

Keywords: *antibiotics; acute medicine; antibiotics stewardship; antimicrobial resistance*

References

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Quality improvement project on trainee induction in urology

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Abstract

An induction is the first and most important introduction to a department [1]. We outline the changes that led to a significant improvement and triggered positive change in the induction process.

Aim: To improve the trainees induction.

The Plan Do Study Act methodology was used. We designed a questionnaire for trainees in Urology; improvements were made based on the feedback and a second cycle was undertaken. Change was measured statistically. We authored a Urology learning resource for the trainees. We structured the induction and made it more relatable to the trainees.

Evidently, the induction was far from effective with less than 25% of the doctors feeling confident going into the rotation even after the induction, this markedly improved to about 70% after the improvements. Also, from the first cycle, half of the doctors did not find the induction relevant to their rotation, this improved to about 70% after the improvements. Similar data like this highlighted the profound effectiveness of this change. Inductions happen in every hospital but are often not audited to see if they are still relevant to the inductees. This project was very informative on the induction process in the department and the changes that should have been made a long time ago. From the result of this project, other departments now see the need to also improve their induction. Anyone can make a change beyond just having an induction; the induction must be satisfactorily done to meet the needs of the inductees.

Keywords: *quality improvement project; urology; trainee induction; surgical training; specialty training; residency*

Reference

1. Richardson A, Peart J, Wright SE, McCullagh IJ. Reducing the incidence of pressure ulcers in critical care units: a 4-year quality improvement. *Int J Qual Health Care* 2017; 29: 1–7. doi: 10.1093/intqhc/mzx040