Objectives of the session

After this session you will be able to:

• Understand Learning to Make a Difference, a UK pilot to test the feasibility and acceptability of introducing a quality improvement project to core medical training
• Describe the key outcomes of the pilot
• Identify strategies which enabled successful delivery
• Describe plans for sustainability and spread
Overview of the session

• Introduction. The UK context and some definitions

• Getting started on LTMD. Defining our aim, building will

• Executing the plan what did we do and trainee film

The results of the LTMD pilot. Key findings and feedback from the Steering Board

Next steps. Final recommendations and our plans

Presenters have nothing to disclose

What is Learning to Make a Difference?

Learning to Make a Difference was a 12 month pilot in five UK deaneries to:

• Test the feasibility and acceptability of introducing a quality improvement project as part of core medical training;

• Assess the value of the change to the trainee, their organization and their patients;

• Identify the framework and infrastructure needed for successful implementation of change.
What is the Learning to Make a Difference project

- The project is a joint venture between The Royal College of Physicians of London (RCP (London)) and the Joint Royal Colleges of Physicians Training Board (JRCPTB).
- Funding was provided by the RCP and the Health Foundation.
- The Learning to Make a Difference Pilot Project (LTMD) was launched in August 2010 and completed in September 2011. Trainee QI projects ran from October 2010 – April 2011.

Definitions and translations

- Royal College
- Deanery
- Core medical training
- Specialist training
- Trainee
- Clinical supervisor/ consultant
- Medical Education England (MEE)
- The General Medical Council (GMC)
- The Health Foundation
Context – the UK Deaneries

The Deaneries are responsible for the management and delivery of postgraduate medical education and for the continuing professional development of all doctors and dentists.

This includes ensuring that all training posts provide the necessary opportunities for doctors and dentists in training.

The deaneries are also responsible for trainers, educational supervisors and educational leaders, their training needs and educational development.

Getting started.
Learning To Make a Difference

The aim of the pilot

A (supervised) trainee completes a quality improvement ‘Learning To Make Difference’ project (LTMD) within a 4-6 month training post

What is the evidence for the change?

Empirical evidence and feedback: Completion of a full cycle audit (data collection, intervention, repeat data collection) within their 4-6 month post is a challenge.

Emma Stanton 2009 Audit of Audits (8% response rate n=890)

- Majority of trainees (64%) received no training or support in how their audit could be used to improve quality of care
- Nearly half of audits (46%) were not repeated
- Lack of enjoyment amongst trainees (23% no enjoyment at all)
Our Purpose:

- To develop and *embed new skills*, learn some simple and practical QI techniques ...to take forward in their clinical practice and apply to future projects

- *To enable* the trainee to be able to see the valuable and meaningful role a junior doctor can play in quality improvement

- To emphasise *learning and development*

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How will we know that a change is an improvement?

- Junior doctors are started on a pathway for life long evaluation and quality improvement of the service they deliver

- Continuous service development is seen as an important part of medical professionalism

- At Trust level: QI becomes an integral part of clinical audit and their quality agenda
Evaluation of pilot

Outcome measures \((what\ differences\ were\ made?)\)

- Impact on patient care: **Quality improvement measures from the LMDP itself**
- Impact on training: **Quality Improvement Project Assessment Tool**
- Qualitative assessment/evaluation to demonstrate acceptability and feasibility amongst participants: **Pre-and post Questionnaires & LMDP supervisor and trainee questionnaires**

How do we know this pilot has been successful and made a difference?

Process measures \((the\ workings\ of\ the\ system)\)

- Assessment and evaluation completed by trainees & supervisors and by local CMT leads

Balancing measures \((what\ are\ the\ risks?\ What\ else\ might\ we\ disadvantage?)\)

- Trainees no longer do clinical audit
What change can we make which will result in improvement?

