Leading the Way 14:
Leading through improvement
Transcript of podcast
Jonathan Darling and Yincent Tse

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Jonathan Darling:

Hello, I'm Jonathan Darling, your host for Leading the Way podcast which is the RCPCH podcast about leadership in paediatrics and child health. I'm really delighted to introduce today's guest, Dr Yincent Tse. We have a particular connection through the college because Yincent has just taken up the role of Vice President for Education and Workforce, and that's the role I've been doing for the previous five years. So we've just completed our handover. Yincent is a paediatric nephrologist in Newcastle. Congratulations, Yincent, on your election to the VP role, and a warm welcome to the podcast.

Yincent Tse:

Thank you very much, Jonathan. It's a delight to be here.

Jonathan Darling:

Great. To introduce things, can you say a bit about how you became a, a paediatric nephrologist, and then a bit how you got involved in leadership?

Yincent Tse:

Yeah, that's a really interesting question, and I've been thinking back. I think it's all about using our voices. I had a quite difficult childhood actually. I grew up in Hong Kong, then moved to Cornwall when I was young. My parents were first-generation immigrants to the UK and they had a Chinese restaurant in Cornwall.

And during my childhood, I stammered really badly, and I didn't really say much. I had lots of therapy, and it was only when I went to university with a new scene that I found my voice, and, things just got better. I trained in various places including Sheffield, Edinburgh, Newcastle, went to Great Ormond Street, and came back to Newcastle.

And I initially wanted to do neonates really as a, from a, a medical student. But as I did more and more, I realised I wasn't very good at the practical procedures, in

these tiny babies. And nephrology was, pretty quite similar, and I found it a f- really f- friendly and attractive community, so I became a nephrologist.

And as I progressed, I realised how lucky we are in paediatrics. And we can get involved in many different things, from the latest therapies to genomics, quality improvement, education. And I, came across the opportunities, and I said yes to pretty much all of them because I, you know, had a voice. And I never regretted it.

Jonathan Darling:

So that's interesting that you relate back to those early experiences in your childhood and the challenge of the stammer and how then you - that's informed and influenced that sort of sense of using your voice and taking opportunities. And do you think it's affected how you think about leadership as well?

Yincent Tse:

Yeah, I think a, a lot of leadership is about communicating. It's about, yeah the last few years I was a clinical director for quality for my trust. I did a lot of serious investigation, serious incident investigations, and this is, and I try to stay away from the paediatric side, and it was mainly adult cases I was dealing with.

And that the common themes are things like communication people not quite able to speak up, in during the the, the thick of it. And and the other thing I've learnt is that you can get anything done in leadership as long as you know the right people. So I think a lot of leadership is about making connections and helping colleagues to get what they want done, because it's right for the patients by connecting them to people that can help them achieve these goals.

Jonathan Darling:

Fantastic. And the, that work you've done on serious incidents and so on it's interesting that observation that often people haven't felt able to speak up, and I guess that, that links into psychological safety and ensuring people around us do feel they can say when they're concerned or raise issues and so on.

How have you seen, as you've done the work, has it helped you see how to make that happen better in, in our work?

Yincent Tse:

Yeah. I've been really interested in quality improvements since I since I was at Great Ormond Street. I met Peter Lachman when I was there, and he was actually

just getting registrars together and said, "Oh, I've got something really interesting for you.

We can train you in quality improvement." And that was when my journey started. So incidents happen not very rarely due to personnel. It's nearly always the system that they are living in and working in. The, whether they're busy, whether they feel able to pick the phone up and say, "Yeah, I've got some kid who's ill," it can all be mapped out.

And then when we do these investigations, it's really important that we say let's look at the systems first. What was happening at 3:00am? Were... did people get their break? Did they know that, that they can call for critical care outreach," et cetera, et cetera.

Jonathan Darling:

Thank you. I was just interested when you said about y- you've never turned down an opportunity or you've said yes to every opportunity. Just say a bit more, 'cause some people might say that's a bit of a dangerous approach that you'll be soon overloaded. How do you fit that all together in your life?

Yincent Tse:

Yeah. I think it's interesting how we perceive when we get opportunities. I think it's important to understand that all trainees experience opportunities differently. As I was training, I realised that there were colleagues who were always being given opportunities, and there were some who were never given opportunities, and they just had to, get on with the job in hand.

