



# Name of project: Improving internal training for the frailty team across Kent

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**Kent Community Health**  
NHS Foundation Trust

## What was our aim?

The frailty service has an internal teaching programme of weekly virtual education sessions to increase knowledge, skills and provide clinical supervision. However, attendance at sessions has been poor and sessions are also often cancelled, 52 per cent in the six months April to September 2023.

**SMART aim** - to increase frailty team attendance of weekly internal teaching sessions from 57 per cent of rostered staff to 75 per cent, by November 2023.

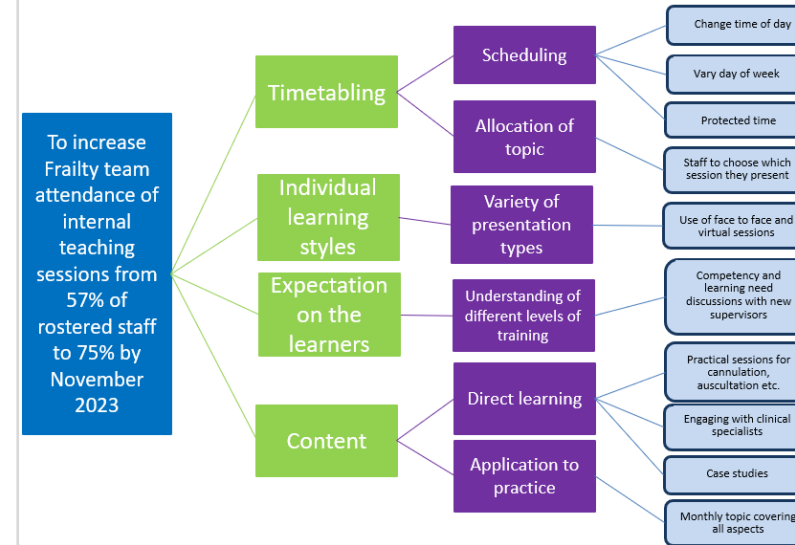
## Why is it important to service users and carers?

The frailty service in east Kent is made up of speciality doctors, advanced clinical practitioners and trainee advanced clinical practitioners. The service role is to support the medical management of patients in our community hospitals, prevent hospital admission by providing hospital level care to patients at home on the virtual ward and to provide proactive frailty assessments to help people living with frailty to have an improved quality of life.

Without these teaching sessions the team members are losing out on important learning and peer supervision opportunities, which would support their development and improve the service provision.

Patients will benefit from the team having a robust and consistent programme because this will impact individual clinical capabilities and confidence in their skills to provide the right care at the right time.

## Ideas and tests of change



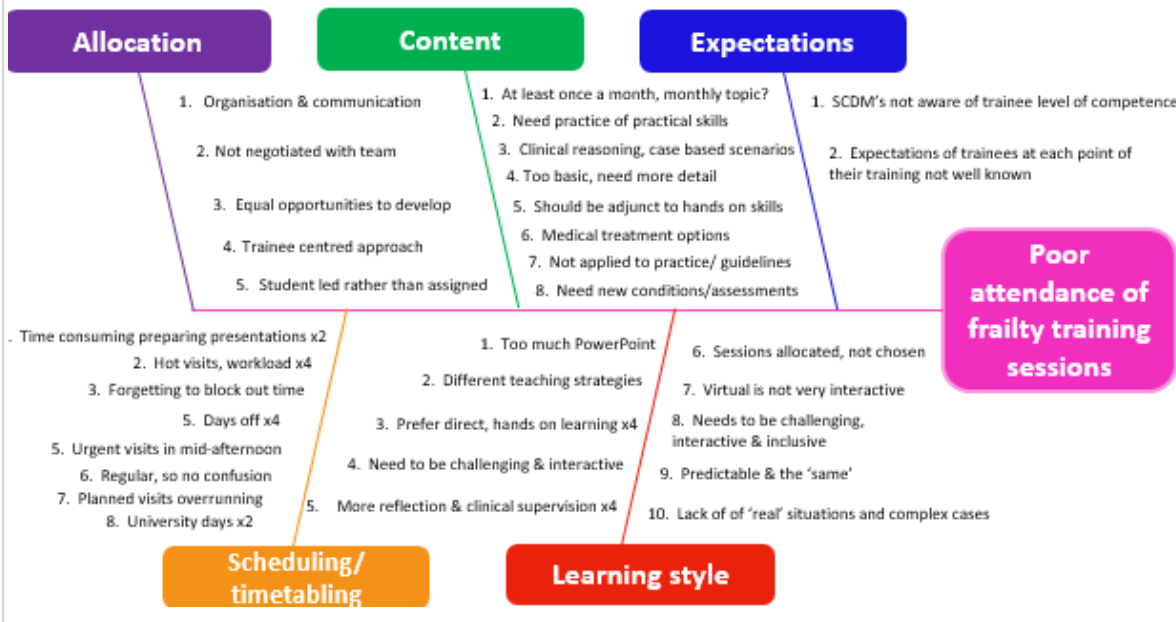
Three plan, do, study, act (PDSA) cycles were used to test out changes as identified on the driver diagram:

