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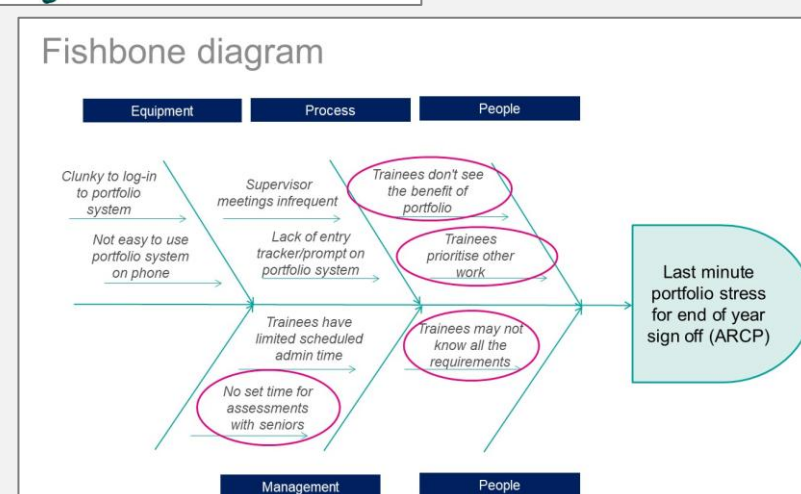
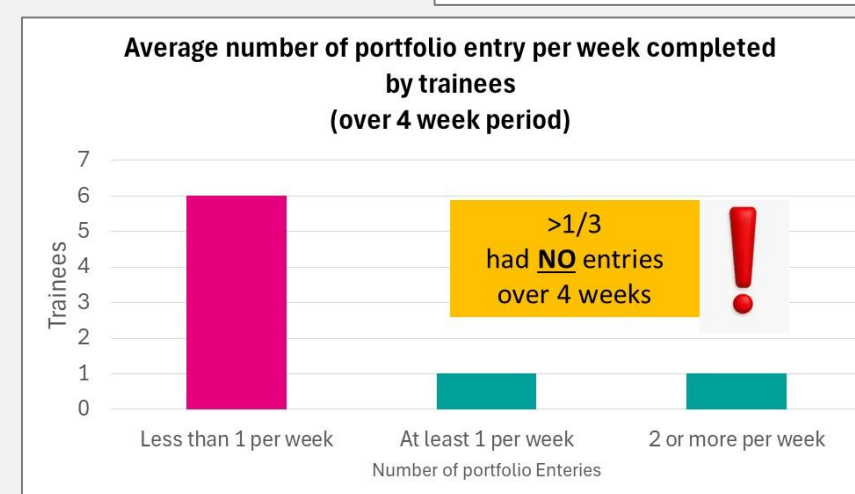
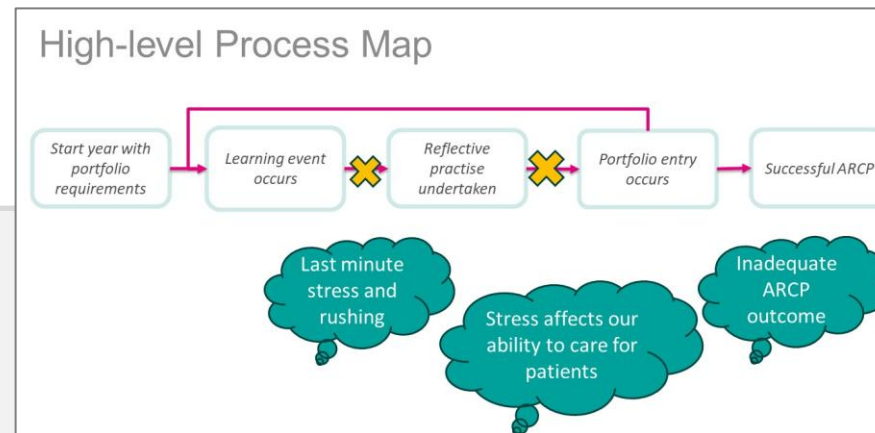
BACKGROUND



Trainees often leave portfolio entries until the **last minute**.

This causes **huge stress** in the lead up to end of year sign off (ARCP), and risks an **inadequate** outcome.

DIAGNOSTICS



AIM & MEASUREMENT DEFINITION

Aim: By March 2026 all paediatric trainees in Altnagelvin district hospital to make at least one completed portfolio entry per week.

