

Research indicates that some established benefits of Balint groups include; feeling more supported and more validated; better interpersonal outcomes in the Doctor-patient encounter; higher feelings of job satisfaction and generally feeling less isolated and less burnt out. (Kieldmand & Holmstrom 2008; Benson & McGrath 2005).

We hope that the experience of Balint support group will be a start of peer emotional support group among medical staff in acute services where a safe, confidential space is created and continued to grow among group members. This is prioritising compassion at the heart of leadership and utilising creative ways of empowering employees and promoting staff wellbeing in such crisis.

A qualitative study will be conducted half way into running the groups focusing on subjective experience of the attendees as well as burnout indicators.

We anticipate poor initial engagement will be an issue due to stigma, exhaustion and lack of exposure to Balint.

In crisis such as Covid-19 pandemic leaders has to be innovative using resources smartly and also inclusive on welcoming and promoting new ideas in order to support staff wellbeing.

Introduction of Balint group to other specialities will offer them tools to maintain a safe confidential peer support system at the time of crisis as well as normal times in order to reduce burn out.

Developing effective leaders

151

RESILIENT DOCTORS: RAISING THE RESILIENCE OF FOUNDATION YEAR 1 (FY1) DOCTORS THROUGH THE FOUNDATION LEADERSHIP AND MANAGEMENT (FLM) APPRENTICESHIP PROGRAMME

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Aim This study assessed the impact of the Foundation Leadership and Management (FLM) apprenticeship programme being delivered to Foundation Year 1 (FY1) doctors on participant's resilience. Started in 2017, through a partnership between South Tees Hospitals NHS Foundation Trust and Always Consult, a Registered Apprenticeship Training provider, FLM aims to address the lack of standardised and sustainable clinical leadership and management (LM) training for medical students transitioning to FY1. FLM is now run in 6 trusts with over 350 FY1s having enrolled-in or completed the programme.

Methods FLM incorporates 12 medical LM themed modules which complement the FY1 clinical curriculum in parallel leading to a nationally recognised qualification and membership to international LM bodies. Participants are regularly surveyed anonymously but individually tracked using metrics such as clinical LM self-rated preparedness and resilience through the Brief Resilience Score (BRS).

Results In 2018–19 over 70% of those enrolled on FLM increased their resilience, whilst over 70% of those not enrolled decreased their resilience over FY1. For 2019–20 the mean resilience scores for those enrolled on FLM increased

from 6.19 to 6.37, whilst the scores for those not enrolled increased from 5.96 to 6.21. Individual analysis, as with the 2018–19 cohort, is to follow. Qualitative analysis strongly suggests FY1s enrolled on FLM increase in their preparedness for clinical LM challenges.

Conclusions Our research shows the feasibility of a sustainable FY1 LM training programme and the positive impact on FY1s' clinical LM preparedness and resilience. LM training and improvement of resilience will lead to higher performance of doctors, better patient outcomes and increased patient satisfaction. Programmes such as FLM offer a solution to establishing sustainable, targeted, and locally delivered LM programmes in a resource-constrained NHS which can support staff development and resilience.

152

UNDERSTANDING THE LIVED EXPERIENCE OF REDEPLOYED CONSULTANT PHYSICIANS IN THE COVID-19 PANDEMIC: ESSENTIAL INFORMATION FOR LEADERS OF FUTURE PANDEMICS AND EMERGENCIES

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A key challenge early in the COVID-19 pandemic was to identify staff able to meet the demand for senior medical assessment of an influx of acutely unwell respiratory patients. At UHCW we proposed that specialist physicians without recent general medicine experience could be safely and effectively redeployed to support the acute medical take.

A rota of consultant physicians from 8 medical specialties, who did not participate in the acute medical take, was developed at pace to work alongside the medical registrar, in the segregated respiratory area of ED, following limited training. Two shifts were implemented within 6 days of inception, fitted around doctors' ongoing specialty roles.

We gained feedback iteratively during the early phases. We then used a survey of all those asked to redeploy to explore their lived experiences and perceptions, with a 71% response rate.

Median time since consultants had participated in an unselected medical take was 12 years. 66% were not GIM accredited. 84% found the online training useful. Many had concerns regarding availability of PPE and the risk of passing infection on to others, including their own vulnerable patients. 81% described concerns around personal competence.

63% of respondents felt this redeployment had made a positive difference to the COVID-19 response. However, 57% felt other groups should have been redeployed before them, and 45% reported they would not agree to be redeployed in a repeat scenario. Transparency regarding who was redeployed and equity amongst all physicians were the most important factors influencing decisions on future redeployment.

