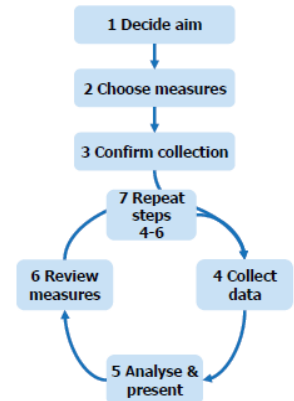


# Measurement

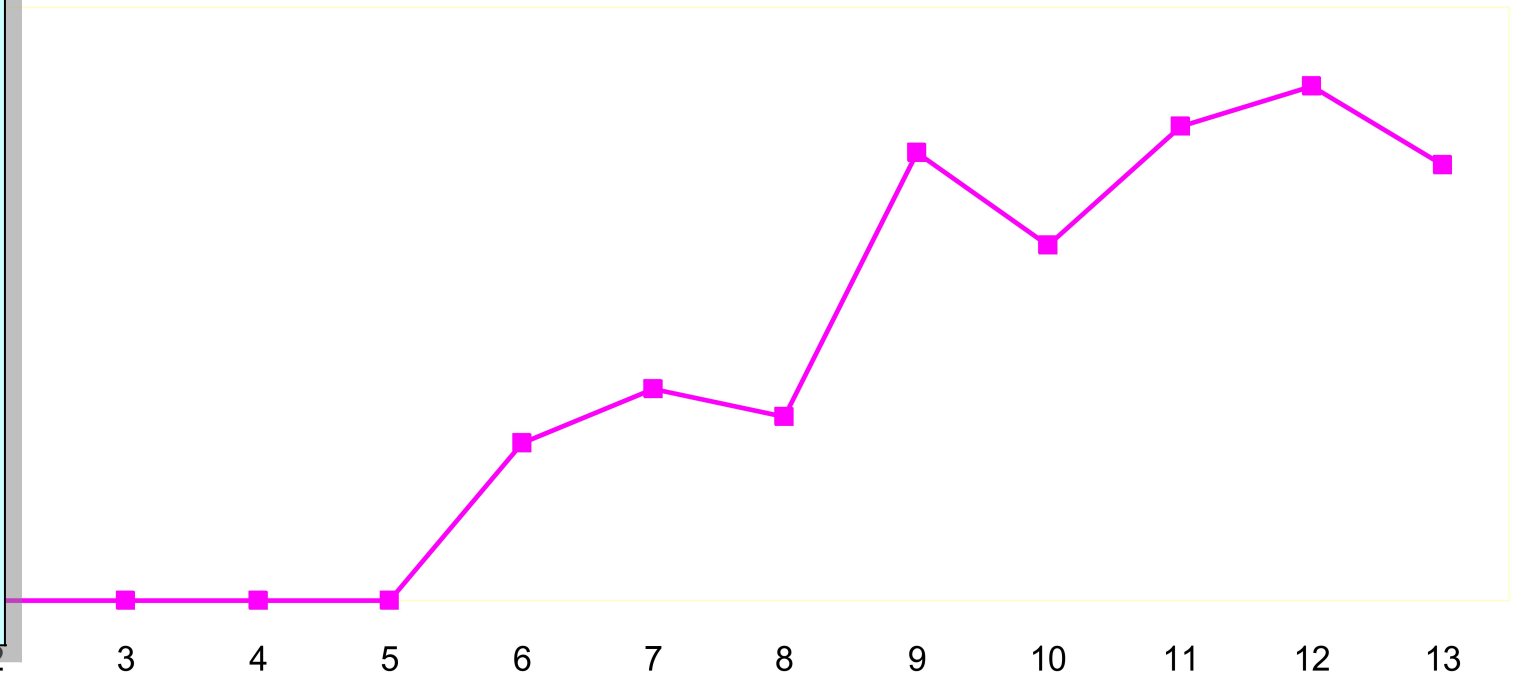
## Aim

To reduce the number of inappropriate urinary catheters inserted into patients admitted to the Clinical Decision Unit by 50% by January 2011

## Process measure



% patients with a completed checklist



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weeks

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# WHAT SUPPORT DO I GET?

- Your local CMT lead and College Tutor
- Supported by clinical leaders in QI – ask your TPD/College Tutor or ask the LTMD team
- **LTMD website for trainee packs and example projects**  
<http://www.rcplondon.ac.uk/projects/learning-make-difference-ltmd>
- **Monthly Webex – see eportfolio for details**
  - Phone in and discuss and learn more about QI
- Lead Dr Emma Vaux  
[Emma.Vaux@royalberkshire.nhs.uk](mailto:Emma.Vaux@royalberkshire.nhs.uk)



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# LTMD central support team

**LTMD Lead: Dr Emma Vaux** ([emma.vaux@rcplondon.ac.uk](mailto:emma.vaux@rcplondon.ac.uk))

**LTMD Project Manager: Katharine Woodall** ([katharine.woodall@rcplondon.ac.uk](mailto:katharine.woodall@rcplondon.ac.uk))

**The Clinical Leaders in Quality Improvement and the LETBs they cover are:**

Richard Berrisford	<a href="mailto:richard.berrisford@nhs.net">richard.berrisford@nhs.net</a>	South West* and Wessex
Tricia Woodhead	<a href="mailto:pwoodhead@nhs.net">pwoodhead@nhs.net</a>	South West* and Kent, Surrey, and Sussex
Elizabeth Haxby	<a href="mailto:e.haxby@rbht.nhs.uk">e.haxby@rbht.nhs.uk</a>	North West London, South London and North Central and East London
Ann Tweddel	<a href="mailto:Ann.Tweddel@hey.nhs.uk">Ann.Tweddel@hey.nhs.uk</a>	North East and Yorkshire and the Humber
Stephen Webb	<a href="mailto:stephen.webb@nhs.net">stephen.webb@nhs.net</a>	East of England and East Midlands
Emma Vaux	<a href="mailto:emma.vaux@rcplondon.ac.uk">emma.vaux@rcplondon.ac.uk</a>	Thames Valley, North West, West Midlands, Wales, Northern Ireland and Scotland

\*Richard Berrisford and Tricia Woodhead and jointly covering the South West LETB area.

Twitter: #LTMAD  
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# Important points

- Curriculum and national recruitment all support your QI work
- 6 Consultant clinical leaders to support CMT trainees in English Deaneries
- Wales, Northern Ireland and Scotland supported by Dr Emma Vaux
- Each trainee should complete a QI project plan, a final report and assessment (using QIPAT) - all are on eportfolio and eportfolio app
- Updated LTMD website with further resources
- Monthly WebEx for trainees to dial into for support from the Clinical Leaders
- RCP Showcase event July 2016 - all trainees have opportunity to be selected by their LETB and nominated to represent their LETB

**“I was very passionate about the experience..... it was so good to do such a project and be able to keep monitoring it.”**

*Trainee*

*'I would definitely, definitely do a quality improvement project again'*



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