

Leading change as a student in medical school – our reflection

REFLECTIONS

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In June 2015, we independently attended a talk from Dr Kate Granger, who founded the ‘#hellomynameis...’ campaign after being diagnosed with terminal cancer. As her role changed from being the doctor at the end of the bed to a patient lying in one, she realised that few healthcare professionals introduced themselves. She found this isolating, and created ‘#hellomynameis...’ to prevent other patients having similar experiences. (1) An emotive afternoon inspired us both to contact members of the medical school, expressing our desire to champion the campaign and implement change. We considered an act which is so simple to reduce the isolation and fear patients experience, a powerful tool. A little over a year on, we take time to reflect on how our campaign has evolved.

Our initial contact came after we were introduced to each other via the medical school; we then sat and brainstormed what we felt personally were the goals of our campaign. We decided that we needed to raise awareness as a team and implement changes in the curriculum to embed the message.

Our initial meetings coincided with the start of interviews of applicants to Cardiff University School of Medicine. This provided an opportunity to reach large numbers of students, academics, doctors, the administration team, and prospective students. This intervention received positive feedback and we were pleased with the large impact the badges made. Following this success, the logo has been used once more in the most recent cycle of interviews by the admissions team, thus showing the campaign is sustainable. We then highlighted areas of the formal curriculum which we wanted to engage with; clinical and communication skills were considered ideal areas in which to start. Current medical students are taught the importance of introductions, however we believed having Dr Granger’s story to place the teaching in context, would give added meaning allowing for more effective teaching. We reached out to these departments and planned how we could work together, as it is vital to involve, motivate and mobilise

the relevant people. This has been re-emphasised throughout our project, and should be considered by any student looking to make a change. We were greeted with enthusiasm that helped push the campaign, and motivated us to continue. Following our discussions, we were able to get the '#hellomynameis...' logo added to the badges worn by students and staff in communication and clinical skills sessions. The next big step in our mission is to create permanent badges to ensure student names are more visible on placement. At present, students in Cardiff wear their university card as ID; the name on these can be difficult to read. As this card is the only thing patients could use to identify students, it is vital they clearly state name and status.

We have focused on ways to raise awareness of our campaign. We have written articles for the Cardiff University Medical School magazine, a rapid response in the BMJ (2) and have submitted a piece for the journal Academic Medicine. This was important for the campaign but aided our personal development in understanding about writing for publication, selecting appropriate journals, and the power of one's voice on these platforms. We have used social media to inform individuals and in the future, will look to use these platforms to recruit a larger team of students. Social media is an important tool to utilise for those considering implementing change. We have realised that explanation and reasoning is critical for promotion and recruitment in any campaign. We targeted the student body, but without an appropriate background message, students could have been unwilling to listen and remain unaware of the campaign. We are teaching students a lifelong culture, and want to utilise deep-learning. Therefore, students need to actively participate, understand the reasons behind the campaign and hopefully share an enthusiasm for it.

It was important for us to realise that to progress our campaign further, we decided that an evidence base needed to be produced. Therefore, a cross-sectional study, mobilising the student body to aid in our data collection is being undertaken this year. This data collection will provide baseline data which we can use to analyse the impact of our quality improvement project. When attempting to implement change within a large organisation, we recognised the need to respect the current approach, and would highlight this to those considering their own projects. The evidence we are hoping to produce will provide a valid argument for change, and will allow us to progress and implement it appropriately.

When we truly began to reflect on our achievements with the campaign, we were pleasantly surprised. It is easy to forget lunchtime meetings or the seemingly small encounters which have had larger effects. When we wrote down what had been put in motion, the list grew surprisingly long. We did not recognise the potential our project had, nor the work that would be involved! However, if you have a desire for change then the hard work is worth it. We were re-enthused when we received an email from

Dr Granger encouraging us to continue and to think big by approaching other medical schools.

We both agreed that patience was key. Change is slow in a big institution and time is needed to make sure changes work at every level of the medical school and within the curriculum. Our advice is to be resilient in your approach; we have found early initial success in some aspects of our campaign, whilst others are still ongoing. Feedback is vital even if it can feel demoralising at the time, for example we have had letters and articles which were rejected for publication. All feedback should be considered as others helping your campaign; always have gratitude for the people who take the time to analyse and feedback on your ideas.

If you have a passion or a cause which you want to push, then our advice is to go for it. It could be a push for consistent handwashing in clinical practice, or a quality improvement project; it takes just one person to make a stand, and others will join. The student body are powerful, motivated, and passionate. Many are just waiting for a 'good cause' to support. We all came into medicine for different reasons, so remember and utilise these. We highly recommend approaching your medical school or hospital to inform them and ask for their support. It can be difficult to know exactly who to approach. We found success with lead tutors in clinical and communication skills, who copied in relevant individuals to emails. We are currently a keen team of three, including Cardiff University Professor David Wilson, Director of Admissions, whom we have been in contact with since the start of our project. On reflection, we should have sought more help earlier on and will look to social media and the student body to form a larger team. Recruiting enthusiastic colleagues from across the years may have aided in the work load and our overall impact.

Looking towards future clinical practice, we feel more confident in addressing issues and now have an increased awareness of how to action change. Medical school offers a fantastic opportunity to get involved in similar projects, we urge readers to take effect.

We would like to thank Professor David Wilson and Dr Steve Riley, the Dean for Medical Education at Cardiff University, for their continued encouragement and support. This campaign would not have been possible to do it without the wide-ranging support we have received. Dr Granger had every reason to be proud of '#hellomynameis...'. She raised a fundamental issue we can all learn from. We are determined to keep her campaign alive well into the future, and invite you to join as well.

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