We rapidly implemented a consultant redeployment programme during the pandemic, and redeployed doctors felt they made a positive difference. However, the same staff group may not willingly be redeployed during any future

emergency. We hope this open and honest approach to collecting feedback will help to shape local and national planning for future major incidents

Leading innovation and improvement

153

AUDIT OF ANAESTHETIC PRACTICE FOR INCISION AND DRAINAGE OF LOWER BODY ABSCESES BEFORE AND AFTER COVID-19

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Background and aims Incision and drainage (i&d) of abscesses make up a large proportion of cases on emergency lists. The COVID-19 pandemic has highlighted the need for consideration of alternative anaesthetic techniques to a general anaesthetic (GA). This audit looks at the anaesthetic practice for i&d of abscess on the emergency list pre and post COVID-19, to help determine if there is an impact on post operative nausea and vomiting (PONV), pain, and duration of hospital stay.

Methods Patients undergoing an i&d of lower body abscess were identified between 1/1/20 – 29/2/20 (pre COVID-19) and 1/3/20 – 9/5/20 (post COVID-19). The patients' electronic records were reviewed and the following data collected: age, ASA, gender, weight, BMI, co-morbidities, inflammatory markers, NEWS score, anaesthetic administered, post op antiemetics and analgesics, problems encountered and duration of stay.

Results There were 49 cases from 1/1/20 – 29/2/20 (pre COVID-19) and 36 from 1/3/20 – 9/5/20 (post COVID-19). Of the pre COVID-19 cases 42/49 (85.7%) cases were done under GA and 1/49 (2%) under spinal. Of the post COVID-19 cases 50% were done under spinal and 50% were done under GA. Of the patients receiving a GA, 1/60 (2%) required an antiemetic in recovery and 30/60 (50%) required analgesia in recovery. Of the patients receiving a spinal, 2/19 (11%) required an antiemetic in recovery and 3/19 (16%) required analgesia in recovery. Of the patients receiving a spinal 13/19 (68%) were discharged on the same day of surgery compared to 42/60 (70%) patients receiving GA.

Conclusion The results of this audit (although small) provide evidence that having a spinal does not lengthen a patient's stay in hospital and may offer superior pain relief post-operatively. Although more patients were receiving spinal post COVID-19, there were still 50% of cases done under GA, which is possibly due to hesitancy of inserting spinal in the presence of systemic infection.

154

AN AUDIT OF AUDIT TEACHING

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The General Medical Council (GMC) and Medical Leadership Competency Framework (MLCF) recommend that medical students should be taught about core management and leadership

(MLM) topics, such as service evaluation which includes audits and quality improvement projects (QIP). This study, based on an audit cycle, aimed to assess whether medical students receive formal teaching on MLM topics such as audits and whether a student-led society could successfully provide supplementary teaching for MLM topics.

An online teaching session was run by Birmingham Medical Leadership Society (BMLS), led by two medical students with extensive experiences with service evaluation. An anonymous evaluation form was used to measure pre- and post-session understanding of service evaluation. This was done via a 5-point Likert scale to self-rate theoretical and practical knowledge. A statistical analysis was then conducted, including a two-tailed t-test. In attendance were 97 people, most (n=89) were medical students from all year groups and universities from the UK and abroad. 91% of participants completed the form and stated they had never had formal teaching, with 89% having not previously completed an audit/QIP. Self-reported prior knowledge was low (mean 2.3/5), with practical knowledge lower than theoretical (mean 1.9/5 vs 2.9/5). Post-session, participants knowledge statistically significantly ($p < 0.001$) increased by 87% (mean 2.3/5 to 4.3/5) with a greater self-reported increase in practical knowledge compared to theoretical (109%: 56.6%). Most students highlighted they had not received formal teaching on service evaluation as part of their curriculum, despite GMC and MLCF guidance. The study suggests that student-led medical societies can successfully help to deliver and complement teaching on these topics. With various medical students attending from across various institutions in attendance, this demonstrates the importance and interest of students to engage with service evaluation.

155

CRISIS LEADERSHIP BY MEDICAL STUDENT REPRESENTATIVES DURING COVID

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At the University of Birmingham, cohorts' student representatives ('Academic Representatives') 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. The collective body of medicine student representatives make the Curriculum and Wellbeing Committee (CAWC). CAWC is made up of student reps from all year groups ensuring the views of all students are conveyed to the appropriate staff groups. The COVID-19 pandemic presented an unprecedented problem for medical education. At Birmingham, the pandemic was close to the main examination period and had consequences for delivery of teaching, placements and for final year students which needed to have met the GMC's Outcome for Graduates. The pandemic caused great distress for students due to the uncertainty regarding their medical education.

CAWC collated all the thoughts of the student body and provided clear and constructive student feedback to the staff ensures that contingency plans can work in the favour of the students. A staff-student meeting was held to present all the