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 was 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.

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 healthcare. 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, 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,
and Evaluation. Integral to the time capsule are signposts to resources and toolkits.

As leadership fellows, we have piloted the capsule reflecting on four different trainee perspectives:

1. Impact on training
2. Redeployment
3. Telemedicine
4. Remote working

Discussion: This tool provides a template for reflective practise on our experience, realising and sharing the lessons that have been learnt. As a group of fellows, this tool was used as a ‘shared experience’ process exploring leadership in our various environments, learning from our experiences and realising how we can develop as leaders going forward. This reflective time capsule highlights the importance of learning from significant challenges faced during the pandemic.

Conclusion: Active participation in the leadership time capsule facilitates the process of building on experiential learning during a crisis. Critical lessons from this process can inform trainee leadership development to ensure competences and confidence when facing future challenges.

Leading innovation and improvement

For some time, despite video consultation software being available to utilise at North Staffordshire Combined Healthcare NHS Trust (NSCHT), its widespread use had not been achieved. The reasons for this were unclear as both staff and service users had previously indicated interest. With the onset of the COVID-19 pandemic and resulting lockdown, the trust needed to adapt quickly in order to maintain a high standard of care, whilst significantly reducing face to face appointments. A higher trainee and consultant in psychiatry, along with the Innovation Collaborative and research team, worked to promote and establish the use of Attend Anywhere video consultation software throughout the organisation.

A pilot study was undertaken which demonstrated a 2834% increase in the rate of video consultation across all directorates. Staff reported that the platform was effective for: assessments; delivering psychological therapy; diagnostic appointments; and for service users anxious, isolating or shielding. It was less effective for physical observation and group work. 71% of service users were satisfied/very satisfied and 75% would have more consultations using this method, despite 66% reporting problems such as poor sound. Benefits included; reduced travel time; less time off work; no stress relating to parking/attending on time; and feeling they had the sole attention of staff.

An interim report has been produced for dissemination. The next stage is to undertake focus groups with staff and service users to gain a greater understanding of how the use of video consultation software can be embedded, where appropriate, across the organisation.

Medical education

141 THE TEACHING ACADEMY- THE EFFECT OF A PILOT TEACHING SKILLS PROGRAMME ON STUDENT LEADERSHIP AND INVOLVEMENT IN MEDICAL EDUCATION

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Peer-assisted learning (PAL) forms a major component of extracurricular support for students. Yet, formal training in teaching during medical school is scarce. Imperial College Medical Education Society is a student-led society providing PAL for students across London. The study assesses the impact of the “Teaching Academy”, a pilot training scheme, on the teaching skills of pre-clinical medical students and determine whether such programmes inspire interest in medical education and application to societal leadership responsibilities. The programme was advertised via email. Enrolled students completed a pre- and post-course questionnaire to assess baseline teaching experience and efficacy of the pilot scheme respectively. Five workshops were delivered over three months addressing various teaching skills. Participants practised teaching under the supervision of experienced students and clinicians. Of the 59 applicants, 16 were accepted. From the preliminary questionnaire, 81.3% (13) of students reported having previous teaching experience. However, 81.3% (13) had not received formal training on teaching. 14 completed the course and subsequently the post-course questionnaire. All students agreed or strongly agreed that their teaching skills have improved. This included maintaining audience engagement (12, 85.7%), making effective presentations (12, 85.7%) and giving constructive feedback (6, 42.9%), 64.3% (9) appreciated the personalised feedback and hands-on aspect of the course. 85.7% (13) agreed or strongly agreed that the course inspired interest in medical education. Over half of the cohort expressed interest in holding future committee positions and responsibilities to sustain the programme. Nurturing the talent of early-years medical students may improve teaching competency and promote involvement with future educational and leadership opportunities. For future cohorts, the team plans to deliver ‘theory-based’ sessions virtually to allow more time for hands-on teaching experience.

Technology adoption

142 ARTIFICIAL INTELLIGENCE AND THE NHS: A QUALITATIVE EXPLORATION OF THE FACTORS INFLUENCING ADOPTION

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Background: Artificial intelligence (AI) has the potential to improve healthcare and is likely to impact almost every specialty. However, there is limited research investigating the factors which influence the adoption of AI within a healthcare system.