

Developing Medical Leaders: A Realistic Evaluation Study for Improving Patient Safety and Maximising Medical Engagement

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Abstract : There is a global need to identify ways to engage doctors in non-clinical matters such as medical leadership, service improvement and health system transformation. Using the core principles of Realistic Evaluation (RE), this study examined what works, for doctors of different grades, specialities and experience in an acute NHS Hospital Trust in the UK. Realistic Evaluation is an alternative to more traditional cause and effect evaluation models and seeks to understand the interdependencies of Context, Mechanism and Outcome proposing that Context (C) + Mechanism (M) = Outcome (O). In this study, the context, mechanism and outcome were examined from within individual medical leaders to determine what enables levels of medical engagement in a specific improvement project to reduce hospital inpatient mortality. Five qualitative case studies were undertaken with consultants who had regularly completed mortality reviews over a six month period. The case studies involved semi-structured interviews to test the theory behind the drivers for medical engagement. The interviews were analysed using a theory-driven thematic analysis to identify CMO configurations to explain what works, for whom and in what circumstances. The findings showed that consultants with a longer length of service became more engaged if there were opportunities to be involved in the beginning of an improvement project, with more opportunities to affect the design. Those that are new to a consultant role were more engaged if they felt able to apply any learning directly into their own settings or if they could use it as an opportunity to understand more about the organisation they are working in. This study concludes that RE is a useful methodology for better understanding the complexities of motivation and consultant engagement in a trust wide service improvement project. The study showed that there should be differentiated and bespoke training programmes to maximise each individual doctor's propensity for medical engagement. The RE identified that there are different ways to ensure that doctors have the right skills to feel confident in service improvement projects.

Keywords : realistic evaluation, medical leadership, medical engagement, patient safety, service improvement

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