increased ability to take breaks. However, the majority of doctors are still not exception-reporting missing breaks: 79% (2019), 74% (2020).

Lessons Learnt Whilst improved rest facilities were welcomed, this report recommends the maintenance of increased staffing levels and fatigue facilities during the recovery phase of COVID-19. The remaining £14,524.38 should be directed at creating shower facilities, upgrading computer hardware and sustaining the quality of KGH fatigue facilities. Lastly, the rate of exception-reporting must be increased through improving awareness, exploring alternative methods and supporting the action when necessary. The continual investment into rest facilities not only ensure workforce wellbeing but undoubtedly translates into the safety of our patients.

Geriatrics, community resources, student leadership, patient-driven research

58 AN INNOVATIVE PATIENT DRIVEN PROTOCOL FOR THE DEVELOPMENT OF A CRISIS PREPAREDNESS TOOLKIT: CMU-CARES [CRISIS AVOIDANCE FOR RURAL ELDERLY STAKEHOLDERS]

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The COVID-19 pandemic challenged society, requiring measures that impacted communities socially and economically. Rurally dispersed older adults [RDOA] have a greater number of health comorbidities, poorer finances and limited access to internet and community resources (e.g. healthcare specialists), leaving them more vulnerable in a crisis. Current guidelines are better suited to urban communities, neglect certain needs of RDOA, and are at times difficult to navigate/access due to their online formats. RDOA specific resources are warranted and development should involve stakeholders. CMU-CARES sought to develop an innovative protocol that would engage RDOA in the development of a crisis preparedness toolkit. CMU-CARES protocol consists of six stages. (1) Awareness by community-based outreach (e.g. mailed-letters, social media, community organizations) and participation from older adults in previous studies with the college of medicine. (2) Engagement occurred once a participant expressed interest. (3) Screening was completed at time of engagement. (4) Interviews/Interactions were modified from the WHOQOL-BREF and completed via Web-Ex online software to observe social distancing requirements. (5) Transcript analysis was completed with NVivo software to identify participant identified themes. (6) Design and development of a toolkit based on interviews. A target sample limited to 20–25 RDOA was used to reach data saturation. Presently 20 interviews have been completed. Preliminary themes include the need for timely and reliable information, training in use of technology and the need for social interaction. Overall, CMU-CARES is a novel person-centered project dedicated to improving well-being and healthcare outcomes in the vulnerable RDOA population during crises. It hopes to foster camaraderie between healthcare providers and the community while inspiring medical student driven research and fostering careers in geriatrics, primary care and public health policy.

Leadership lessons from across the world

59 TURNING ADVERSITY INTO OPPORTUNITY: UNDERGRADUATE LED IMPROVISATION IN TEACHING METHODS

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Introduction There is a need for simple teaching methods every teacher can adopt, which are accepted by the students and provide a sustainable outcome. The traditional teaching methods do not achieve the desired outcomes, with many students left wanting for more practice of procedural skills.

Methodology MBBS Phase I students were randomly distributed into 3 groups: Group 1 (traditional method, n=30), Group 2 (Peyton's method, n=30) and Group 3 (Modified Peyton's method, n=30), and study duration was 6 months. Students were taught anatomy of the neck veins and were taught central venous catheterizations (CVC) into the right internal jugular vein by a single nephrologist on a mannequin. The modified Peyton's method consists of: Demonstration and Deconstruction, Comprehension, Performance and Observation, Teacher and Peer Feedback. The students were followed up with 4-week and 12-week recall.

Results The mean percentages obtained at end of 4 weeks in Groups 1, 2 and 3 were $82 \pm 10\%$, $86.67 \pm 7\%$, and $87.33 \pm 6.9\%$ respectively. The percentages obtained at end of 12 weeks were $74.5 \pm 7.6\%$, $80.5 \pm 7.5\%$ and $80.3 \pm 7.1\%$ respectively. There was a significant decrease in percentages in all the groups ($p < 0.001$).

At 4 weeks, there was significant difference between Groups 1 and 2, Groups 1 and 3 ($p < 0.05$), while difference between Group 2 and 3 was not significant. At 12 weeks, there was significant difference between Groups 1 and 2 ($p < 0.01$), Groups 2 and 3 ($p < 0.01$) while there was no significant difference between Groups 2 and 3. The number of students confident of performing the procedure in Groups 1, 2 and 3 were 30%, 56.7% and 60% respectively. There was significant difference in the confidence level between Group 1 and 2 ($p < 0.05$), Group 1 and 3 ($p < 0.05$), while the difference was non-significant between Group 2 and 3 ($p = 0.793$).

Conclusion This study highlights the effort of a student in turning her adversity into an opportunity to improve the educational methods.

Leading across systems and organisations

60 A JOINT EFFORT AGAINST COVID-19: LEADING A REMOTE REGIONAL TRAINING PROGRAMME AND COLLABORATING WITH THE BRITISH SOCIETY FOR RHEUMATOLOGY (BSR) ON A NATIONAL LEVEL

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