NZMSA Clinical Leadership Forum Hackathon Abstracts

As part of NZMSA's Clinical Leadership Forum this year, we held three Hackathon challenges - one on wellbeing, one on evidence-based medicine, and one on racism. The delegates were divided amongst the challenges, with each team having four to six students. Each team was given the questions two weeks before the Forum and were required to give a short presentation of their solution. We were very impressed with the solutions the teams and hope to see them implemented in our medical community in the future. Below are abstracts of the solutions from a selection of teams.

Wellbeing Hackathon

Challenge Question:

How do medical students look out for/stay in touch with each other's wellbeing on a national level?

The healer education, assessment and referral (HEAR) program and how it can help medical students in NZ (winner)

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Beginning at the UCSD School of Medicine, the HEAR Program will help make wellbeing more accessible to medical students in New Zealand, if implemented effectively. This program involves providing students with an online questionnaire that screens for signs of stress, burnout, depression, and more. On completion, you will be referred to online or community resources (for example counselling) tailored to your specific responses. This questionnaire would be compulsory for every medical student to complete once during the year. After this, the questionnaire will still be available for students should they need it. Getting every student involved will help to create more conversation between students about mental illness, helping to tackle the stigma and allowing us to support each other. Additionally, it specifically targets those students who may not seek out resources on their own, or those who feel their issues are not serious enough to ask for help.

Mental Health First Aid: Empowering medical students (runner-up winner)

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Medical students commonly seek mental health support and advice from their fellow students. However, students are often challenged by not knowing what to do or how to provide help. Mental Health First Aid (MHFA) utilises the same concepts as physical first aid, by providing first responders with a framework to follow and key signs to look for when approaching a situation in which they are concerned about the (mental) health of someone. We propose MHFA be implemented into the preclinical program and revisited in the clinical program within tutorials or online. MHFA will give students a framework for situations e.g., with a patient or colleague, and strategies consistent with their school's referral pathways. The integration of MHFA into the medical curriculum will hope to reduce the stigma of mental health, improve mental health literacy, and empower students to confidently support and appropriately redirect their peers in mental health crises.

Evidence-Based Practice Hackathon

Challenge Question:

How can we bridge the gap between research outcomes and clinical practice in order to ensure that all doctors in New Zealand apply evidence-based practice?

Bridging the gap between medical research and clinical practice (winner)

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Our solution to bridging the gap between research and clinical practice comprises a two-pronged approach. On a broader scale, we propose the development of research subcommittees within medical colleges, which would appraise and select appropriate practices for implementation. This will help filter existing research to promote the dissemination of valid and applicable findings. To enhance uptake amongst practitioners, member reaccreditation would require the completion of annual online modules or workshops to help integrate these findings into practice. Ideally, District Health Boards would also attend these to ensure they

remain up to date. Meanwhile, we also propose to increase research literacy amongst medical students through the provision of mandatory training courses integrated into the curriculum. These aim to equip students with the skills necessary to appraise and implement research findings, and ultimately hopes to increase the capacity of upcoming doctors to be involved in evidence-based decision making.

The development of a New Zealand doctors evidence-based practice (NZDEBP) database

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To ensure research is translated to evidence based practice, we propose creating a database to collate critical appraisals from throughout New Zealand's healthcare system. An appointed committee formed of stakeholders will have overall responsibility for the database. Writing a critical appraisal will become a requirement for doctors in order to complete their run in each specialty. Each critical appraisal will be submitted to the database and the blinded committee will screen appraisals to determine which are suitable for publication to the database based on quality, originality and current gaps in the database. The selected appraisal will then be peer-reviewed by expert clinicians and researchers prior to publication.

Having a trusted source of New Zealand-focused, evidence-based information will ensure the provision of effective care to the diverse Aotearoa demographic. Implementing regular research analysis into clinical practice will hone doctor's skills and promote a culture that values evidence based practice.