- Offer trainees the option of undertaking a QI project as an alternative to an audit
- Trainee- led small scale change can make a difference to the quality of their practice, their team work and their patients
- Learning by doing can make a difference to trainee’s understanding of how to make change happen and their confidence to deliver improvements in practice

Building the will for change

- Fit with RCP Quality Strategy
- Providing Clinical leadership
- Ensuring Educational engagement
- Funding from the Health Foundation and the RCP
- Engaging the DH, QIPP, NHSIII and key stakeholders
Steering Group

- Bill Burr. Chair JRCPTB
- Linda Patterson. Clinical Vice President RCP
- Mike Cheshire. Clinical Vice President RCP
- Martin Marshall. Clinical Director the Health Foundation
- Ashley McKimm. Clinical Advisor. DH. Now BMJ
- Alison Carr. Medical Education and Training Programme. DH
- Jane Ingham. Director of Clinical Standards RCP
- Winnie Wade. Director of Education RCP
- Kate Jones. Head of Safety, NHS Institute

Shaping the pilot

What – one change model, MFI
Where – 5 interested Deaneries
When – QI projects must be completed within clinical placement
How – to encourage participation
Who – can provide sources of QI expertise and practical help?
What – training do we put in before hand?
How - much detail for the tool kits?
What will it involve?

- Each Deanery has 10-20 CMT trainees each doing a LMDP in place of audit
- Each trainee has a supervisor
- Each Deanery has a QI mentor
- Ideally trainee-led idea
- Decide on the project and then follow the guidelines outlined in the ‘tool kit’
- Improvement Project to take 4-6 months from identifying problem, agreeing measures and changes, completing at least one PDSA and report.

What did this mean in one deanery?

<table>
<thead>
<tr>
<th>Aim</th>
<th>How?</th>
<th>Time-frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>All core medical trainees in Oxford Deanery do a QI project</td>
<td>Provided with QI support, resources and supported by a supervisor</td>
<td>2010-2011</td>
</tr>
<tr>
<td>Each trainee to think of a potential improvement idea (work on own, in small group)</td>
<td>Think about what frustrates you, what is bothersome, what is your department where you are working or the trust’s quality agenda Multi-disciplinary team approach</td>
<td>Sept/Oct 2010</td>
</tr>
<tr>
<td>Each trainee to start to develop an understanding of the framework</td>
<td>Read the LTMD tool kits, review the website and learn about QI projects already done</td>
<td>Sept/Oct 2010</td>
</tr>
<tr>
<td>Getting started</td>
<td>Face to face with Dr Vaux Identify your supervisor</td>
<td>Oct/Nov 2010</td>
</tr>
<tr>
<td>Complete project April 2011</td>
<td>Present regionally with potential national presentation</td>
<td>April/May 2011</td>
</tr>
</tbody>
</table>
What did this mean for the project team

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Getting Started / DICE / Pre-project questionnaires / Project Log to be completed</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
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<tr>
<td>Start of engagement with trainees</td>
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<tr>
<td>All trainees to have projects underway</td>
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<tr>
<td>Completion of ongoing audit forms project progression assessment scale</td>
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<tr>
<td>Supervisor/trainee progress sheet Run chart</td>
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<tr>
<td>All trainees to have completed projects</td>
<td>▲</td>
<td>▲</td>
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</tr>
<tr>
<td>Post-project questionnaire / DICE / Project Impact Assessment / Quality Improvement questionnaire</td>
<td>▲</td>
<td>▲</td>
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<td>▲</td>
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</tr>
<tr>
<td>Liaison with Deanery Leads +/- Trusts Telephone support Documentation Website support</td>
<td>▲</td>
<td>▲</td>
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<tr>
<td>Project End</td>
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<td>▲</td>
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</tr>
</tbody>
</table>

Trainee project presentations

Best QI project/ trainee presentation in each Deanery
• £ 50 cash prize and chance to present to the steering board
Best overall QI project /presentation as judged by the Steering Board
• Place at 2012 IHI/BMJ International Forum on Quality and Safety in Healthcare, Paris
• 2nd and 3rd places £50 cash prizes
Executing the plan