So there's some inequity. And I think it's really important that when something that we take the small opportunities and grow them. So for for example, one of the early works I did was with a medical student. He audited a very small audit of lumbar punctures in our department and how many were champagne taps and how much opportunity each SHO managed to get during their six months placement.

And, it was, it wasn't very special, but we found that actually there was a message there about training and being able to get lumbar puncture opportunities. So we actually wrote a very short letter to archives, and that was my first publication. And, the, the message was that it's getting lumbar punctures are getting rarer and, but there are opportunities such as going to oncology theatre list to do the lumbar puncture, and that was how I learned, and that, that's that was a great way of learning.

Jonathan Darling:

So do you think inequity in offering opportunities is built in, or is it there partly because people take the little opportunities, and that leads on to bigger ones? Or is it a bit of a mix?

Yincent Tse:

Yeah I very much think it's a mix. We do have many colleagues who didn't do all their training, from medical school in this country. And sometimes, there's power imbalances and, knowing the system, knowing how to get opportunities, knowing how to get onto, things like academic career pathways can be really challenging if came in at the ST3 stage.

So I think it's really important for us, us trainers and supervisors to actually say, "Are our processes fair? Do we consciously offer out, audits, projects of whatever quality fairly to our trainees?"

Jonathan Darling:

That's a really important point. Let's move on a bit then. What took you, as, as you were in your consultant role, into more leadership kind of roles? Maybe mention some of the things you've done along the way.

Yincent Tse:

Yeah. Most of the projects I've done have been really led by the patient need. So yeah I'll be sitting in the clinic and think, oh this there may be some legs there. So f- for example I had a big problem with our prescribing systems such that we've had a lot of children who are on liquid medicines, and their expiry dates are quite short. And so I was having to re-prescribe these medicines, every two or three weeks. And I thought there must be a better way.

And but then that got me speaking to the families and go actually, what is it about liquid medicines? And then they were telling me all these problems like, short expiry dates needing to - very hard to go on holidays. And then I asked the staff, and they were going it's not... they're not very safe. The pharmacists were saying, how easy it was to get a dosage wrong, et cetera.

And then I bumped into Emma Lim, one of my infectious diseases colleagues, and she was going, "Oh, I've been teaching children, from the age of five how to swallow tablets. Why don't you try it?" She didn't have a big patient load. We had quite a big patient load. So I went, "Oh, how do you do that?" So she actually

came with Elsa, her - one of the infectious disease nurses, came to our unit and taught all our nurses, all our consultants, play specialists, et cetera, on a really fun day. And she taught us to teach each other how to swallow tablets.

And then we rolled it out in a quality improvement way on the next clinic, then the next month of clinics and we managed to save and we managed to convert all these children from liquid to tablet medicine. She can who didn't have any contra- c- contraindications. And we managed to save 36,000 pounds in three months as well in 15 children. And we share our what we found with the rest of the hospital, and then it snowballed from there. And we shared it with other hospitals, paediatric units in our region. Some other people picked up on it, and then we went to the college meeting, and people came to us, and now it's on... so if anyone listening to this podcast wants to try it, it's on the Medicines for Children website. There's a video there and training package.

Jonathan Darling:

That's great. And is it is called KidzMed, isn't it? That's the name- Yeah ... you'd find it under if you want to look it up.

Yincent Tse:

Yes.

Jonathan Darling:

K-I-D-Z M-E-D.

Yincent Tse:

Yes. KidzMed.

Jonathan Darling:

It was a fantastic project, and I love the way it started from that patient need and then working with colleagues who brought different ideas and skills.

Yincent Tse:

Yeah

Jonathan Darling:

and, it's a vertical practical approach to, to leadership and changing things for patients.

Yincent Tse:

Yeah, and the beauty about it, is that we had play specialists and specialist nurses who really took it and ran with it because they felt it was very empowering for them. It's an instant change that you can see in front of you. And the, the kids found it really good fun, and then they then show it to their parents, and it was just a very positive thing to do. And yeah, it's and really anyone can learn how to do it.

Jonathan Darling:

Thank you.

RCPCH:

We'll be right back after this short message.

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Jonathan Darling:

One of the other things you've done more recently is a role within Archives of Disease of Childhood, the premier UK paediatric journal. Tell us a bit about that and what you've been doing, how you got involved.

Yincent Tse:

Yeah, so in the 2010 to 2020, I was quite active on social media because, we were producing these QI projects. We were, yeah, quite active in, in, in some research. And Twitter, now it's called X, at the time was a really great place for paediatricians to actually exchange news, exchange ideas. Obviously, since COVID most paediatricians have come off it. But during that during COVID Bob Phillips, who was the social media editor for Archives approached a few of us who were quite active on this, on the virtual world, and said, he's been doing for a few years would you all want to take over?

