

structure. Senior involvement gave authoritative influence to work. Networking & project collaboration was encouraged at training events. Quantitative surveys before & after the scheme ascertained Ambassadors' awareness of healthcare structures, leadership styles & skill by self-rating Likert scale. Ambassadors worked on projects that harnessed technology, encouraged diversity, supported career transitions, & promoted training communities. At scheme completion, leadership knowledge improved with largest increases in awareness of leadership styles, skill in managing clinician/manager interface & devising improvement strategies. Participants increasingly felt doctors in leadership roles were valued. Empowering trainees to identify problems & solutions through trainee lead, NIMDTA supported improvement projects, enhanced individual capability & increased the profile of leadership roles within healthcare. Projects were organisationally advantageous. This scheme increased connections with trainees & enhanced NIMDTA understanding of training challenges to support doctors. Ambassadors identified the support to direct projects & the collegial community as positives. This sense of value & belonging, known to reduce burnout, aligns with NIMDTA strategy to retain doctors in training.

## Quality improvement

### 50 QI FRIDAY: SCIENCE, SPEED DATING AND CHOCOLATE FISH

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**Background** Following an inspection, feedback from trainees suggested a lack of opportunities in QI work. This challenge led to the development of 'QI-Fridays', a weekly drop in facilitated by a Chief Resident and consultant with training in QI science. Despite this there was limited engagement between trainee projects and hospital wide work, made more challenging by covid-19.

#### Aim

- To support trainees to deliver effective QI projects with an understanding of QI methodology
- To facilitate shared work between permanent staff and rotational juniors
- To allow the celebration of QI work during covid

**Methods** This project has been developed iteratively by chief residents responding to feedback. Beginning with 'QI-Friday' where trainees could discuss ideas and methodology, rewarded with chocolate fish. A QI showcase event was developed to share the work being generated with the wider hospital. Engagement there highlighted an interest from permanent staff in working with juniors. This resulted in 'QI speed dating' – an idea sharing event connecting permanent staff with trainees. The QI showcase was converted to a virtual event during covid with engagement across the health-board.

**Results** Surveys showed 82% of trainees felt their knowledge of QI methodology improved. Verbal feedback that QI showcase was well tailored to speciality applications. Fifteen

collaborative projects were generated by QI speed dating but not all sustained. Involvement with QI showcase increased yearly – the latest had 35 posters and five platforms.

**Conclusion** Trainees can do innovative QI work if adequately supported. Ideas generated by collaboration between trainee and permanent staff are useful, but more work is required to ensure sustained improvement. This work requires skilled people to provide support, and we are developing a QI fellowship to train consultants. It is difficult to share ideas in a socially distanced way but virtual platforms allow for wide engagement.

## Leading innovation and improvement

### 51 VIRTUAL LEADERSHIP IN COVID-19 ED: LEARNING FROM PERCEPTUAL GAPS IN KNOWLEDGE AND CONFIDENCE TO BOOST TEAM PERFORMANCE USING TELEMEDICINE

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The Covid-19 pandemic poses challenges. Telemedicine is a recognised ICT tool we adopted for 'rounding' (frequent review of each patient) in our Emergency Department (ED) 'hot area'. Virtual command and control leadership balanced infection control and risk assessment issues. This retrospective survey, power 8% at 95% confidence intervals, aimed to identify staff perceptions of using telemedicine. 103 colleagues (59 females, 44 males) participated in questionnaire completion over a designated one-week period after governance approval. Demographic data was collated on job title/band, sex, age bracket and whether the respondent had worked in the hot area (n=95) or not (n=8). Likert scale referenced statements on knowledge, confidence, safety and utility of telemedicine were transcribed into metric data for analysis (1-strongly disagree, 2-partially disagree, 3-neither agree/disagree, 4-partially agree, 5-strongly agree). Participants reflected the workforce proportionately. Respondents believed that telemedicine is useful, effective and appropriate in the context of their job role and function in Hot ED (3.62–4.36,  $p < 0.001$ ). Colleagues recognised telemedicine can assist team performance (3.93,  $p < 0.001$ ). Knowledge to use remote video conferencing verses telephone rounding increased confidence ( $p < 0.01$ ). Staff recognised initial perceptions to prefer physical senior presence (3.97,  $p < 0.01$ ). Perceptions on safety were neutral (3.07,  $p < 0.001$ ). Written feedback evidenced ownership and empowerment with progressive familiarisation. Self-recognition, staff acceptance and participation in adopting cultural leadership shifts were evident. Subgroup analysis evidenced facilitation of educational needs (n=36, 35%,  $p < 0.0001$ ) and portfolio requirements (n=11, 11%,  $p < 0.01$ ). Overall, perceptions to using telemedicine as an adjunct tool to rounding in Hot ED were positive. This survey provides a transferable valid platform for developing and exploring future balanced use of telemedicine.