Providing Leadership and support:

- LTMD Implementation group
- LTMD Clinical lead
- LTMD Project manager
- QI mentors network
- Recognition and Prizes
### Participating deaneries and project leads

<table>
<thead>
<tr>
<th>Kent Surrey and Sussex</th>
<th>Kent Surrey and Sussex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nik Patel</td>
<td>Kevin Stewart</td>
</tr>
<tr>
<td>North Western</td>
<td>North Western</td>
</tr>
<tr>
<td>John Anderton</td>
<td>Paul Sullivan</td>
</tr>
<tr>
<td>Oxford</td>
<td>Oxford</td>
</tr>
<tr>
<td>Emma Vaux</td>
<td>Carol Peden</td>
</tr>
<tr>
<td>SE Scotland</td>
<td>SE Scotland</td>
</tr>
<tr>
<td>Randy Smith</td>
<td>Simon Watson</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>Yorkshire and Humber</td>
</tr>
<tr>
<td>Karen Goodman</td>
<td>Tom Downes</td>
</tr>
</tbody>
</table>

### QI mentors

<table>
<thead>
<tr>
<th>Kent Surrey and Sussex</th>
<th>Kent Surrey and Sussex</th>
</tr>
</thead>
</table>

### Executing the plan

**Building the infrastructure for delivery:**

- LTMD web site
- LTMD Newsletters
- LTMD trainee film
Executing the plan

Building the infrastructure for delivery:

- QI Tool kits for trainees, supervisors and deanery leads
- Worked examples and templates

How?
Simple approach Use the PDSA (Plan, Do, study, act) Cycle

- PLAN: Define the objective. What do I want to accomplish? SMART – specific, measurable, achievable, realistic, timely.
- Plan to answer questions: Who, What, When, Where, why?
- What improvement ideas do I have?
- Plan your time
- Plan for collection of data: Who, What, When, Where?
- How am I going to measure the impact?
- What are the definitions for the measures I will be using?
- How will I measure the baseline?
- How will I set a target?
- How will I measure my progress?
- Record your progress through the project on the progress template
- Predictions: What do you expect to see and why?
- What consequences may there be?
- Could the change make something worse?

- DO: Carry out the changes or test and record what happened.
- Use a run chart to record the pattern of data that you can observe as you make changes.
- Document problems and unexpected observations.
- Begin analysis of data

- STUDY: Complete analysis of data and record your results.
- Compare the data to your predictions.
- What did you learn?

- ACT: What modifications are needed?
- Are we ready to make another change? Outline plan for the next cycle.
- Keep refining the change until it is ready for broader implementation and embed in every day practice.
Top tips

The Project: TOP TIPS for a successful learning to make a difference project

Learning to make a difference is all about trying out small scale tests of change to demonstrate to doctors that they can reduce harm and improve the quality/safety of patient care/experience.

Think about your objective: what is it that you want to accomplish?
- Be clear in your aim – test it with your supervisor.
- Think of a change that you can make that might result in improvement.
- Think of something that you have come across which is of poor quality or affects patient safety or experience or is a waste of time.
- Start small and keep it simple.

Be organised: Plan your time
- You have 12-16 weeks.
- Use the progress template to help you chart your progress with your project.

Who will you ask to help you?
- You may wish to do this project as part of a group.
- Have regular check-ins with your supervisor.

A WORKED EXAMPLE

<table>
<thead>
<tr>
<th>PLAN</th>
<th>What is the quality improvement being sought?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Objective: No unnecessary urinary catheter insertions.</td>
</tr>
<tr>
<td></td>
<td>I want to reduce the number of unnecessary urinary catheterisation in all acute admissions to the clinical decision unit over a one month period. The target is 100% appropriate urinary catheterisation.</td>
</tr>
</tbody>
</table>

Plan my time

Completion of Planning my Time Template (appendix 1)
A WORKED EXAMPLE....

