

They were asked if this was different to what they should do, and what they believed the department and trust management would like them to do.

Results 91% would keep the patient in ED and 96% felt their decision was also what they should do. Justifications were consideration of the patient's clinical needs and safety. 68% believed the department would like them to keep the patient in ED and this dropped to 27% when asked what trust management would like. The justifications for admitting the patient were avoiding a breach of targets and fears of hospital fines.

Conclusion This scenario saw participants abandon a target-based approach in favour of doing what they felt was right for a patient. For most there was a conflict between their actions and what they perceived those in positions of authority would want them to do. It is unlikely that those in managerial positions would willingly risk patient safety, but that appears to be the perception of frontline staff. Reductionist messages around targets have the potential to cause dissonance when the message competes with staff values. A more nuanced understanding of the drivers for all staff has the potential to reduce moral distress, a precursor of burnout.

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INCREASING ENGAGEMENT IN STUDENT FEEDBACK IN THE CLINICAL YEARS

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Background At the University of Birmingham, cohorts' student representatives ('Academic Representatives' - AR) are viewed as the intermediaries between staff and students; they represent views of the cohort, express concerns and work closely with the staff to tackle issues across all aspects of the medicine programme, academic and wellbeing. Obtaining feedback is therefore instrumental in identifying student concerns and views and relaying them to the staff.

While this is simpler in pre-clinical years where students are primarily at the university, obtaining feedback becomes difficult in the clinical years due to students being placed at various hospital sites across the West Midlands. In the academic year 19/20, students in Year 4 had their feedback collected using feedback forms distributed electronically by the Year 4 AR. In contrast, the Year 3 cohort had their views represented in the form of designated hospital representatives which fed back to the Year 3 AR.

Aim To assess the effectiveness of using hospital representatives in representing feedback compared with feedback forms.

Method For Year 4, we used the number of feedback responses registered throughout the academic year. For Year 3, we relied on the qualitative responses gained from hospital representatives, alongside feedback from senior medical school staff.

Results For feedback forms, there were 65 responses (cohort of 340) in the 19/20 academic year. This is markedly lower than the 185 responses recorded in 15/16 academic year. For hospital representatives, the senior staff found the feedback provided to be more in-depth, practical and purposeful. Also, students found engagement with the hospital representatives more welcoming than using feedback forms.

Conclusion Deployment of hospital representatives across different placement sites has proved to be more efficacious and practical. We recommend this to be implemented on a larger scale across other avenues.

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INSPIRING THE FUTURE GENERATION IN PAEDIATRICS DURING THE PANDEMIC – GREAT ORMOND STREET HOSPITAL SUMMER SCHOOL 2020

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Introduction Great Ormond Street Hospital (GOSH) Summer School aims to inspire medical students and junior doctors to follow a career in Paediatrics, especially given the low competition ratio in Paediatrics training applications in the last three years.

This year we had to move the conference to a virtual environment due to the outbreak of COVID-19.

Issues We needed to modify the program to be deliverable as a series of webinars. The Summer School's capacity was increased to 500 participants (Virtually) from 75 (face to face).

We explored ways to maintain interactivity, keep engagement, and fulfill our aim to inspire with a much larger group within the virtual environment. Furthermore, we refined our program to reflect the current pandemic.

Interventions To reduce digital fatigue, we changed the length of the conference from 2.5 long days to 4 short days. Each day consisted of 3 or 4 webinars and a career panel session. The career panel sessions focus on sharing the individual journey, which was met with great enthusiasm from the participants.

We utilized multiple tools to facilitate the interaction with the participants and speakers: Slido (Q and A, poll and quiz), a conference App, social media, and the 'Raise Hand' tool within Zoom.

Measurements The conference was well attended with zoom data showed 390, 282,305, and 324 along the four days. Slido showed a high level of engagement with a total of 1005 questions posted and 434 active participants. 344 completed the post-conference survey, 80% voted the conference being excellent, and 100% voted for the continuation of delivering the conference online next year.

Lessons Learnt COVID-19 compelled us to run our conference digitally, however we have gained a great deal of experience in management, leadership, and education. We learned the necessity of making rapid decisions and flexible leadership to enable ourselves to deliver quality education during the pandemic.