And it's, it was, it's been a really interesting journey. So I used to read Archives but having to do posts about articles was really fascinating because I had to read every single article and say, "How do we condense this into, 200 characters?" So I've been doing it for the last three, four years.

We've grown the audience to other platforms now. We're also on LinkedIn more recently and on Facebook. And we've grown the audience, and I'm really delighted that that Leila Ellis who's a, a trainee down in Bristol, has now taken over. And actually she's done a really great job because, I'm not very young now, and she's done a great job in growing the team, in having innovative and new ways of doing things.

So that's also taught me that it's important not to hold on to anything for too long because, you need a fresh energy for... and we're only custodians for these really great institutions. And during the period as social media editor it was the 100th anniversary of Archives last year.

With Nick Brown, the editor-in-chief and with Robert Scott Judd, who's the history voices editor of Archives we did a program where we in- commissioned people to write for Archives about looking back over the 100 years. And it's been a humbling experience looking back at how paediatrics has developed in this country, we started from about 50, 60 paediatricians 100 years ago, and now we've got a thriving community, of I think we've got a membership of about 25,000 in the College.

So we've grown a lot and innovations have happened. But during this time, the leadership, the being patient-centred, being... listening to the families have always been in the DNA of paediatricians.

Jonathan Darling:

Yeah. And that your comment about not holding on to roles, I f- I found that interesting.

And it might perhaps is part of the answer to the earlier question about how do you fit it all in if you keep saying yes to everything. I guess if you're then saying “now I'll hand this one on," or so on. But in practice, how did you decide to hand that particular role on?

Yincent Tse:

Yeah. I think for most roles, it's imp- really important when you start to go what is it what's good about why you're joining something?

And, your role really is to, keep it in a great place, use innovations, use your energy. But your energy will never last, for forever. So it's important, I think, from the start to go whatever role you do, and this even happens to your roles at work whether you're head of department, whether you're clinical director, whether you're head of governance, is that you go what can I achieve in the next three to five years?" And go when you need to leave on a high and hand it over in a better shape and hopefully have grown your role and importantly to grow the people that you're working with.

Jonathan Darling:

That's a great approach. Let's move on. You mentioned about other roles and that included head of department, and that's something you've, I think, taken on fairly recently in, in your department in Newcastle. And I thought it'd be interesting to talk a bit about h- how you approach that, that role and what you've learnt about leadership there.

Yincent Tse:

Yeah, in our department, which is not very big we have six consultants, we have a group of specialist nurses, and a dialysis unit, and ward nurses and a multidiscipline team.

We take it in turns, so we do three to five years each. And and I managed to avoid it for quite a long time. But at the end it was my go. And actually I didn't know I was gonna get the role for, as, as Vice President, otherwise I may not have taken it on. But because I used to be clinical director for quality for the trust, I knew quite a lot of people.

And what I learned from my previous roles is that in medicine anything is possible as long as you get the right connections and know who can do what. So coming into head of department role was a, a really nice thing to do. It's a bit more difficult now. There's more layers of bureaucracy. There are, electronic systems such as rotas and job plans to navigate. And the other thing is that the kind of like lower down in the hospital chain you are, the less levers that you may perceive you have. But as I said, you can get anything done as long as you know the right people.

So I think one of the, the things I would, if you say, "Oh, what advice to give others?" Is actually just to talk to people. And it's as important to talk to people outside your team. For example, talking to people in radiology in even so car parking talking to people up above you as well. It's important to learn what their jobs are.

And then if you don't have many levers, it's important to use the ones that you have well. What's in your sphere of influence? What can you as the team change? And all our teams and not only my hospital many of our listeners, in every department everyone's doing really innovative things. And it's important to raise the profile of your de- department, whether that's internal or external, because it's important to give colleagues positive strokes, and you can do that, for free public praises in, in managers recommending them for, hospital awards. Make all the interactions positive, and encourage colleagues to take on other roles as well so that they can make these connections and bring them back to the team.

And then at some point you'll reach a limit of what you as your own team can do, and then, make a case to go higher and go, up and when you interact with the management layers above it's important to actually have a vision of what you want them physically and practically to do, rather than say, "Oh, there's a problem," and say we think if you go to X to get Y done," then then they go, "Oh, actually, thanks for bringing that option." Yeah.