Measure Quality indicators

1. number clinically indicated and non-clinically indicated urinary catheter insertions (as per Trust Policy) in two one month periods (pre- and post implemented change) for all patients admitted to the CDU

2. standard of documentation about urinary catheter insertions

We will know the planned change has made a difference/improvement if there is an increased proportion of clinically indicated insertions and/or improved documentation

The balancing outcome would be the number of patients who do not get a urinary catheter inserted when clinically indicated

Select change

The proposed change is to implement a checklist (in format a sticker placed in the case notes) that must be completed PRIOR to the insertion of a catheter for every applicable patient

RUN CHART EXAMPLE

Number inappropriate urinary catheter insertions

Goal

median

weeks
The trainees’ view of Learning to Make a Difference.

http://youtu.be/sNKXOEPIe2Q

The key findings
Findings. Completed QI Projects

<table>
<thead>
<tr>
<th>Deanery</th>
<th>Number of projects</th>
<th>Number of trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent, Surrey and Sussex</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>North Western</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Oxford</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>SE Scotland</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

DICE scores

Implementation group members were asked to complete DICE scores at the start of the project.

Win Zone: The project is very likely to succeed.

Worry Zone: Risks to the project’s success are rising.

DICE scores (n=6)

- Win zone: 83%
- Worry zone: 17%
Findings. Understanding of QI

STATEMENT: I understand the process of quality improvement

Pre-project (n=68)  Post project (n=27)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>48%</td>
<td>40%</td>
<td>15%</td>
<td>57%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Findings. Relevance & acceptability

STATEMENT: A trainee led idea for a small scale change as part of a quality improvement project is a more realistic project to be completed than a clinical audit project.

Pre-project (n=68)  Post-project (n=25)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>47%</td>
<td>31%</td>
<td>21%</td>
<td>56%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Findings. Trainees post-project impact questionnaires

Trainee responses n=13

<table>
<thead>
<tr>
<th>Response</th>
<th>The objectives of my quality improvement project were met</th>
<th>My project has had a significant impact on improving clinical practice</th>
<th>The project was a valuable practical learning exercise for me to undertake</th>
<th>I have developed new skills as a result of undertaking the quality improvement project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>46%</td>
<td>54%</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>Agree</td>
<td>46%</td>
<td>38%</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Disagree</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response</th>
<th>I plan to do another quality improvement project in the future</th>
<th>Found the trainee information pack contained all the information I needed</th>
<th>I feel I have made a difference to patient care</th>
<th>I found the evaluation questionnaires straightforward and easy to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>69%</td>
<td>31%</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Agree</td>
<td>31%</td>
<td>69%</td>
<td>54%</td>
<td>38%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Findings. Supervisors post-project impact questionnaires

Supervisors responses n=9

<table>
<thead>
<tr>
<th>Response</th>
<th>The objectives of the quality improvement project were met</th>
<th>The project has had a significant impact on improving working practice</th>
<th>The project was a valuable practical learning exercise for the trainee to undertake</th>
<th>I would supervise another trainee led quality improvement project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>56%</td>
<td>44%</td>
<td>78%</td>
<td>67%</td>
</tr>
<tr>
<td>Agree</td>
<td>44%</td>
<td>44%</td>
<td>22%</td>
<td>33%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0%</td>
<td>11%</td>
<td>0%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Royal College of Physicians
Setting higher standards
Findings. Infrastructure

- Universal positive response to project website and newsletters and the QI tools contained within the packs.

- “The infrastructure set up to deliver QI projects should offer recognition, validity and the cross-fertilisation of thought in order to convert enthusiasm to delivery.”

- “Need to define QI methodology simply; having examples to follow was key.”

- “The newsletters useful in continuing the QI dialogue with trainees.”

Findings. Execution

- QI language is foreign to most trainees and supervisors.

- “The average supervisor will say “what do you mean?” if asked to provide support to a QI project.”

- Local supporting infrastructure is crucial in delivering effective projects.

