estimate staff engagement and facilitate ideas for next planning phase.

Results The initial survey (1 st phase) was analysed to obtain a needs analysis based on response. 44 NCHD's (excluding interns) responded to the survey showing 100% of respondents willing to engage in proposed interview skills sessions.

It was very evident that we successfully identified a gap in our NCHD's career development that we can fill and use as a point of contact to engage our NCHD cohort. With only 4.55% (n=2) NCHD reporting that some form of interview skills was provided by their department and only 2.27% (n=1) reporting that their affiliated training body has provided them with this a skill base.

Post survey analysis 3 interview sessions were organized for St. James's NCHD's to attend based on a first come first served bases and 2 sessions for Intern group. Funding was negotiated for and generously provided by St. James's HR and Trinity College Dublin.

Separate interview sessions were organized for the intern group to address different interview skills needs based on planed interview types.

A total of 47 attended with 10 doctors per session lasting 2 hours duration each.

Post event survey was conducted to estimate the relevance and content of the training in NCHD's opinion. 96% (n=45) of NCHD's strongly agreed that the content covered and time allocated to the sessions was relevant. 96% of NCHD's also a strongly agreed that it was a worthwhile event to continue as part of NCHD engagement and training.

Phase 3: A staff engagement survey was conducted several weeks post event date to request feedback for future events and comments on any developments that should be taken into view for the incoming year.

Conclusion In conclusion we can see that the success and over subscription to our events was a combination of early planning, effective communication and an enthusiastic group of receptive NCHD's.

Enhancing your leadership skills

82 BRINGING CLINICAL MEDICAL EDUCATION ON A PAPERLESS JOURNEY: MAKING EVERY PATIENT CONTACT COUNT

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10.1136/leader-2018-FMLM.80

Introduction Hospital based medical education is the pivotal point of knowledge and skills transfer to our medical students, who, not before long will join us as colleagues on the wards. St. James's hospital in Dublin 8 is the biggest teaching university hospital in Dublin and home to 1,010 acute patient hospital beds.[1 2]

Early and effective contact to the clinical world is important in motivating and stimulating medical student interest in clinical work, which is why having access to difficult patient cases of interest is so important in ensuring knowledge acquisition at an early stage in clinical teaching.[3]

Making every patient contact count towards education regardless of where they are seen within the hospital system using electronic patient record (EPR) is vital for a more holistic approach to clinical teaching.[4]

Aims

1. To make every patient contact count as a valuable teaching resource.
2. To give NCHD's the opportunity to identify patient cases with interesting signs in any clinical setting and make it easily available to the lecturing staff.

Current practice Teaching staff and NCHD's flag patients with interesting signs on wards for teaching purposes using patient lists and waiting lists.This is very time consuming and can be facilitated by creating a better electronic function that all staff can use.

Planned future practice and design Electronic patient record (EPR) is the current system being used to capture patient information in St. James's hospital and is being used in all specialties in different levels.

Design encompassed an easily accessible tab for physicians to comment on the reason for patient case inclusion, the sign and symptoms of interest, what kind of contact is the patient was willing to facilitate and if the patient is willing to take part in clinical exams.

Outcomes anticipated

1. A higher yield of specific patient cases can be accumulated to facilitate teaching in a more organised fashion.
2. Lecturing staff will have easy access to specific patient cases that can augment their teaching and learning outcomes for specific teaching seminars without looking though numerous patient lists.

Next step forward Ensure all NCHD's are aware of the new medical education electronic function built into EPR at induction in July.

Monitor number of NCHD's contributing to it and feedback during ground rounds on the type of cases and numbers that have been submitted, to allow teams to see progression in case load contribution.

Audit lecturers experience with new system.

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Developing effective leaders

83 HOW DO MEDICAL STUDENTS VIEW LEADERSHIP? A NATIONAL CURRICULUM ANALYSIS AND SURVEY

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10.1136/leader-2018-FMLM.81

This project, conducted by the FMLM Medical Student Group, was the first national analysis of UK medical students' access to medical leadership and management (MLM) teaching, within the undergraduate curriculum, and their opinions regarding this.

Timetables (2014/15) from 16 Medicine (A100) courses were analysed to identify data surrounding MLM sessions.