Abstracts


Coverage
• Organised events in 110 educational institutions.
• Involved over 10,000 students and general public.

Feedback The reflections of medical students from their participation:
‘Speaking and communicating to a crowd is much different experience from medical school setting’
‘Surprised at the amount of stigma, taboo and ignorance about menstruation’
‘Speaking about depression really made us connect with the audience’
‘The interaction with community has given us a new perspective of medical practice’

Future plans
1. Collaborating with other student bodies and NGOs to complement our work.
2. Aggressive outreach on social media platforms.
3. More structured schedule to balance academics and outreach activities.

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Occupational Health

176 LEADING THE DEVELOPMENT OF LOCAL CONTACT TRACING SERVICES ACROSS THREE NHS TRUSTS

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During the COVID-19 pandemic, NHS Occupational Health services in Plymouth and Truro quickly recognised the need for accurate identification, monitoring and management of exposure to nCoV-19 virus in the workplace. We had recognised several issues arising as the pandemic began to intensify. These affected a) the health and wellbeing of NHS staff exposed to COVID-19 in the workplace, b) patients, as high risk exposure increases the risk of transmission of the virus, preventing outbreaks within a clinical environment, protecting staffing levels and allowing healthcare services to continue.

A system of identification and assessment of staff and their risk from contact with COVID-19 was developed. Using this assessment, staff were advised on action, ranging from no additional action needed, to a swab with no isolation period to full 14 day isolation. There have been positive outcomes since the introduction of the system. At RCHT only 18% of staff whom have had contact with a COVID-19 positive patient or staff member have been required to self-isolate. This is a vast improvement over the potential 100% whom would have had to self-isolate were simple guidance of isolating after any contact followed without exploring the risk further.

By the end of April 2020, the contact tracing services in UHPT and RCHT were well established; the only local services in the country at the time. Public Health England (PHE) were kept informed of our policies and aided in some of the finer details. Multiple NHS trusts across the South West have started to implement similar systems working in close collaboration to ensure consistency across the region. Weekly regional meetings now take place virtually between occupational health services across the region, facilitated by the occupational health service at RCHT. The development of the service has left the participating trusts in a much better
position for any further increase in cases of COVID-19, protecting an essential workforce.

Clinical Leadership

The EM Leaders programme has presented many unforeseen challenges including an adaptive leadership response from all those who work within the healthcare sector.

The EM Leaders programme is an innovative pilot programme designed to support Emergency Medicine trainees by instilling leadership skills and knowledge and championing a compassionate workplace culture. Never has this more relevant or needed. In order to do this we endeavoured to capture case studies and examples of leadership on the frontline during this COVID period, through a survey sent out through RCEM. A selection of the respondents were then approached to undertake more detailed semi-structured interviews.

A thematic analysis on these interviews and survey results was conducted and the themes aligned to the EMLeaders framework; a framework detailing the required competencies and descriptors for each stage of EM training.

Key themes identified have been around the opportunity to understand and develop self, with a particular focus on the importance of wellbeing and self-care. Many respondents talked about the need to do this personally in order to manage their own emotions and stressors. Departments, where compassionate leadership have been highlighted and the impact of this on the staff seen. Notable themes identified are compassionate workplace culture. Never has this more relevant or needed.

The COVID-19 pandemic has placed extraordinary pressure on an already strained healthcare workforce (HCWs). Public health measures, such as prolonged periods of social isolation, unexpected employment disruptions, school closures, financial distress, and changes to routine, are having an unprecedented negative impact on mental well-being. Unaddressed stress and burnout can lead to depression, suicidal ideation and substance abuse. We conducted a review of the literature (a) to synthesize the common triggers of stress, burnout and depression faced by HCWs during the COVID-19 pandemic and (b) to identify interventions at the individual, organizational and systemic levels that can support the well-being of HCWs during a pandemic.

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