Urology

137 EARLY FINDINGS OF WARD TO CLINIC BASED TWOC MODEL IN POST TURP PATIENTS. A POSSIBLE EFFECTIVE MODEL IN COVID ERA

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Background and Aim Anecdotal evidence reveals delayed discharges of post Transurethral resection of prostate (TURP) patients from the ward following a Trial without catheter (TWOC) due to lack of specialist decision making. The pilot study aimed at expediting discharges following TWOC by a specialist urology nurse (SUN) involvement. The SUN would streamline the patient from the ward to the outpatient (OPD) recovery area, taking an early independent decision regarding failure of TWOC and subsequent discharge. This enables an improved turnover during the limited and stringent service availability during the peak and post COVID era.

Methods A dual design (retrospective and prospective) pilot study was performed. The length of inpatient stay following a TWOC for a TURP between June and August 2019 were analysed as current service practice. This was compared with a pilot scheme involving recruitment to a streamlined Post-TURP pathway that was implemented across 2 months in 2020.

Results Thirty eight patients were identified in the original service evaluation in 2019. The mean and median time patients waited prior to discharge with or without a catheter was 11.5 and 9 hours respectively. Six patients had an additional overnight stay due to late decision making on success of TWOC.

Thirteen patients in the pilot scheme were recruited, transferred to the OPD recovery area had a mean and median stay of 6.5 and 7 hours respectively in the hospital after their catheter removal. A median number of 3.5 hours of inpatient bed stay was saved.

Conclusion The role of the SUN can improve resource allocation by freeing precious elective surgical beds. Additionally improves patient experience by shorter length of stay in hospital following a TWOC. We aim ensuring the same discharge path way to both post simple transurethral resection of bladder tumour and bladder neck patients takes place.

Leading innovation and improvement

138 THE ROLE OF HOSPITAL REPRESENTATIVES IN INCREASING ENGAGEMENT IN STUDENT FEEDBACK

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Student representatives, termed 'Academic Representatives' (AR), at the University of Birmingham act as intermediaries for their respective year group by relaying feedback to, and working with, medical school staff (MSS) to resolve any academic issues that arise, as well as wellbeing concerns.

Owing to large cohort sizes (405 students in Year 3 2019/20), various feedback methods have historically been employed to effectively gather cohort feedback to ensure student concerns can be relayed in a method which is accessible to all, but also manageable for the sole year group AR. As students enter different hospital placements in their third year, the task of gathering feedback becomes more challenging. A novel method was devised where Hospital Representatives (HR) would be assigned to each hospital to assist the Year 3 AR in gathering and assimilating feedback to present to MSS responsible for Year 3 medical students.

Thus, we aimed to assess whether HRs are indeed a feasible and effective method in gathering feedback in the clinical years. We based our analysis on qualitative responses as reported by medical students, HRs, AR and MSS.

As reported by students, the personal interaction with HRs was more encouraging and welcoming compared to previous methods, increasing the yield in feedback garnered.

Meanwhile, MSS reported the feedback to be more in-depth and practical. They were able to focus on individual hospitals and tailor resources where needed, owing to different clinical experiences students experienced across different hospital trusts.

The AR reported the benefits of not having to physically travel to each hospital; more time could be spent addressing individual issues raised, or on their own medical studies.

To conclude, deploying HRs across different placements has proved to be efficacious, fruitful and resourceful. Thus, we recommend this strategy be implemented on a larger scale at other medical schools and institutions.

Developing effective leaders

139 USING THE 'LEADERSHIP TIME CAPSULE' TO MAXIMISE LEARNING IN A CRISIS

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Background When the COVID-19 pandemic was announced by the World Health Organisation on 11/03/2020, hospitals quickly began preparing for the potential impact on health-care. During this crisis multi-professional teams across the NHS developed and implemented new models of service at pace.

Aims In times of crisis there can be tendency to first panic and then forget. As doctors and clinical leaders in training, utilising this as a learning experience is vital. We propose a phased learning model to reflect on this unprecedented period with the aim of strengthening our leadership skills.

Method The proposed 'leadership time capsule' is a continuous reflective process rather than a single stand-alone exercise enabling the user to learn from the pandemic as we move forward but also look back on the crisis and reflect in the moment. This learning tool is aimed for trainees and consists of five phases; Reflection, Consolidation, Growth, Embedding,