

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

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### 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 spinals 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.

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### 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.

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### 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

feedback we had gathered from the entire medicine cohort (2000+ students). The approach taken by CAWC was greatly welcomed by staff and student alike. Students appreciated the continual dialogue with the medical school but also being as transparent with the student cohort. Regularly informing students both on a general and year specific basis, so they were aware (within the bounds of confidentiality) as soon as we were rather than waiting for official university communication, who were under immense pressure. The CAWC committee's response to the crisis demonstrated that medical students have the tenacity and resilience to deal with challenging times, thus indicating that they can make remarkable leaders.

## Developing effective leaders

### 156 KEY OBJECTIVES OF A NOVEL LEADERSHIP PROGRAMME FOR HEALTHCARE STUDENTS AND YOUNG PROFESSIONALS

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**Introduction** There are currently numerous healthcare management courses and degrees, but many of these do not actively foster leadership. The Healthcare Leadership Academy (HLA) provides leadership training for undergraduate medical students, junior doctors and allied healthcare professionals. Through this year-long programme, scholars are taught with a combination of case discussions, lectures, workshops and undertake an individual project. This study aims to gain a better understanding of what constitutes an effective leadership programme.

**Methods** A series of anonymised structured interviews were conducted with the 2016–2017 HLA cohort. Through a standardised list of open-ended questions, all 11 scholars were asked about their motivations, expectations, and experiences of the course. Transcribed interviews were reviewed by two independent assessors (AD, SC). A qualitative analysis using a three-level data coding process was performed using NVivo Version 12 software. The codebooks were compiled, and conflicts resolved by a third assessor (GM).

**Results** The analysis of the interview transcripts revealed three main themes: personal, social and project development. The scholars identified how the programme improved their personal competencies, including communication, social media presence, resilience and confidence. Scholars also discussed how the programme provided them with a supportive environment and enabled them to access a network of healthcare role models, but they expressed the need for a formal mentoring scheme. Whilst carrying out their individual projects, scholars appreciated feedback sessions held with other scholars and faculty members.

**Conclusion** The interviews provided insights on key aspects of leadership training. The study highlighted the importance of exposure to leadership training at the undergraduate level and demonstrated that leadership is best learnt through enabling individuals to become leaders and develop followership themselves.

## Understanding leadership through research

### 157 PERSPECTIVES OF SENIOR BLACK, ASIAN AND MINORITY ETHNIC (BAME) DOCTORS IN ENGLAND REACHING LEADERSHIP POSITIONS: A QUALITATIVE STUDY

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BAME doctors, which include a large proportion of the international medical graduates, make up over 20% of NHS doctors. BAME NHS staff have for decades they have suffered discrimination in various domains such as at work, in pay and recruitment. This extends to leadership which has been demonstrated to not be representative of the workforce with significant underrepresentation from BAME doctors, despite NHS efforts. The study focussed specifically on BAME doctors, who were of consultant-grade (including GPs) from all over England. This qualitative study used Braun and Clarke's Thematic Analysis to analyse the 15 interview transcripts from the semi-structured interviews. The themes which were generated from the thematic analysis include: 'Steps to Leadership', 'Reaching the Role', 'Awareness and Reform', 'Mentoring and Networking', 'Intersectional Issues and Discrimination' and 'Shifting from the Status Quo'. The findings have demonstrated the difficulty in identification of the barriers and facilitators to BAME doctors pursuing leadership. The study has identified the importance of intersectionality, how different layers of BAME individual's identity can be subject to discrimination which can present a barrier such as religion and race. Additionally, unconscious bias with nepotism, cronyism and favouritism present a barrier. The facilitators are rooted in tackling the barriers, increased cultural competency, promoting equality, diversity and inclusion (EDI) as well as mentoring and networking. The complexity of the barriers and facilitators centre around discrimination does not tend to be overt and explicit, but covert and unconscious as a product of broader societal influences. The concepts of elitism and identity of doctors, namely 'white' doctors, have played an instrumental role in shaping the NHS's leadership since its inception however its presence still exists.

## Enhancing your leadership and management skills

### 158 THE IMPLEMENTATION OF A LEADERSHIP PASSPORT – DEVELOPING LEADERSHIP SKILLS OF TOMORROW'S DOCTORS

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**Background** The NHS Long term plan 2019 highlights the need to support the next generation of leaders by identifying those with an ambition in management. When doctors are involved in leadership they have unique insight to improve patient safety and staff well-being, resulting in better