Leadership Lessons from across the world

129 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

130 INSPIRING THE FUTURE GENERATION IN PEDIATRICS 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

131 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
honest and collaborative conversation. Student feedback emphasised the value of near-peer observation in encouraging information sharing with the group and discouraging relapse into counter-productive discussion and blaming. Following the course, students also reported using increased and broader opportunities for reflection and this was unrelated to the outcome of the situation.

These findings show students are an untapped resource for developing better, sustainable and more accessible reflective practice in medical education. It suggests the value of near-peers as role models to favourably cast the active pursuit of reflection, thereby increasing student internalisation of group reflection. Student-led reflective groups may address important gaps in the development of leadership skills in medical education. These skills have utmost relevance in training students to become part of the clinical workforce and improving patient safety.

Leadership opportunities for Junior Doctors

**COVID AS A DRIVER OF CHANGE: LEADERSHIP OPPORTUNITIES TO IMPLEMENT NOVEL WAYS OF WORKING IN THE SURGICAL ASSESSMENT UNIT OF A DISTRICT GENERAL HOSPITAL**

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**Introduction**

Covid restrictions provided opportunities for novel approaches to patient assessment in the right place at the right time, whilst minimising unnecessary footfall in the Surgical Assessment Unit (SAU) of a UK District General Hospital. Prior to the pandemic, referrals were taken by Nurse Coordinators. Increasing call volumes put pressure on the department & disrupted clinical duties. Referrers often expressed difficulties in contacting SAU. ‘Hot Clinics’ (HC) reviewed patients attending the Emergency Department (ED) who did not require admission. Shielding Registrars led an innovative approach to triage SAU referral calls from General Practitioners (GP) & Nurse Practitioners (NP).

**Aims**

To give Registrars an opportunity to innovate & lead service development through a novel way of working to triage SAU telephone referrals.

**Methods**

Referral calls were diverted for triage by the hospital switchboard. Three outcomes were offered: Clinical advice, HC appointment or SAU review. Prospective referral data (15/6–31/7/2020) & retrospective non-triage data (15/6–1/7/2019) were gathered. Triage effects were measured by outcome comparison with non-triage data. Questionnaires were emailed to stakeholders.

**Results**

From 15/6–1/7/2019, 56% of patients reviewed in SAU were sent home & 44% admitted, compared to 23.6% & 28.1% of referrals during the 2020 study period. Furthermore, 28.4% of admissions were avoided by triage. Only 3.1% of patients triaged presented to ED within 7 days. Triage reduced disparity in admission rates for GP & NP referrals (53.6% & 16.2% in 2019, compared to 29.1% & 26% in 2020). HC availability was limited. In view of reduced admissions, expanding this may prove cost neutral. Triage was popular with stakeholders. Data will inform the Integrated Front Door project, to shape future development of Emergency Care. Conclusions: Traditional ways of working should be challenged. Novel approaches can be cost effective & positively impact patient care.

**Developing effective leaders**

**EMPOWERING JUNIOR LEADERS DURING COVID-19: REFLECTIONS FROM A TEAM AT NORTH MIDDLESEX UNIVERSITY HOSPITAL**


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**Introduction**

North Middlesex University Hospital (NMUH) was one of the first hospitals affected by COVID-19, and one of the most pressured trusts dealing with the crisis in the UK. We describe a junior led initiative to manage the rapidly evolving situation and how lessons learnt from this experience can inform preparation for future events.

**Methods**

In response to escalating issues on the ground, junior doctor representatives formed the Junior COVID-19 Working Group (JCWG) and worked alongside senior leadership to address front line challenges during the peak, as well as designing and implementing a trust-wide workforce restructuring project and an emergency rota.

**Results**

With support from senior leadership, the JCWG was able to influence higher decision making and achieve numerous important interventions. Junior led rota design and workforce restructuring resulted in favourable outcomes for doctors’ morale and perceptions of patient safety.

**Discussion**

In the context of a novel crisis, junior leadership and engagement with higher management is essential in understanding and managing rapidly evolving situations on the front line. Our model highlights that in planning for future similar events, trusts should seek to champion junior led change via similar models, as well as invest in nurturing and training junior leaders.

**Systems building during a pandemic**

**STAYING AHEAD OF THE CURVE – LESSONS IN COVID-19 PANDEMIC PREPAREDNESS FROM GIBRALTAR**

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Gibraltar is a British Overseas Territory and has had a formal association with Great Britain since the Treaty of Utrecht in 1713. It has a population of around thirty-three thousand and shares a land border with Spain.

The first reported case of Covid-19 in Gibraltar was reported on the 4th March 2020 from a Gibraltarian