- Important to make link between QI and the clinical governance at trust level.

- “We need supervisors who are knowledgeable, use the available resources, think projects matter and are able to motivate the trainees throughout.”
Findings. Recruitment

- Face-to-face contacts worked best.
- Logistically difficult in large (geographical) deaneries.
- Supervisors’ unfamiliarity with QI challenges their ability to provide support to trainees.
- Competing demands on trainees’ time results in a natural attrition rate.
- A change of attitude was observed amongst trainees successfully completing QI projects.
- Incentivised by being told that they would have to present and write up their projects.

Findings. Overall approach

- The principle of allowing trainee’s to do QI projects is a good one.
- Audit has been about data collection.
- Not replacing clinical audit in many areas – as clinical audit not being done.
- Need to ensure not replacing one poorly functioning system with another.
- QI seen to influence day to day practice is more likely to produce practical outputs.
- QI outcomes are better matched to Trust profiles.
The Steering Board

• Comments from the Steering Board

http://youtu.be/UzNk50eMR-0

Our recipe for success

• Need all 4...enthusiasm, commitment, engagement and knowledge from a local lead
• Consultant-led, Trust level
• Face to face personalised approach
• Trainee ideas with MDT involvement
• Aligned with trust objectives
• Resource supported: tool kit, web site, project examples, films, RCP/PTB lead
• Formal presentation of QI projects – make it matter
Recommendations of the Steering Board

• Overall agreement – Trainees doing QI projects is the way forward, but need a phased approach

• We have rich learning on the necessary infrastructure, best recruitment methods and implementation tools to enable trainees to do QI successfully

• We must get these right first

Next steps
Sustaining and spreading the gains

Continue to offer the option of a QI project in the 5 deaneries involved in the pilot
Encourage the natural spread of LTMD to other deaneries
Continue to develop the infrastructure to deliver the QI approach effectively

The vision

<table>
<thead>
<tr>
<th>Aim</th>
<th>How?</th>
<th>Time-frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central support</td>
<td>Provide professional leadership and central support from the RCP/JRCP/PTB</td>
<td>2011-2012</td>
</tr>
<tr>
<td>Encourage the natural spread</td>
<td>- existing sites to implement further trainee-led QI projects</td>
<td>2011-2012</td>
</tr>
<tr>
<td></td>
<td>- Identify and support a new network Trust QI champions eg facilitated through local CMT TPDs, RCP Tutors &amp; RAs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- web site &amp; other social media</td>
<td></td>
</tr>
<tr>
<td>Develop the right infrastructure</td>
<td>Build the capacity in the physician workforce to deliver quality improvement at Trust level</td>
<td>2011 onwards</td>
</tr>
<tr>
<td></td>
<td>Identify QI champions at Trust level</td>
<td></td>
</tr>
<tr>
<td>Build and develop partnerships</td>
<td>Acad Med Colleges; London Deanery; Beyond Audit’; SPSP; DH ‘Better training, better care’, ‘Agenda for change’ and MEE; BMI; Health Foundation; NHS III</td>
<td>2011 onwards</td>
</tr>
<tr>
<td>Curriculum change</td>
<td>- 2013 CMT Trainees.</td>
<td>2013-2014</td>
</tr>
<tr>
<td></td>
<td>- 2014 ST3+ trainees</td>
<td></td>
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<tr>
<td></td>
<td>- Lobby for Undergraduate curricular changes</td>
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</tbody>
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Challenges we face

- Scaling up
- Ensuring local leadership
- Identifying local QI champions
- Ensuring take from trainees
- Knowing who is opting in
- Acknowledging and overcoming antibodies to QI methodology

So what would you do?
This is what we are doing

- Personal contacts
- Building central support
- Improving the web site
- Engaging trust and deanery leaders
- Demonstrating the benefit

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Learning to make a difference

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Thank You

Any Questions ?
The Steering Board

- The winning Trainee project

http://youtu.be/-X5rC_grzYU