

participants agreed that video-conferencing improved accessibility, with 80% stating they would access recorded sessions if unable to attend.

41 consultants completed the survey. 67% had never used video-conferencing to teach doctors. 40% were not confident in sharing presentations and 92% in managing break-out sessions. 34 consultants would deliver CME virtually with 82% having no objections to recording of sessions.

Conclusions Virtual teaching is an appropriate method to provide the necessary volume and quality of postgraduate medical education. Consultants are keen to provide virtual teaching but would benefit from focused training.

Developing effective leaders — leadership lessons from across the world

185 BRINGING UP LEADERS TO MULTIPLY THE PROMOTION OF HEALTHY LIFESTYLE AMONG ADOLESCENTS PEERS

¹Rachel Zanetta, ²Moacyr Nobre, ³Anna Carolina Alencar. ¹Cognos Health Innovation, Brazil; ²Heart Institute (InCor) University of São Paulo Medical School, Brazil; ³Training Manager in Wolters Kluwer, Brazil

10.1136/leader-2020-FMLM.185

The central axis to promote health on is based on education practices. The great challenge is still how incorporate behaviors that can reduce the presence of disease risk factors. The aim of the 'Healthy Life Style Multiplier Agents' program is based on the concept of work that puts together individuals close in age and from distinct school grades in order to influence their cultural development and psychosocial growth and change teaching-learning experiences. We describe the experience of 80 multiplier students with more than 1,060 classmates from 4 public elementary schools, in the city of São Paulo – Brazil.

The focus of the work points at healthy diet, regular exercise practice and damages associated to cigarette and alcohol consumption, through a theme content which regards knowledge, procedures and attitudes, what means in other words, which takes into account what the students know about health, how to put together these knowledge into their own lives.

The program aimed to train adolescents as leaders, facilitators or multiplying agents. During training, they develop didactic tools to be used in the interaction with their peers, through their own language. These multiplier students were chosen based on their personal skills, leadership and interest. The form of communication used was role play theater, musical parody, board games, and food experimentation.

The cultural differences among the adolescents were worked out in a comprehensive way, without particular cultural focus, regardless of the place of origin that their ancestors such as Africa, Europe, America, Middle East, Asia, and so on.

The employed techniques should lead to dialogues that would encourage the reflection on 'doing or not doing it', regarding physical activity, diet as well as smoke and alcohol consumption.

The mayor difficulty observed is the peculiar adults' unbelief about the adolescents' capacity for leading the teaching-learning process.

Integrated mental health and physical health care

186 SYSTEM WIDE INTEGRATION OF MENTAL HEALTH INTO DIABETES TRANSFORMATION: A MODEL FOR OTHER LONG TERM CONDITIONS?

¹Amrit Sachar*, ²Tony Willis. ¹West London NHS Trust; ^{1,2}North West London Collaboration of Clinical Commissioning Groups (CCGs)

10.1136/leader-2020-FMLM.186

North West London (NWL) has 8 CCGs, in a diverse area with significant deprivation and a complex commissioning landscape. Self-care is central to diabetes management but self-care is negatively affected by mental illness which is common in diabetes. Improving MH improves diabetes outcomes. In NWL, about 79,000 people with diabetes (PWD) may be struggling with MH issues but there is variation in MH service provision, no standard MH screening, so data analysis is challenging, and only 15wte staff working in diabetes MH across 8 CCGs.

Intervention We used small, short term funding to build sustainable change rather than deliver a finite clinical service to a small number of PWD. We mobilised a Model for Improvement approach with a simple driver diagram to implement system-wide interventions. MH was fully embedded throughout the entire suite of products we had in NWL including 10-year service specification, clinical guidelines, training for staff and PWD, digital platform.

Impact Behaviour and culture change for clinicians, commissioners, public; diabetes/anxiety screening rates in PWD went from 4% to 38% (59,000) of PWD; improved MH detection led to improved collaborative care planning (80%), take up of patient education programmes (30%), and reduction of diabetes complication admissions (12%) in 12 months.

Conclusion A system-wide approach using a simple driver diagram is useful for taking a wide view of the issues and for engaging stakeholders. The first author has used a similar driver diagram for NWL renal care and is now working with Kidney Care UK to create a MH pathway for kidney care using this driver diagram as a starting point. The model is potentially transferrable to other long term conditions.

Lessons for Leaders Articulate a clear, co-created message. Galvanise a strong coalition of engaged stakeholders and those voices will disseminate the message. Use small, short term resource to create system change wherever possible to get sustainable.

187 PATIENT FEEDBACK STUDY ON THE USE OF VIRTUAL CLINICS DURING COVID-19 PANDEMIC IN GENERAL SURGERY

Sinead J Fanning, Hannah Palmer, Beattie Sturrock, Ahmed Hussain, Clare Carney, Shameen Jaunoo. Brighton Oesophagogastric Centre, Royal Sussex County Hospital, Eastern Road, Brighton, UK. BN2 5BE

10.1136/leader-2020-FMLM.187

Introduction The use of Virtual clinics are novel to the department and were implemented as a consequence of the

social distancing measures introduced during the COVID-19 pandemic. We identified the need to seek feedback from the patients attending these clinics.