1. Alternating the day of training to increase the number able to attend
2. Move the session to later in the shift to reduce clash with clinical visits
3. Introduce monthly topics with more practical and patient specific styles of learning.

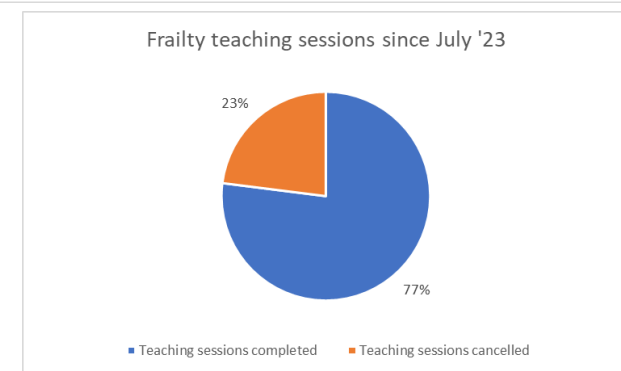
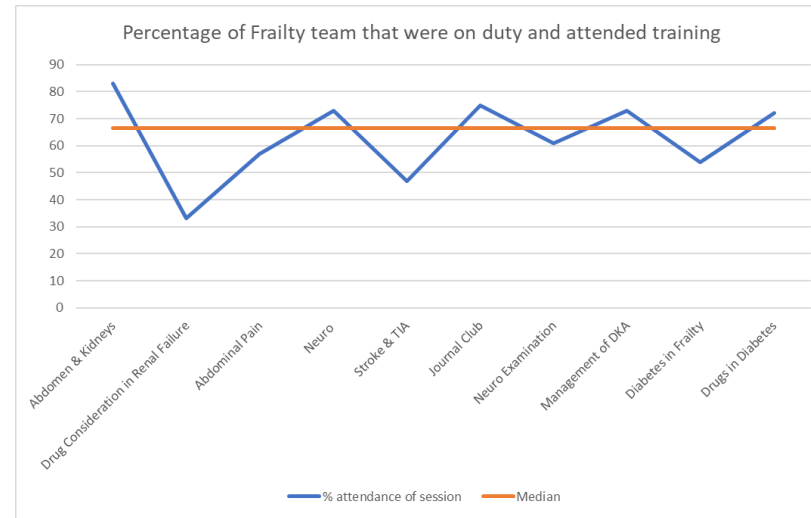
## The tools we used

All members of the frailty service were surveyed to establish:

- thoughts around the current teaching provided
- barriers to attendance
- learning styles
- best format and content for future sessions.



## Results/How did we do/Anticipated outcome



## What we learned and what's next

Since July 2023, the median attendance of those on duty has been 67 per cent, this hasn't met the initial SMART aim but is an increase from the baseline of 57 per cent attendance. Also, the number of cancelled sessions has reduced from 52 per cent to 23 per cent.

The changes to the teaching sessions have been positively received by the team and attendance of the weekly sessions has improved. However, there continues to be some variation in attendance, mainly due to the clinical demand on the team.

Since starting the project, the frailty team has integrated with the acute response team (ART) and clinicians are taking advantage of shared learning during joint visits and ad-hoc, real-time, clinical reasoning sessions during the working day.

### What's next?

The teaching sessions are continuing to evolve to meet the needs of the team, for example, simulation dummies are being acquired for face-to-face clinical scenario sessions.

Although weekly teaching sessions are still wanted and needed, going forward it has been highlighted that the team also find other formats for learning and the support of supervision sessions useful. This is being looked at by the teaching facilitators for the 2024 programme.