

empowered by senior medical leaders to work autonomously and to develop solutions, whilst ensuring they had clear and direct access to senior support. Shielding trainees may continue to part of the medical workforce for some time as we approach recovery. Our intervention shows these trainees can gain skills and experience from being involved in leadership and management roles out with the clinical environment. They can be utilised to enhance services if given autonomy and support to do so.

Enhancing your leadership and management skills

26 ENHANCING MY LEADERSHIP AND MANAGEMENT SKILLS BY COMPLETING A MASTER'S IN BUSINESS ADMINISTRATION DEGREE

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10.1136/leader-2020-FMLM.26

Context I am a pre-speciality UK NHS doctor with a keen interest in emerging technologies in healthcare. Aspiring to be an NHS hospital consultant but also functioning as a chief clinical information officer (CCIO). To develop my leadership and management skills, I set myself the following objectives in 2018.

Objectives

- develop critical insights into organisational, management and leadership development theory.
- develop a greater understanding of the private-sector organisations selling healthcare technology to the NHS.
- develop a network of contacts in the healthcare technology sector.

Assessment of objectives The overall purpose of these objectives was from an early stage to build the management knowledge and network of commercial contacts to perform effectively as a CCIO and NHS consultant.

Intervention I felt that a higher degree in leadership and management would help me achieve my full set of objectives in a single move. In 2018 I embarked upon the University of Manchester's master's in business administration (MBA) course; designed to teach how to manage organisations and their resources.

Impact Soft skills gained: New team working and communication skills. Developed different perspectives and approaches to complex ambiguous problem-solving.

Hard skills gained: Learning to apply change management frameworks to transformational projects in healthcare. Learning to apply project management methodologies for organising, tracking and managing quality improvement projects. Learning to critically appraise research in healthcare management.

Lessons applied Two examples of NHS leadership projects which I have contributed to outside the MBA course which enabled me to convert knowledge into practical experience are as follows:

- Junior doctor representative at executive-level strategy planning meetings.
- Quality improvement project to design a remote induction package for newly starting A&E doctors.

Quality improvement project

27 THINKING DELIRIUM: IMPROVING DETECTION AND DIAGNOSIS IN A LOCAL, ACUTE GENERAL HOSPITAL IN NORTHERN IRELAND

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Background Delirium is a complication that presents a frequent challenge on our inpatient wards. Early recognition, detection and diagnosis of delirium can improve patient outcomes. The 4 'A's Test (4AT) is a validated, rapid initial assessment tool that is a sensitive and specific method of screening for delirium in hospitalised patients.

Aims To determine the prevalence of use of the 4AT and to reveal if increasing staff awareness yielded improvement in use of the 4AT and detection of delirium.

Methods Initial data collection analysed inpatient notes on our rehabilitation (rehab) ward and medical assessment unit (MAU), for any terminology suggestive of an underlying delirium. Rehab ward nursing staff had already received training on delirium detection. Following this, formal teaching was delivered to junior doctors, and 4AT lanyard cards were distributed. One month later, another round of data collection was undertaken. Throughout the year, nurses in MAU were educated on delirium. Further data was collected 1 year later.

Results Baseline data analysis showed use of the 4AT on the rehab ward (75%) was significantly greater than MAU (20%). This was associated with increased detection/diagnosis of delirium on the rehab ward (75% diagnosed, 100% concordance with 4AT use) compared to MAU (20%). After 1 month, use of the 4AT improved dramatically on MAU (50%) and remained high on the rehab ward, improving to 87.5%. Results at 1 year show use of the 4AT continues to remain high on the rehab ward (75%) in at-risk patients. In addition, there remains a sustained improvement in 4AT use on MAU (40%) compared to baseline data (20%). Diagnosis and recording of delirium continues to improve on MAU (100% of suspected patients diagnosed), and remains high (75%) on our rehab ward.

Conclusion Our findings support the continued use of the 4AT screening tool and ongoing staff education and training in order to improve knowledge and confidence in detecting signs of delirium.

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