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

Anna-Marie Tiah. *Royal Victoria Infirmary, Newcastle Upon Tyne, UK*

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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

Haroon Ali Shah, Samatar Osman*, Intesar Nur, Hamza Umar. *University of Birmingham Medical School, University of Birmingham, UK*

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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

Haroon Ali Shah, Omar Mostafa, Amman Malik. *University of Birmingham Medical School, University of Birmingham, UK*

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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