



Delivering Leading through Education to Excellent Patient care programme (LEEP) – an experience and reflection.

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Background

LEEP, the only HEE-endorsed leadership programme for trainee Doctors, comprises of four sessions and has been offered in London since 2021. A summary of our experience as 'champions' delivering the programme is shared.

Methods

A review of information around bookings, attendances, format and feedback from sessions run by a small team (LEEP postgraduate Education Fellow & DME)

Results

- We have run **96** LEEP sessions between January 2022 and April 2023 (**27** LEEP 1, **26** LEEP 2, **22** LEEP 3; **21** LEEP 4),
- We have delivered a total of **704** candidate interactions.
- **126** candidates have completed all four sessions (virtually or face-to-face),
- **145** have attended LEEP 1, 2 & 3
- **197** candidates have attended LEEP 1 & 2
- **236** candidates have attended LEEP 1 only

Successes:

The Launch - We were well prepared for the launch of LEEP, with a wealth of session dates available. We attended departmental local meetings, faculty groups, educational governance meetings and developed support from local college tutors. Wide reaching Email correspondence and advertising helped raise the profile.

The Structure - the combination of didactic slides supplemented with interactive discussion components allows reflection and idea sharing to reinforce messages.

Modifying Dates & times to meet candidate needs - We introduced Saturday morning virtual sessions to increase accessibility for those with rota or study leave challenges (e.g. F1 cohort).

Feedback - Our feedback on course content and delivery has been excellent - 89.8% of those surveyed who attended all four sessions would rate it as good or excellent and 94.9% would recommend the course.

Challenges:

Raising the profile of LEEP - increasing awareness and enthusiasm for the course takes time and constant messaging. Positive feedback & word of mouth from candidates helps too.

Booking coordination - Refining a robust booking system as attendee numbers grew.

Managing short notice cancellations and non attenders - last minute candidate drop outs and DNA's, which was challenging to address can impact dynamics of session. This was occasionally because of a need to cover clinical activity at the last minute.

Securing location for face-to-face sessions - Following the relaxation of COVID restrictions, face to face space has been at a premium (especially for LEEP sessions which require a 3.5 hour booking) - virtual sessions have helped overcome this challenge.

Facilitating specific trainee subgroup needs (eg F1s) - F1's in particular often found it challenging to secure the time off to attend - again, weekend virtual sessions helped overcome this

Collecting robust feedback - Obtaining feedback from those attending virtual sessions was challenging and requires repetitive reminders. Written feedback from face to face sessions was more successful.

Learning points

- ✓ Our successes outweigh the challenges.
- ✓ A hybrid flexible format for program planning is essential.
- ✓ There is an appetite for leadership education
- ✓ During times of service provision pressures, innovation and adaptability is needed to commit to training opportunities
- ✓ Trainees value discussion-based teaching.

