

Medical leadership & management, Covid-19, NHS nightingale hospitals

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CAPTURING THE EXPERIENCE AND LESSONS FROM JUNIOR DOCTORS WORKING AT THE NIGHTINGALE NORTH WEST: A QUALITATIVE STUDY

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NHS Nightingale Hospital North West (NNW) was a new temporary hospital within the NHS designed to rapidly expand capacity to care for patients during the COVID-19 pandemic. Within 2 weeks, Manchester Central Convention Centre was converted into a potential 648 bed facility, capable of providing step-down care to patients from the north west.

Junior doctors had the opportunity to witness the creation of a field hospital, shape systems and processes, and work with a diverse team coming together for a common cause. To capture their experiences, interviews were conducted using a semi-structured format and the responses summarised into transcripts. Consensus coding was performed using domains/themes.

When exploring successes, there was consistent mention of a strong team; in particular the feeling of being individually valued within a flattened hierarchy. Staff wellbeing and education were also regularly mentioned and helped contribute to this overall feeling. When asked what they would take forward, doctors focussed on the importance of a strong team that values multi-disciplinary working.

But the hospital was not without challenges, with processes changing from one shift to the next and leading to potential errors. In addition, system issues (such as with medication and documentation) lead to a sometimes-chaotic work environment. Staff identification was a significant challenge, and potentially contributed to communication breakdowns.

To rectify this, doctors undertook QI projects which formed the basis for re-activation plans. Perhaps more important than material improvements were feelings of empowerment they identified to achieve actionable change within the hospital.

Junior doctors were overwhelmingly positive about their NNW experience. Their power to act as agents of change was showcased at NNW, where senior management encouraged them to take ownership of challenges identified and seek ways to improve the system in which they worked.

Leadership lessons from across the world

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EVALUATION OF STUDENTS' KNOWLEDGE AND CONFIDENCE FOLLOWING A STUDENT-LED DIVERSITY TEACHING INTERVENTION ON UK MEDICAL STUDENTS: A QUASI-EXPERIMENTAL STUDY

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Aims Representation of different patient demographics within medical school curricula is often poor. Students graduate without an understanding of the interplay between 'protected

characteristics' and illness, or awareness of how implicit bias impacts healthcare provision at an individual and institutional level. This study investigated the long-term impact of a diversity teaching intervention on reaction, learning and behaviour of new clinical medical students.

Methods A 1h30m lecture and small group teaching intervention was designed for over 100 4th year Oxford medical students. Teaching focused on health inequality; reflection on students own' biases; and strategies in challenging harassment and discrimination. Surveys were distributed immediately post-intervention to assess student satisfaction and after 9 months to assess long-term impact. 5th year students who didn't receive the intervention acted as control group.

Results The surveys received 54 and 73 responses respectively. 90.6% and 88.7% of students reported enjoying the small group teaching and lecture respectively. 94.3% agreed the content was important to their future practice. The 9-month survey indicated that, post-intervention, fourth year students felt more aware of health disparity and the impact of their behaviours on this disparity, compared to control ($p < 0.05$). They reported greater confidence addressing witnessed harassment and discrimination and interacting with diverse patient groups. They also reflected more frequently on their own internal biases.

Conclusion This study demonstrates the long-lasting impact on the confidence and behaviour of medical students through integration of focused diversity teaching. This has significant implications for the experience and outcomes of patients and staff from minority demographics, the ultimate beneficiaries. The study also strongly argues for an active role for students in leading change within medical schools and identifying areas for improvement.

Improvements to virtual clinics for staff and patients

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FORTUITOUS IMPROVEMENTS, RESULTING FROM COVID-19 RESTRICTIONS, IN VIRTUAL CLINICS

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Rapid growth of the MREH clinical imaging department services (>122,000 procedures, 2019) over the past five years had created a fast-paced environment, demanding high-quality work. Pre-COVID 19, the department was experiencing poor outcomes in staff stress risk assessment; long wait times for patients, and an overcrowded waiting room. Although appointment levels temporarily decreased during the pandemic, it was soon apparent that outpatient and virtual clinics (VCs) required enhanced support, due to increases in waiting lists. However, new social distancing requirements dictated fewer patients in waiting rooms, and some patients were reluctant to attend appointments, not knowing what to expect. Rapid changes were necessary, with little time for a full assessment of their impact.

The department expanded its service, with new VCs, and protocols. The VCs now primarily operate in evenings and Saturdays during outpatient clinic downtime. Staff work 12 hour days, with two teams, separate managers and alternating