Jonathan Darling:

When you were talking, I- I was just wondering, is it true that you can get every- anything done if people and put, connect things together? And I wonder if it's not just that, but it's also how you do it, because to me you approach things in a, a kind of positive solution-focused way. Or that's my perception and maybe that's part of it, do you think, that it's bringing that positivity and that let's see how we can solve this. This is the things we can do if this part of the organisation could deliver on this, this would make other things happen or possible. Do you think that's part of it?

Yincent Tse:

Yeah. What I learned with quality improvement is is how to do change. Psychology of change, knowing what the the system that you're working in is like. So the, the first step to any problem, to any issue, is to map out, how does something get done? So most of the time things get done, pretty well, deteriorating patients, getting someone into clinic, but sometimes things get lost.

And mapping out, there are wicked problems, that they say this is really complicated." But somehow writing it down and describing it, not only to yourself, but to other people in a more simplistic way can really show people, especially if you do it as a diagram, and then to show people, oh, actually, this is why it's complex. What could we do together to make it easier?

Jonathan Darling:

Thank you. We better move on and I'd be interested just to hear about your thoughts in the, the Vice President role and could you say a bit about what you're hoping to do in that role? Things you're interested to, to talk about?

Yincent Tse:

Yeah. Firstly, thank you again for leading us for the last m- many years. It's a well-oiled ship that I've joined. And em what I really want to do for members is actually think what can we do for members on the ground? What practical things can we do to make things easier for them?

I used to, until I took up this post, co-chair the Medicines Committee. And a lot of the work we did there, we're working with pharmacists to say, "Oh, actually, could we standardise things? What is it that's complicated in the area of medicines?" And again, the, these are wicked problems, breaking it down, chipping things away.

What I wanted to do as a member myself is to have access to good education have access to, things like guidelines to help me, and a way to protect me as well when I'm working on the front line. And a, a forum for us all to connect and share best practice. So, for example just a year ago, we started the Grand Round, and that came from a need. With David Tuthill, who was officer for Wales, so he started a Grand Round in Wales during COVID, where the district where the local hospitals also dialled in. And in the Northeast I started a online Grand Round as well when we all had to go online.

And after COVID, it was actually really hard to I think, everyone got very tired. We've got more work now than we used to. So organising our own Grand Round and getting speakers is really challenging. So we thought why don't we do it on a national basis so that we have the college staff to help set up the forums and we invite speakers, that are of high quality, and hopefully that will reduce workload for everyone. This is not to replace local teaching, it's just to supplement them and and and also they're recorded as well. So if people are busy or they're doing nights, then they can watch it on catch up. And it's been a really fun and succ- and it seems very successful.

Jonathan Darling:

I think it is. And anyone who wants to find out more, you could search Paediatric Grand Round at RCPCH or we'll try and put a link in our notes. It's always nice to

hear about resources that can help regarding leadership. Is there anything particularly y- you've found has helped you or you recommend to people?

Yincent Tse:

Yeah, I think many of the courses that the College run have been very helpful. So for example, the Effective Education Supervisor course. Most hospitals run their own courses or your region but they tend to be quite ge- generic. Having a dedicated paediatric course where, not only can we talk about the nuances of paediatric training, but also have the breaks in between and have the and have the ability for delegates to actually talk to each other and share their issues and their challenges, and also their successes has been really great fun.

So there's something nice about our community. So yes, of course local courses are useful, but having paediatric-only specific courses, really you're talking to people who know your world.

Jonathan Darling:

Thanks. And what about as we close, are there key takeaways, key messages you'd like to share about what you've learned regarding leadership in paediatrics and child health?

Yincent Tse:

Yeah. When I started, I learned quality improvement, and if there's one single thing I would like to share with colleagues is that doing a course, learning about quality improvement and just trying out, one small project at a time, do it in a quality improvement way where you bring the team in, start small, use psychology of change, use measurements to show an impact of your work. It's very empowering. And for all the leadership work that you would do in the future, you can hang it all on quality improvement.

Jonathan Darling:

That's a great takeaway. And anything else you wanted to add?

Yincent Tse:

Yeah. Thank you very much for inviting me. This has been a fascinating discussion. So, quality improvement and use your voice.

Jonathan Darling:

Thanks, Yincent. It's really great to have you today, and thanks for sharing your your thoughts and your journey.

Yincent Tse:

Thank you very much.

(Music starts)

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