Bridging the gap

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There exists a significant gap between research findings and clinical outcomes that results in a lack of quality healthcare for patients. In the hospital context, a potential solution to bridge the gap is via the establishment of a Hospital Research Implementation Team that will oversee the implementation and audit of procedures. Junior doctors within each team in a department will utilise their critical appraising techniques taught extensively in medical school to present new research to their respective teams to encourage active discussion about clinical utility of said research. It is expected that through collaboration and local evaluation, pre-existing guidelines/protocols will be altered to render them actionable. Monthly auditing is recommended to gauge the outcome, the results of which can be published to disseminate findings or collated in a database where doctors from around the country can access it or add to it to improve practice.

Patua te Whakatakētanga – Fighting Racism Hackathon

Challenge Question:
As future doctors, what can we do to eradicate racism, in all its forms, from the healthcare sector?

All four groups were awarded as winners for this challenge.

Time for a cuppa… Solving racism over a cup of tea

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Four people sit around a table to have a cup of tea. Wiremu has a pretty standard cup of tea, with a splash of milk and two sugars. Jack has a black tea. Jessie pours half a cup of milk into her tea. "Is that even tea?" asks Jack. When does tea not become tea?

Everyone can take their cup of tea differently, but tea is still tea regardless of how light or dark. Similarly, a patient's ethnicity is what they tell you it is, and appearances are never substitute for asking the question. The only way to make the right tea for the person in front of you then is to ask them - how do you like your cup of tea?

We challenge all medical students to ask all patients how they like their cup of tea. We propose that asking where our patients' cultural affiliations lie should be treated like a standard question you'd ask over a cuppa.

Strategies for reducing racism in the health sector

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Racism within the health sector contributes to inequitable poorer health outcomes for Māori. Several strategies have been adopted at Lakes District Health Board to reduce racism and enhance the health outcomes of Māori. These initiatives could be implemented nationwide to improve the health of Māori throughout New Zealand.

Manawa Pou is a kaupapa Māori service that helps Māori patients navigate inpatient health services, provides cultural support, and advocates on behalf of Māori patients. Rotorua Hospital has been designed to incorporate Māori designs and carvings, and signs are in both English and Te Reo, which encourages dialogue in Te Reo. Waiata and karakia sessions for staff and patients are also held daily. The culture at this hospital encompasses Māori values and strives towards reducing inequity for Māori.

However, there is still more work to be done. A higher representation of Māori staff combined with increasing staff capacity to adopt a kaupapa Māori framework will further reduce inequities.

Solutions in the fight against institutionalised racism

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The disproportionate burden of mortality and morbidity amongst ethnic minorities is evidence of ongoing racism within the healthcare setting. The proposed solution addresses the disconnect observed by students between preclinical education around culturally safe practice and norms within clinical settings. It has been noticed that many supervisors provide minimal feedback to trainees in cultural competency, while several doctors have difficulty with correct pronunciation of patient names. Our solution to this was twofold. Firstly, we propose the introduction of sharing a karakia prior to commencing ward rounds. Meanwhile, brief teaching of Te Reo to team members during handovers is also under trial. These aim to normalise culture and Te Reo as part of everyday teaching and behaviours in the clinical environment. Whilst this approach focuses on integrating Te Ao Māori into clinical practice, it will hopefully promote culturally safe practice principles that can be applied across ethnicities.

A reality check to promote change

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Our solution for eradicating racism orientates around increasing awareness of the extent of the problem, followed by working towards reforming peoples' views. Often, many people in the healthcare setting make discriminating references and unknowingly perpetuate the issue of racism. Some continue to disregard the cultural etiquette that exists in certain groups of patients, especially in Māori. To combat this, our ideas were to first bring this issue to the forefront by projecting commonly-used racial phrases and explanations of why they are unfair generalisations on screensavers or posters in the hospital and thus encourage a change in thought-process. The aim is to also portray the goal of eradicating the use of racist terms or actions. Often, people need, in colloquial terms, a 'reality check', and broadcasting the issue of racism publically can provide that. Following this awareness, it is expected that individuals will inherently realise that their actions need changing and thus will ignite a turn in the positive direction.