Leadership Lessons from across the world

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BUILDING BRIDGES AND SCALING HEIGHTS – PRACTICING CONSCIOUS KINDNESS DURING THE COVID-19 PANDEMIC

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The combination of an unknown pathology, a steep clinical burden and the risk to staff has led to a change in the way we work. With an established history of burnout amongst health-care workers (HCWs), it is important that the NHS recognises the impact of mental well-being. Studies have shown that those who perform, or experience acts of kindness experience a greater feeling of well-being. We wanted to discover the way in which acts of kindness impacted on our team during the busiest times of the pandemic, and if we could improve well-being during emotionally draining times. 15 HCWs were interviewed over 4 weeks at the peak of the pandemic during May 2020 to discuss their feelings of working within our intensive care unit, their motivation, and acts of kindness they had seen or directly received.

All interviewees had witnessed or received acts of kindness that had boosted their morale. They also recognised acts of kindness they had done for themselves, including self-care, hobbies and wider support networks. It is these acts of kindness that are often overlooked but have a strong evidence base for its impact on the well-being of staff. Actively integrating acts of kindness within our teams can improve overall morale and motivation to work, even during times of unprecedented stress. Examples included clinicians taking the time to check in on staff, including more formal sessions. Informal conversations, dedicated team work and shared debriefs played a vast role in helping our team identify stressors and what one could do to help.

We believe leadership should not just be task-based, but rather team-focused. The herculean nature of any pandemic relies on its staff, and conscious kindness can improve successes of our teams. Leaders often practice clinical leadership, but the team that takes a biopsychosocial approach remains a sustainable one.

Leading innovation and improvement

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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.

Leadership, medical education

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STUDENT-LED REFLECTIVE PRACTICE COURSE FOR LEADERSHIP IN MEDICAL EDUCATION

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Medical students are required by the General Medical Council to reflect on their practice but few opportunities are presented for group-based reflection at medical school.

A two-session near-peer led reflective practice course was created for intercalating medical students undertaking group coursework. The first session involved a group discussion of one student's team experience to analyse causative factors for the feelings and behaviours of individual members that weaken group response to challenges. Students also discussed their existing reflective practice and created their own course learning objectives to foster commitment. The second observed session consisted of students conducting their own reflective exercise to their peers.

From the discussions, students most frequently reported a reluctance to assign leadership roles in peer groups, as it was discordant with the ingrained group social dynamic. Following the course, students were much more willing to generate an action plan to approach challenging team members for an