



# Flash of brilliance

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Kent Community Health  
NHS Foundation Trust

## Aim: What were you trying to achieve?

Our aim "To introduce quality improvement (QI) into ASLT clinical placements"

In our roles as professional lead and quality lead, Pip and I had been asking ourselves a number of questions:

- 1) How could we make QI an inherent part of our professional roles? We know that QI should be everyone's business; that frontline staff generate the most relevant change ideas; and by engaging frontline staff we have a better chance of changes being sustainable. However, QI can still be seen as a top down process. Could introducing QI to students change this thinking?
- 2) How could we release some time for our clinicians when they are acting as placement educators (PE) whilst enhancing the student's experience? When acting as PEs our clinicians' workloads are not adjusted to accommodate the teaching time. They have to see the same number of patients, complete the same amount of admin and answer the same number of emails. Could giving students a QI project release some clinician time?
- 3) As a quality lead without a clinical caseload, how could I fulfil my professional registration and take students in a meaningful way? Could I support them in learning the principles and methodology of QI?

To answer these questions, we decided to experiment and add a QI component into an imminent placement.

## Change ideas: What changes did you make?

We identified a number of change ideas that we wished to implement over time. Our long-term aim is that during their placements, student adult speech and language therapists (ASLTs) will:

- Have small scale QI project to carry out
- participate in larger service wide projects
- receive a more formal QI training session from the QI lead

We were about to have a student starting placement within the Adult Speech and Language Therapy (ASLT) Team within the next week, so we decided to move fast to trial one of these change ideas. We agreed to use the "15 seconds 30 minutes" social movement model as a basis for a small-scale QI project. This involved the following steps:

- PE to introduce the process at the start of the placement and identify allotted time in the timetable.
- student to independently watch videos from the 15seconds 30minutes tool kit and explore their website for inspiration.
- student to identify a small-scale change that fitted the parameters of a "15 second 30minutes" mission and discuss it with the clinician
- If agreed the student would carry out the mission and prepare a short ten-minute presentation outlining their mission and the impact it had.

## Measures/results: What was the impact of the changes?

Having been set the challenge by their placement educator, our first student identified that:

Following our return to our dedicated clinical spaces after the pandemic, combined with changes to staff timetables, our method for booking clinical rooms was no longer fit for purpose and was taking up a great deal of clinician time. Her change idea was to set up an Outlook diary for the room where the clinicians could check availability and book the rooms remotely (as they were still working mainly from home) without having to send emails to the whole team. She included a "how to guide" as part of the mission to save us time (having noticed our level of IT skills!).

The impact of her mission was:

- Fewer emails being written, read and answered
- Less possibility of arranging an appointment when there was no room available
- More efficient use of clinical rooms.

She presented this idea to her clinical educator and locality lead and it was implemented.

The impact of the overall change idea was:

- The student was introduced to the idea that QI is something that everyone can do
- The student observed that a small change can have a large impact
- The student had directly improved the working lives of the clinicians
- The clinician had some time released during her week
- Both the clinical educator and the student said they enjoyed having this element as part of the placement.

We have since had two other students completing the challenge:

- The speech and language therapy (SLT) and occupational therapy (OT) students placed with Lucy Holden in the Community Rehabilitation Team (CRT) team, compiled a glossary of terms/abbreviations that are frequently used in the Community Rehabilitation Team Adults (CRTA) to help future students or new team members. It includes abbreviations and team names used in the trust and also medical abbreviations found on hospital referrals/electronic discharge notifications. The glossary is now available in the office for anyone to access.
- The SLT student placed with Elsa Allen prepared a package of therapy materials for Semantic Feature Analysis Therapy that she had noted therapists were recreating every time they used this therapeutic approach. They are now available on the shared drive for all ASLT across the trust to use.

## Lessons learned and what's next?

The introduction of the 15 seconds 30 minutes mission has been well received by the students and clinicians. As we have started to roll this idea out, the SLTs themselves have started to generate their own 15 seconds 30 minutes missions and some bigger QI projects. However, because we implemented the idea into a clinical placement with short notice we did not put any measure's in place to identify any impact. Our next steps would be:

- Introduce measures to identify any change in student attitude to QI
- Introduce measures to quantify time released back to clinicians
- Continue to implement other change ideas that will contribute to our overall aim.

Details of the 15 seconds 30 minutes social movement and all their resources, which they generously share, can be found at:

[www.15s30m.co.uk](http://www.15s30m.co.uk)

Why don't you start your own mission!



Thank you to Rachel Pilling and Dan Wadsworth at 15 seconds 30 minutes for giving their permission to use their logo and images.