ESTABLISHING A MENTORING SCHEME FOR PALLIATIVE MEDICINE TRAINEES IN WEST YORKSHIRE: A REVIEW OF THE FIRST YEAR

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Background: The value of mentoring in helping individuals develop confidence and resilience and focus upon career progression is acknowledged by multiple professional groups. Mentoring is also felt to be beneficial to the mentor.

Recognising this, the West Yorkshire trainees were surveyed about their interest in developing a mentoring scheme. Interest was expressed and thus senior trainees and consultants working in both training and non-training units were approached to become mentors.

Methods: Mentors were signposted to mentoring training. First year trainees (ST3s) were mentored by senior trainees and more senior trainees were mentored by consultants.

To distinguish between the mentor and supervisor role, mentoring pairs were allocated to ensure mentors and mentees were not working together clinically. Mentoring relationships began in August 2017 and the scheme was evaluated after the first year.

Results: The pairs met between one and five times and the mentees were universally positive about their experience of being mentored. Particular benefits were having an outside perspective and the opportunity to talk openly. Mentees scored their mentoring experience as 8.9/10 for usefulness.

Conclusions: The first year of the West Yorkshire mentoring relationship is acknowledged by multiple professional groups. Mentoring is also felt to be beneficial to the mentor. Recognising this, the West Yorkshire trainees were surveyed about their interest in developing a mentoring scheme. Interest was expressed and thus senior trainees and consultants working in both training and non-training units were approached to become mentors.

Reducing prescribing errors amongst junior doctors at the beginning of their during hospice rotations - A quality improvement project (QIP)

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Background: It is documented within the literature that when transitioning between different forms of prescribing, errors are more likely to occur. This is especially pertinent within Hospice Medicine as many Hospices differ in their prescribing practices to those at Hospitals. This has been noted at Manorlands Hospice, whereby paper prescribing is used, with the local hospital having transitioned to electronic prescribing.

It had been noted amongst staff that a peak in prescribing errors occurred at the beginning of each rotation of new Junior Doctors during their induction. This included information about how to reduce drug errors, and highlighted risky areas.

Methods: Datix information regarding prescribing errors that occurred between December 2013 and April 2018 was collected. From this data and conversations with staff, a ‘Safe Prescribing Guide’ (SPG) was created that was given to new Doctors during their induction. This included information about how to reduce drug errors, and highlighted risky areas.

Results: 42 Datix were identified as having occurred within the first month of a new rotation. This resulted in an average of 3 Datix per new rotation. The most common drug errors were due to the prescription of incorrect doses and the omission of medications.

Following the introduction of the SPG in August 2018, no drug errors occurred within the first month of the new Junior Doctors rotation.

Conclusion: This QIP has highlighted the importance in recognising the new challenges faced by Junior Doctors due to the rapidly changing clinical environment as a consequence of new technologies. Following the implementation of the SPG