

assessment of the hospitals involving the nursing department can be very useful.

Aims To study the nurse leadership role during pandemic.

Methods Sample Size included 100 staff nurses, matrons & in-charge nurses who took part between August to September 2021. A 20 item structured Questionnaire on role of nurse leadership is used. Participants are asked a mix of open-ended and closed questions about the important attributes to effectively lead during a crisis.

Results The study is still ongoing and will be done by the end of September-2021. Initial data shows good interventions and useful strategies were used. Key changes that were made during the second wave were a new staffing level, redeploying nurses, increasing the visibility of nursing leadership, new staff wellbeing initiatives, new roles created for various training initiatives. The impact of good leadership had a better effect on the delivery of nursing care.

Conclusions The role of the nursing department must be taken more seriously especially in developing countries like India with larger population and less number of healthcare providers which include doctors and nurses. The healthcare management must continue to develop plans that can strengthen the nurses by giving them good compensation, adequate training, protection and good work environment.

Dr.Nilofer Naaz*

48 PAEDIATRIC SURGICAL READMISSION – A RETROSPECTIVE ANALYSIS

¹Sarah Ellul, ²Mohamed Shoukry. ¹Paediatric Surgery, Department of Surgery, Mater Dei Hospital, Malta; ²Paediatric Surgery, Department of Surgery, Mater Dei Hospital, University of Malta

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Aim Hospital readmission is one of indicators used to assess quality of service provided in healthcare. The aim is investigating readmission routes within the workplace in paediatric surgery service during the first 30 days post discharge from Mater Dei Hospital (MDH).

Method A retrospective study of children's readmissions between October 2017-November 2019 was performed, strictly before the COVID-10 pandemic.

Demographics and clinical records including age, gender, pre-existing comorbidities, diagnosis during primary admission and readmission, procedure carried out, ASA grade, length of stay, and outcomes collected.

All children re-admitted under a single paediatric surgical firm within 30 days from initial admission to tertiary referral hospital were included.

Readmissions were classified into cohorts elective and emergency, depending on nature of primary admission. Contributing factors and outcomes were compared.

Results 935 surgical admissions (221 elective and 714 emergencies) were registered at MDH with an average hospital stay of 3.62 days. Total readmission rate was 1.7% (n=16).

25% (n=4) of readmissions were post elective, 75% (n=12) post emergency admission, with an average stay of 4.37 days and no mortalities. 43.7% (n=7) were re-admissions post-surgical intervention.

Further surgical interventions were necessary in 25% (n=4) of readmitted patients, remainder (n=12) treated conservatively. From all readmissions, 31% (5/16) had pre-morbid medical conditions prior to the initial admissions. These

conditions included: hypertrophic cardiomyopathy, gastro oesophageal reflux disease, epilepsy, and Cerebral palsy with Christianson syndrome.

Conclusion Published reports concerning paediatric surgical readmission rates are limited, challenging healthcare systems. Most readmissions are avoidable, so, healthcare workers must provide adequate strategies to decrease morbidity and prevent readmissions.

49 PELVIC OSTEOMYELITIS COMPLICATING PRESSURE ULCERS – PREVALENCE AND MANAGEMENT EVALUATION STUDY IN A DISTRICT GENERAL HOSPITAL IN SURREY

¹Abhishek Thanuja Jayadhar*, ²Timnit Tekie, ³Nicki Lewis, ⁴Ashwin Unnithan. ¹Junior doctor, Ashford and St. Peter's hospital NHS Trust; ²Junior doctor, Ashford and St. Peter's hospital NHS Trust; ³Lead anti microbial Pharmacist, Ashford and St. Peter's hospital NHS Trust; ⁴Senior Consultant Orthopaedic Surgeon, Ashford and St. Peter's hospital NHS Trust

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Introduction Pelvic osteomyelitis is one of the worse but preventable complication of stage IV pressure sores. Most seen in bed bound patients affected by CNS injuries. Timely multi-disciplinary intervention with antibiotics and proper surgical procedures can reduce the morbidity and mortality for the patients.

Aim The primary aim of the study is to understand the local prevalence of pelvic osteomyelitis complicating pressure sore and to develop a treatment algorithm after doing a literature search.

Materials and Methods A retrospective study was conducted among the patients who have been diagnosed with pelvic osteomyelitis due pressure sore during a period of one year in a district general hospital. A literature search has been done and the selected articles were reviewed, and the findings were used to develop a treatment algorithm for patients.

Results During the study period 234 patients were diagnosed with osteomyelitis. Out of that 22 were pelvic osteomyelitis. Among that 16 (72.7%) were due to sacral pressure sores. 50% of them diagnosed with various neurological defect which impairs the mobility of the patients. Only 37.5% received combined medical and surgical treatment, rest of them managed with antibiotic therapy. 5 patients got readmitted due to reinfections and recurrent pressure sores. Interestingly all of them who got readmitted where those who received antibiotic therapy alone.

Conclusion To conclude, prevention is always better than cure. Patients coming to the hospital must be risk assessed and care must be given to prevent pressure sores. Early changes must be noted, and proper care must be given in the initial stages itself. Management of pelvic osteomyelitis requires a team of doctors. From the literatures its evident that recurrences, reinfections, and readmissions are low in those who have been treated with combined medical and surgical management.