Chosen measure:

- Number of any type of portfolio entry by trainee each week

Inclusions:

- Any type of portfolio entry including Work based assessments (WBA), reflections, teaching assessments, supervisor meetings, Personal Development Plans

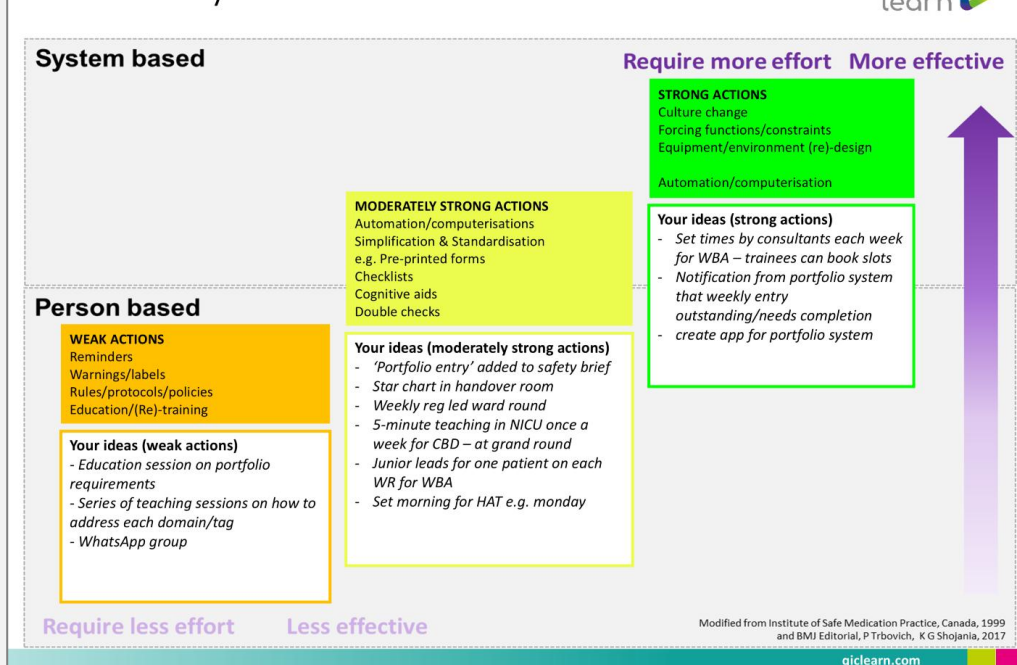
Exclusions:

- Entries saved as draft and not completed
- WBA completed in real-time but not recorded