Methods We designed a questionnaire for patients who had attended a virtual clinic in General Surgery, using both Qualitative and Quantitative questions. We contacted 100 patients who attended a range of clinics ran by over 10 different General Surgical Consultants between 25th March 2020 and 30th April 2020. A team of junior doctors and clinical assistants were recruited to contact patients. Patients were contacted via telephone to ask if they would be happy to complete the survey which would be emailed to them, if they did not have an email address a shorter survey was completed over the phone.

Results In total we had 73 responses to the survey. Data collected suggests that virtual clinics are well received by patients. 48% (n=35) answered that they were overall 'very satisfied' with the care received in the virtual clinic, and 79.6% (n=43) felt that their care did not suffer as a result of non-face to face contact. Most patients would recommend a virtual clinic to their friend or family 77% (n=56), however if given the option 60% (n=43) would prefer a face to face clinic appointment.

Conclusions As the pandemic progresses it is important to identify ways in which good patient care can be delivered whilst not putting patients at risk of contracting the virus. Virtual clinics not only maintain patient safety but also have many other benefits to patients as identified in this study. This study suggests that perhaps the use of virtual clinics should continue and could be utilised by surgical departments to provide efficient patient centred care.

Developing effective leaders

188 ENHANCING JUNIOR DOCTOR LEADERSHIP AND MANAGEMENT SKILLS AS INNOVATION FELLOWS

Orod Osanlou, Kate Clark, Bethany Griffiths, Michaela Morton, Muni Matoug*, Ricia Gwenter, Richard Brown, Hafsa Khan, Carys Phillips. *Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board*

10.1136/leader-2020-FMLM.188

Aims The Site Innovation Lead at Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board appointed 12 junior doctors as Innovation Fellows in order to enhance their leadership and management skills.

Methods Junior doctors competitively applied to be a Wrexham Innovation Fellow. This formal leadership position included mentoring from the Site Innovation Lead and quality improvement (QI) training. Each Innovation Fellow was guided and encouraged to undertake the Improving Quality Together' (IQT) Welsh QI Development Programme as well as the Edward Jenner NHS Leadership Academy Programme. Funding has also been secured to deliver further formal QI training from Improvement Cymru. These skills have then been used by the Innovation Fellows when undertaking QI and innovation work.

Results As of August 2020, 8/12 (75%) of Innovation fellows completed the Improving Quality Together Welsh QI Development Programme and 5/11 (45%) have completed the Edward Jenner NHS Leadership Academy Programme. 10/12 (83%)

feel that their leadership skills have improved since becoming an Innovation Fellow. 11/12 (92%) feel more motivated to undertake QI and innovation since becoming an Innovation Fellow, and 10/12 (83%) feel more motivated to support others undertake QI and innovation since starting the programme. 10/11 (91%) also feel that their leadership experience may better equip them in the planning and management of future COVID challenges.

Conclusions Empowering junior doctors with leadership responsibilities while also providing mentorship and formal QI training can enhance their leadership skills, motivate them to undertake QI and innovation, and empower them to supervise and mentor others. Other NHS organisations should consider appointing Innovation Fellows in a similar way to Betsi Cadwaladr University Health Board.

Lead sepsis improvement nurse

189 EVALUATION OF A STRUCTURED TOOL FOR ESCALATING DETERIORATING PATIENTS FOR MULTIDISCIPLINARY STAFF IN A LARGE LONDON TEACHING HOSPITAL?

Daminee Seetannah, Dalia Ludwig. *Daminee Seetannah, University College London Hospital, UK*

10.1136/leader-2020-FMLM.189

The lead sepsis nurse, chief registrar and simulation team in a large London teaching hospital have developed a digital communication tool to improve and standardise the process of escalation and handover of deteriorating patients. The tool is designed for use by the multidisciplinary team (MDT). Poor communication is a frequently cited causative factor leading to adverse clinical events, particularly in relation to escalation and handover of care. UCLH uses ISBARD (Introduction, situation, background, assessment, recommendation and decision) to facilitate and improve how we escalate and handover deteriorating patients. Our trust switched to an electronic health record system last year using the software Epic. Since the introduction of Epic, we have had two serious incidents (SIs) related to miscommunication of escalation of NEWS2 scores. Investigation of these SIs concluded that the process of escalating a rising NEWS2 score could be improved by the use of an ISBARD tool creating a common language to escalate a deteriorating patient. Therefore, we have built a quick and intuitive ISBARD smart text in Epic to use when escalating a deteriorating patient. Teaching sessions are booked for the MDT over the next few months to train staff in the environment where they will use the tool to illustrate its use. We are working with the simulation team to embed the tool in clinical SIM training. We involved the MDT in design and implementation from the outset to optimise staff engagement. If we were starting again we would involve leaders of different staff groups at an earlier stage to help promote the importance and value of the tool. Our project is to streamline staff workload and help identify high risk wards where additional support may be needed. Our tool is designed to aid communication and empower clinicians to escalate their concerns safely and prioritise patient care.