50 PENPALS: A PLACEMENT EDUCATIONAL NEAR-PEER ASSISTED LEARNING SCHEME

Olivia Kuo. Worcestershire Royal Hospital, UK

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Introduction The effect of COVID-19 extended to undergraduate teaching, including reduced capacity around the bedside and clinical restrictions due to infection control policies. This resulted in students undertaking near-peer teaching for their colleagues. A survey of these students found that they encountered barriers to accessing, organising and delivering near-peer teaching.

Aims This quality improvement project was employed to:

- Standardise students' access to near-peer teaching opportunities
- Foster confidence in teaching and feedback skills
- Evaluate whether this scheme could add value to a clinical placement

Methods Students volunteered to become a tutor/tutee during the placement. Participants were matched based on specific criteria and preferences. A clinical teaching fellow was available for support and advice. Data was collected using online pre/post-scheme questionnaires, Likert scales, and free text questions.

Results 17 pre-scheme and post-scheme questionnaires were completed. The scheme increased tutors' confidence in delivering teaching/feedback to near-peers (100% response). Participants felt that the near-peer teaching scheme added value to their placement and would recommend future implementation (100% response).

Conclusion This scheme supported students to lead teaching sessions, deliver feedback, and act as mentors. Anticipated future benefits include improvement in student-patient interactions, deeper understanding of medical topics and a greater interest in pursuing educational leadership roles.

We encourage undergraduate departments to implement this scheme to support students who are enthusiastic about teaching during clinical placements. This can foster increased confidence in teaching skills, delivering feedback and improvement in leadership skills whilst adding value to the clinical placement. These valuable skills would contribute greatly towards the participants becoming well-rounded doctors.

51 PERCEPTIONS OF MEDICAL PROFESSIONALS ON MEDICAL LEADERSHIP TRAINING IN MEDICAL SCHOOL

¹Aishah Zubaida Mughal*, ²Jade Fellows, ³Haroon Ali Shah. ¹University of Birmingham Medical School, Birmingham, UK; ²University Hospitals Birmingham, Birmingham, UK; ³University Hospitals of Derby and Burton, Burton-On-Trent, UK

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Background & Aims Perceptions and attitudes amongst medical professionals, particularly medical students, surrounding medical leadership training remains little understood. There is a paucity of data surrounding the effectiveness of medical leadership teaching within medical school curriculums. This questionnaire-based study aims to explore the opinions of medical leadership training amongst those attending virtual webinars organised by a university leadership society.

Methods A questionnaire-based study was performed by a team of senior medical students on the Birmingham Medical Leadership Society (BMLS) committee at the University of Birmingham Medical School from July 2020 to January 2021. Questionnaires were offered to all attendees across 12 online webinars. Responses were recorded electronically and independently collated.

Results 88.7% of attendees were medical students, with the remaining attendees comprising of doctors (7.5%) and other allied healthcare professionals. 32.3% of participants were interested in intercalating in medical leadership and felt opportunities to intercalate were available. 18.1% of attendees were interested in intercalating in medical leadership but felt an opportunity to intercalate was not available. 46.6% of participants strongly agreed that medical leadership should be taught at an undergraduate level, however, a third (33.1%) disagreed that the proportion of medical leadership education delivered at medical school was adequate.

Conclusion Whilst strategies have been implemented to improve undergraduate medical leadership education, further work is required to mitigate barriers to effective leadership training. Medical schools should regularly assess the opinions of students in order to optimise medical education and ensure opportunities to explore medical leadership, such as through intercalation, are made available to all students.

Presenting author Aishah Zubaida Mughal

52 QUALITY IMPROVEMENT PROJECT ON PAEDIATRIC ANTIBIOTIC PRESCRIPTION WRITING

Jini Haldar. *Chesterfield Royal hospital, UK*

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Aim To improve the quality of handwritten antibiotic prescriptions at the Paediatric ward of Chesterfield Royal Hospital.

Method

1. Data were collected prospectively by Microsoft Excel of all antibiotic prescriptions in May 2021 for an audit to see the baseline.
2. Quality improvement project launched with teaching session for all junior doctors with pharmacists about aim and plan with prescription MAT and with the announcement of high achievement award for the best prescriber with a chocolate box gift and a certificate. Later, for the wonderful participation, another handmade gift was announced for the best prescriber.
3. Every 2 weekly, the progress was checked and the marking of all prescriptions was done.
4. After 1st cycle there was a drop in the percentage of compliance in a few sections so the strategy was planned to remind the juniors at the hand over time, also by Whatsapp group and personal emails. Also, it was promised to arrange a meet up to give gifts to the winners.
5. After the 2nd cycle, improvements can be seen in all fields and there was very little to improve so the strategy was to announce 2 handmade gifts to the 2 best prescribers in the last cycle who will get 10 out of 10 marks to get a star. A Star chart was implemented.
6. Finally, after a wonderful outcome each and individual who participated in the project was given one small handmade gift as a token of appreciation alongside all the winners gifts.

Results We can see a huge improvement in all sections except the section of the pharmacist that could not be improved in 3 months duration of this project for staffing issues.

Conclusion This project is hugely successful with a happy experience for all by the personal touch and by the appreciation of the efforts of Juniors in the department and also by flexibly changing strategies as per requirements.