Improving Medical Student Engagement with QIP

SaTH Improvement Hub

Theme | Building Capability

Produced by | Megan Brown

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The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

The SaTH Improvement Team have historically had **no engagement** with the medical student cohorts arriving each year from Keele University. In medical students, trusts have an untapped, enthusiastic group of individuals keen to build their portfolios, who can offer objective insight into trust processes and areas for improvement. Frequently, however, medical students face an invisible barrier of engagement, when trusts don't have a clear pathway to get involved.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

I will improve the engagement of Keele students with the Improvement Hub team at SaTH and overall increase the confidence of medical students to engage with Improvement work as measured by an increase in project initiation and confidence scores by 31/03/2026.

PLAN

Possible ideas generated with colleagues included:

- Improvement hub team to do a talk at SaTH induction to both year 4 and 5 cohorts
- Section on the Keele Learning Environment (KLE)/ Sharepoint to be made available with key information
- Improvement hub to run a 1-hour bespoke medical student Quality Improvement (QI) course
- Advertisement of the QI course via WhatsApp messages to year group chats and year-wide emails
- Introductory talk at the medical student induction

DO

We were unable to deliver a talk at the inductions due to timetabling of a packed schedule. Instead, a member of the Improvement Hub team spoke at a voluntarily attended plenary. 22 medical students attended this initial introduction to improvement course.

We established the KLE/ Sharepoint resources and ran the 1-hour medical student drop in course

The course was advertised via WhatsApp and year group emails.

Survey sent to both exiting year 4 students who had completed a year at SaTH and incoming year 4s and 5s who were present for the interventions, addressing levels of confidence in engaging with QI at SaTH.

Additionally, data was recorded regarding which stages of QI students were lost at, from attending the talk, through to submitting a Quality Improvement Project (QIP).

STUDY

Qualitative Survey Results:

QI Education Access
Reduction in no exposure (**48% → 19%**)
Increase in short-duration exposure, particularly **<30 minutes (28% → 50%)**

Opportunities to Engage in QI
Perceived opportunities increased (**52% → 81%**)

Attitudes Toward Engagement
Positive sentiment increased (**44% → 69%**)
Negative sentiment decreased (**56% → 31%**)
"Unsure" reduced but remains notable (**48% → 31%**)
Frustration and unhappiness eliminated

Perceived Value of QI
"Very valuable" increased (**56% → 75%**)
Lower-value responses no longer reported

Quantitative Results:
Stage 1- Awareness (Attending QI Course)
22 attendees (100%)
Stage 2- Initial Engagement
10 contacted Improvement Hub (**45%**)
Stage 3- Project Initiation
3 submitted project briefs (**14% of total; 30% of engaged**)
Stage 4- Completion
2 completed case studies (**9% of total; 67% of starters**)

These results were expected, and exceeded our expectations/aims originally set. Once projects are initiated, there seems to be a good continuation to completion. The main difficulties suggested are engagement and initial awareness, which will be the focus of the next cycle. Perceptions have improved of QI, and so the qualitative results are sufficient at present.

ACT

ADOPT
- 1 hour bespoke improvement session to medical students.
- Section on KLE detailing improvement hub details.
- Advertisement of QI course on whatsapp groups

Next steps/ PDSA 2:
- Explore initiatiation of a mentorship programme Receive planned QIPs from teams and offer them out to students, negating the need for the mentees to develop their own ideas for a QIP.
- Short slot at both inductions to formally tell the whole incoming cohort about QI opportunities, along with the specific medical student course ran by the Improvement Hub Team.

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