4. COVID-19 (2020): Role of hand wash, respiratory hygiene and social distancing in infection prevention.

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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SPARSH – A NOVEL APPROACH TO HEALTH EDUCATION. BY THE MEDICAL STUDENTS, FOR THE COMMUNITY: REACHING OUT, BEYOND THE CLASSROOM

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10.1136/leader-2020-FMLM.175

SPARSH (Students of Pinnamanneni to Achieve Awareness and reach out Social and Sustainable Health) is a non-profit voluntary organization started by medical students of Dr.PSIMS &RF, Andhra Pradesh, India. Started by four students who wanted to raise health awareness in the community, nurtured by Dr PSN Murthy, it rose into a dynamic medical student body dedicated to raise awareness on basic health issues through outreach campaigns for the past four years.

Objectives

1. Raising awareness on specific health issues rampant but generally ignored.
2. Fanning the spark of leadership qualities and communication skills in medic students.

Themes

1. Menstrual hygiene (2016): Menstrual hygiene; Raising awareness on taboos and Issues regarding menstruation.
2. Breast Cancer (2017): Busting the myths on breast cancer and raising awareness about self breast examination; Mobilised mass hair donation for cancer survivors.
3. Depression (2018–19): Aim to create a stigma-free society for people with mental illness. On caring for loved ones and seeking help.
4. COVID-19 (2020): Role of hand wash, respiratory hygiene and social distancing in infection prevention.

Coverage

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Occupational Health

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

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10.1136/leader-2020-FMLM.176

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

177 THE EM LEADERS PROGRAMME: LESSONS LEARNT FROM THE COVID 19 FRONTLINE

Hannah Baird, Lara Somerset, Jonathan Lowe, Malcolm Jones, Victoria Brewer. *Royal College of Emergency Medicine*

10.1136/leader-2020-FMLM.177

The COVID-19 pandemic 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 around the development of service to adapt for the COVID pandemic. This has often been at rapid speed and is particularly noticeable for senior trainees and junior consultants who have found themselves stepping up. Various leadership challenges have been identified and recalled including managing conflict and challenging behaviour. Respondents also noted challenges in developing network, service and the ED team due to transactional leadership styles within wider organisations, leading to a feeling of disempowerment, team fragmentation, lack of autonomy for shop floor decision making and a belief of feeling undervalued during a time of intense pressure.

178 LEADERING DURING THE COVID19 PANDEMIC: FROM MEDICAL STUDENT TO CEO

Hannah Baird, Adam Januszewski, Cathy Dominic, Tamzin Ogiliev, Joshua Feyi-Waboso, Kim Nurse, Christina Whitehead, Tan Hossain, Kaanthan Jawahar, Katie Wallace, Rebecca Smith, Arrash Arya Yassae, Laura Cotty, Jonathan Stewart, Euan Harris, Josie Cheetha. *FMLM TSG*

10.1136/leader-2020-FMLM.178

The FMLM Trainee Steering Group (TSG) sought to capture the lessons learnt through a series of interviews and blogs

from individuals stepping forward into the leadership challenges during the COVID19 Pandemic. This included clinicians from Interim Foundation doctors through to chief executives to give a wide view of leadership-in-action and understand what lessons have been learnt so far from those individuals. This opportunity enabled those individuals to take stock and reflect on their own behaviours and of their team/organisation and was documented through a series of blogs.

Each of the roles interviewed offered unique challenges and viewpoints. A thematic analysis analysing the behaviours and skills described was performed on the transcripts of these interviews and coded according to the domains from the FMLM standards.

The transcripts were then coded using these categories and the percentage breakdown of each category identified and mapped to FMLM standards.

Interviewees at all levels had experience or observed behaviours that represented the four overarching leadership domains as described by FMLM Leadership standards for healthcare professionals. There was awareness and experience at all levels up to and including systems leadership despite the individuals position. These interviews underline the importance of good leadership at times of crisis. Some interviewees displayed leadership behaviours that exceeded those that would normally be expected for their clinical position.

Specific challenges relating to senior leaders included maintaining visibility and managing anxieties. Nearly all of the leaders interviewed said they were drawing on prior experience. Others interviewees reflected on the importance of having trust in your team and taking a collaborative approach to leading delivery of projects. Another consistent challenge across the interviews was the change to working virtually and how this can change the team dynamics.

Healthcare leaders burnout

179 HEALTHCARE SUPERHEROES NEED RESCUE DURING PANDEMICS

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10.1136/leader-2020-FMLM.179

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.

A systematic search of literature databases was conducted from 2003 to June 2020. We included review articles that reported on stress, burnout and depression in HCWs; that primarily focused on women; and that included the percentage or number of women surveyed.