CHANGE IDEAS



Hierarchy of effectiveness worksheet



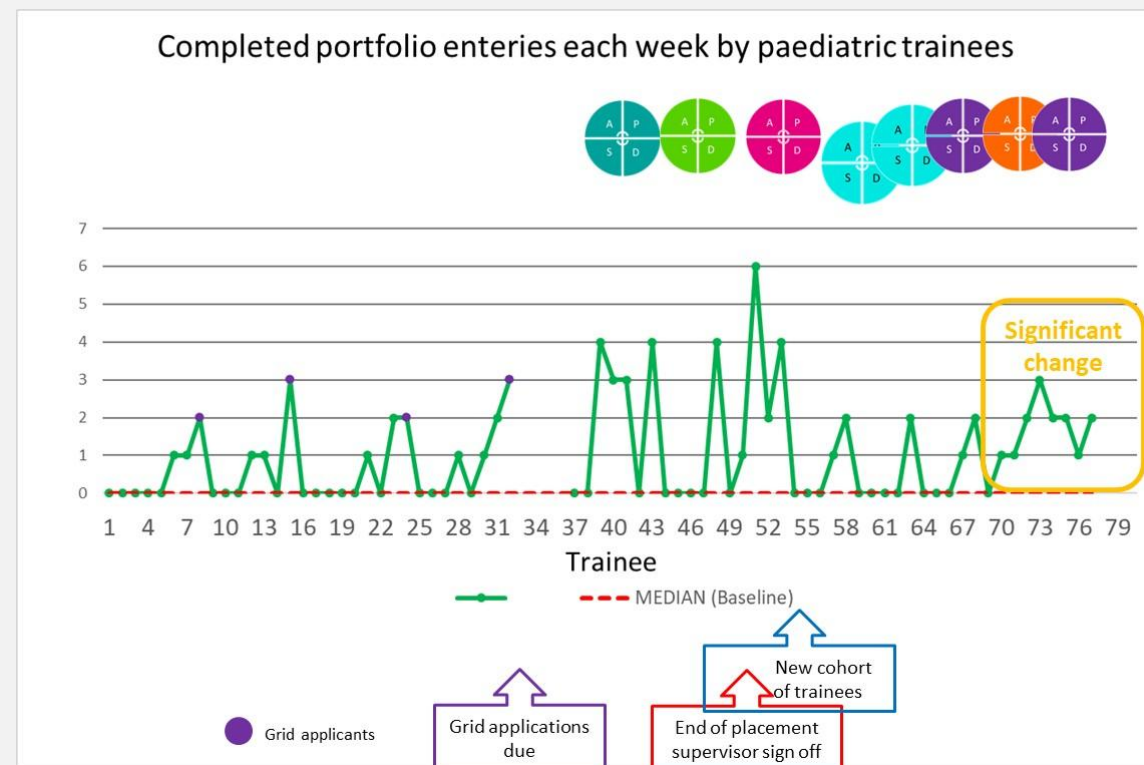
PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Make all trainees aware of QJ project. Create platform to share ideas and information on ways to fill out portfolio	WhatsApp group, created	Initially useful, as trainees able to ask each other to fill out assessments	Adopt
2.1	Introduce weekly time slots listed by consultants which trainees can book to do Work based assessments (WBAs)	Met with consultant to discuss introducing this	Feedback from consultant that this will create extra work. Discussed other ways to embed WBAs into current daily practise.	Abandon weekly time slots. Learn and adapt. Try alternatives discussed.
3.1	Changeover of trainees. Make new trainees aware of project. Handover project to fellow onsite trainee.	Presentation at changeover induction day	Allows new trainees to know about project. Only one consultant present.	Complete
3.2	Handover project to fellow trainee	Online zoom meeting. Run through project and plans for PDSAs, Seek feedback.	Confidence to try next change ideas	Add-in next change idea

PDSA	PLAN	Do	STUDY	ACT
3.1	Introduce star / tick chart	Introduce star-chart at induction presentation. Seek feedback from trainees	Feedback from trainees that more likely to use chart if stickers available to put on chart	Keep and adapt. Buy star stickers for star-chart
3.2	Obtain stickers for chart	Stickers bought for star chart + packet pinned below chart	Few stickers used. Observation by trainee to move chart to more visible location	Keep and adapt location
3.3	Change location of chart	Chart moved to below safety brief chart (used daily)	Only few trainees using chart	Learn - seek further feedback from trainees. Consider abandon

PDSA	PLAN	Do	STUDY	ACT
4.1	Introduce weekly reg led WR to facilitate WBAs	Message reg to identify consultant and reg on.	Feedback that new consultant who doesn't know ward therefore not suitable to try	Try again
4.2	Tried again	Contacted registrar - agreeable. Asked consultant on morning ward round.	Consultant not agreeable as registrar is junior and not suitable	Try again
5.1	Introduce SHO to lead for one patient on WR	Contact register to ask if feasible	Registrar agreed and successful WBA completed	Expand. Ask other registrars + consultants.
5.2	Expand to other consultants / Registrars			

RUN CHART



CONCLUSIONS

- The aim was for all paediatric trainees in a DGH to make at least one portfolio entry per week. The data on the run chart shows a significant change towards the end with 8 consecutive data points above the median line. This reflects that all trainees sampled over the last two weeks had made at least one portfolio entry per week.

REFLECTIONS & LEARNIN

- Spikes in activity of portfolio engagement at time of applications and sign offs demonstrates our natural human behaviour that we are more likely to engage when deadlines are impending
- Introduction of the star chart was less effective than I thought. Testing this intervention through small PDSA cycles demonstrated lack of initial impact, and seeking feedback from colleagues was essential in allowing adaptations to be made and further tested.
- One of the most successful interventions was introduction of weekly registrar led ward rounds followed by WBA, which was readily integrated into routine clinical practise. It required a small amount of additional time and effort, however had a meaningful impact.
- Maintaining project momentum during trainee changeover was challenging, however, this reflects the realities of clinical practice and highlights the importance of designing quality improvement initiatives that remain effective despite staff turnover and changing teams.

Acknowledgements: Nikki Davey & Justyna Rutkowski, QIClearn Mentors



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