

Fresh Faces, Fresh Starts

Modernising Resident Doctor Induction at the Countess of Chester Hospital

Introduction

A well-planned induction should help new doctors become familiar with a new working environment, enabling them to work effectively and provide excellent care.¹ We were inspired to improve the induction experience for resident doctors at the Countess of Chester Hospital for the August 2024 intake after experiencing an earlier disjointed and poorly organised event.

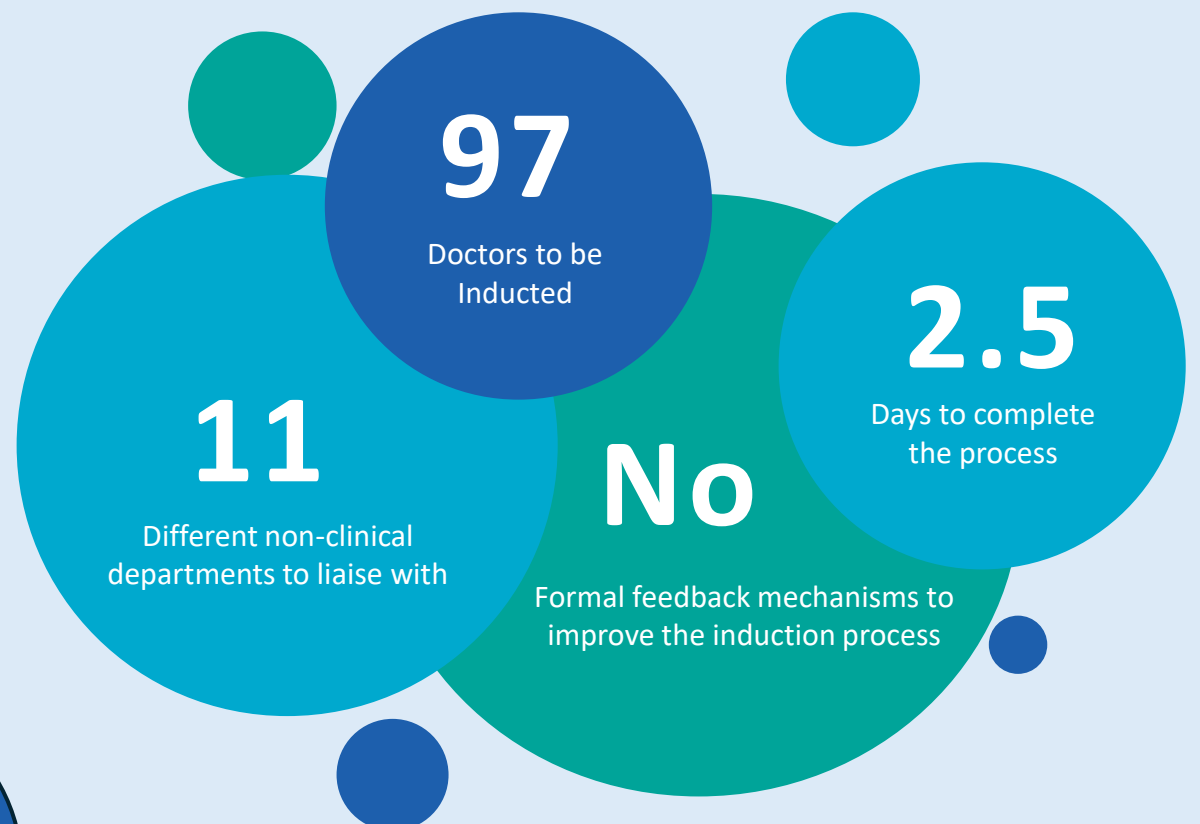
We have led a comprehensive overhaul of the process involving liaison with multiple hospital administration teams. At its core, this process was an exercise in leadership. Leaders need to engage with staff, empower frontline teams to develop solutions, and ensure that there is an appropriate infrastructure in place to support staff and spread learning.²



What was the scope of the problem?

Key weaknesses identified on earlier induction renditions included:

- Key staff members (eg parking/IT) not being available on induction day
- Confusing and excessively detailed introductory emails.
- No evidence that induction process had been completed.
- No formal mechanism for feedback to improve the process.



“the medical staffing team worked very hard and they were very devoted and clearly took the extra mile ...”

14
Introductory email attachments removed

65%
Induction checklist return rate

37%
Feedback forms returned

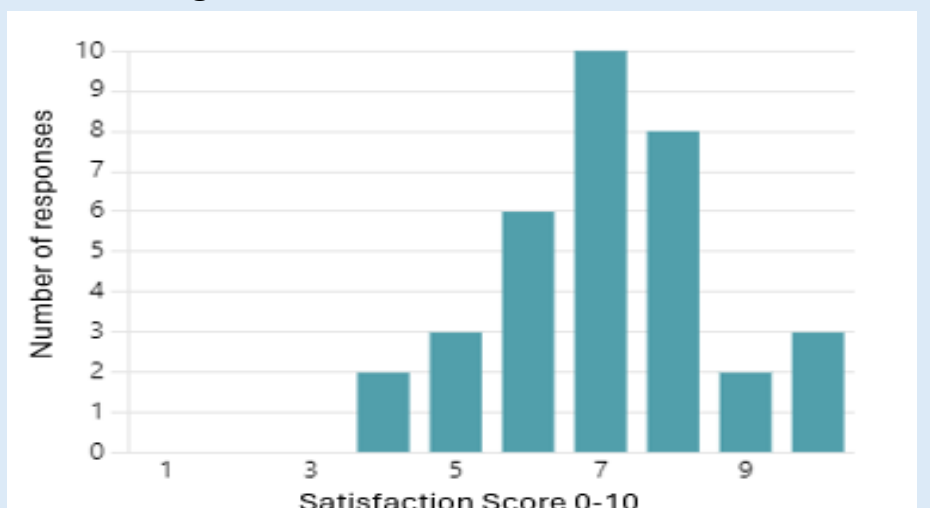
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No further funding required to complete this project.

What did we achieve?

Attendance at multiple preinduction meetings with the relevant departments involved enabled us to enact change in a variety of areas such as:

- Introduction of ‘carousel’ format – allowing inductees to rotate between different departments eg parking, security, ID in a time effective manner.
- Early communications to ensure all relevant departments present on induction day.
- Streamlining of introductory email – removing unnecessary and outdated attachments (signposting to trust document library instead).
- Introduction of e-form checklists required to evidence completion of induction.
- Introduction of an e-form for feedback on the induction event – this has never been done at COCH – and included blank space for specific suggestions to improve the process.
- Additional half day provided for mandatory training.



Conclusion:

The graph on the left represents the overall satisfaction scores for the induction, with an average score of **7.2**.

We believe this score can provide a benchmark for further improvements to be made in the next round of inductions.

This project highlights that leading the introduction of simple changes can create a more efficient, informative, and welcoming start for resident doctors.

Next Steps:

- Focus improvement of induction at a departmental level eg handbooks, focused tours etc.
- Ensure executive team present for induction at next cycle.
- Implement strategy to increase return rate of e-forms eg chaser emails.

References:

1. British Medical Association (2024) *Induction for resident doctors*. Available at: <https://www.bma.org.uk/advice-and-support/career-progression/training/induction-for-resident-doctors> (Accessed: 30 September 2024).
2. Jabbal, J. (2017). Embedding a culture of quality improvement: Summary. London: The King's Fund. Available at: www.kingsfund.org/publications/embedding-culture-quality-improvement.

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