

ensured regular social media posting with posters/video advertisements for all the MLM events BMLS were hosting virtually throughout the year. Platforms used were Instagram, Facebook, Twitter and LinkedIn. In addition, 'hashtags' were used across all platforms (e.g. #MedTwitter, #medicalstudents, #medicalladership, etc) to try to capture a large audience via algorithms. Social media analytics were then compared to the 2019/20 academic year.

In total across all four social media accounts, BMLS had a total of 22,159 viewers in the academic year 2020/21 (489.3% increase). The Facebook BMLS MLM content had a total of 10,215 viewers in the academic year 2020/21, compared to 2344 in 2019/20 (336.9% increase) and 656 followers. In addition, the BMLS MLM content on Instagram had 2474 views in 2020/21, compared to 813 in 2019/20 (203.3% increase) and with a total page following of 817.

The study highlight that BMLS developed a successful social media strategy during the academic year 2020/21 in the face of the COVID-19 pandemic to draw attention to MLM topics. Although not a direct measure of engagement, the results do suggest the popularity of MLM topics amongst medical students and clinicians alike globally.

62 THE GREEN HOSPITAL INITIATIVE: LESSONS FROM A PRIMARY HEALTH CENTRE IN MUMBAI SLUMS

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10.1136/leader-2021-FMLM.62

The project, 'The Green Hospital Initiative,' is being conducted in a primary health care centre serving the Bandra slums of Mumbai in India since April 2021. The hospital environment suffers from air and noise pollution during the busy morning hours. Besides, there is poor disposal of specific waste products, such as masks, gloves, and cotton bandages.

The hospital administration formed a committee consisting of the paediatrics house officer, medical officer, patient representative, and social worker. They audited the hospital waste disposal and also assessed the factors contributing to the hospital pollution. The conclusions were drafted into an official document and sent to the municipal corporation office, asking for assistance and sanctioning required funds.

The municipal corporation created a no-parking zone in front of the hospital. The committee planted trees near the hospital gate, creating two strips of green plants on either side of the gate. We incorporated special dustbins to dispose of personal protective equipment in hospital wards and patient waiting areas. The nursing staff organized weekly awareness sessions for the hospital workers and patients.

We plan to assess the impact of our intervention in September 2021 by taking structured feedback from the patients, carers, hospital staff, nurses, medical officers, and the hospital superintendent. The feedback will cover the improvements in waste disposal, reduction in vehicular congestion, and overall improvement in the hospital's aesthetics.

The hospital's responsibility is to decrease patient exposure to harmful pollution and educate the patients and their families about environmental health. The hospitals can lead by example and provide a strong basis for the implementation of

eco-friendly measures. Health professionals are influential local leaders, and therefore, they could guide the patients on how to decrease environmental pollution and guard themselves against it.

63 THE HEADSTART PROJECT – A PEER-LED INTRODUCTION TO THE NHS FOR INTERNATIONAL MEDICAL GRADUATES

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10.1136/leader-2021-FMLM.63

Introduction Internationally-Trained Medical Graduates (IMGs) make up approximately a third of the registered doctors in the UK1. Despite this there are still unmet needs with close to 40% IMGs in one program not having an induction before starting and 12% of them finding that the induction was relevant to their needs. 3 #

'The HeadStart Project' (THSP) was and after attending the webinars, self-reported confidence increased by 64.44%, we discuss this below.

Intervention A team of IMGs were consulted, areas of NHS practice that IMGs struggle with were identified.

A series of 12 webinars to introduce new IMGs to the NHS was planned with the following features:

1. Peer led and delivered to ensure relevant topics :
2. Topics were broadly divisible into two groups, General introduction to the NHS and Speciality Specific introductions to the NHS.
3. Online format allowing international participation
4. In time for the August start

Methodology Surveys were conducted before and after each webinar and participants were asked to rate their confidence on a scale of 1-5 (1 being not at all confident and 5 being very confident). Average confidence scores and a percentage increase in confidence was calculated.

Results Pre and post surveys were available for 11 sessions.

'In Introduction to working in A&E' had the lowest pre-webinar confidence scores (1.875) and also the highest increase in confidence scores of 120.07%.

'Common procedures for the NHS SHO' was the session that had the highest pre-session confidence score (3.322) and the lowest increase in confidence 23.57%. It also had the highest number of participants at 81.

There was an overall increase in confidence by 64.44% over the course of the 12 webinars.

Inference Peer led and delivered webinars to orient new IMGs to the NHS helps improve confidence for new starters.

64 THE IMPACT OF TARGETED ENHANCED RECRUITMENT (TERS): BENEFITING TRAINEES, TRUSTS AND PATIENTS

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10.1136/leader-2021-FMLM.64

Cumbria suffers recruitment and retention challenges, detrimentally effecting patient care and educational outcomes. It is

understood that incentivising enables beneficial change in doctor's fill rates, highlighted in HEE's 'Training in Smaller Places' report.

Evidence for long-term impact of enhanced recruitment is maturing; opinions remain divided. Providing financial incentive where training schemes are specifically targeted to promote retention of future medical workforce is novel and we are the only UK integrated healthcare system using TERS on a regional footprint for all specialties.

In 2018, HEE NE provided a TERS payment of £7000 for trainees taking up a 12-month Specialty Training or Foundation Post in North Cumbria. Since 2019, the Local Education Provider has continued the scheme.

Post Fill rates TERS resulted in a 20% increase in fill rate across training grades. The lower 2018/19 FY2 fill rate was a result of the low FY1 fill rate in 2017/18 before the introduction of TERS.

Application Score TERS has dramatically improved the average Foundation Programme (FP) application score since 2018, from 71.6 to 77.5 in 2020. During the same time period the average score for the North East has gone from 79.2 to 80.

Surveys 100% reported TERS positively influenced their decision making, 42% ranked Cumbria higher in selection rankings, 74% that £7000 was the right amount and 63% felt TERS positively influenced their decision to stay in Cumbria.

Financial benefits TERS has cost £941,597 to date in direct expenditure however we anticipate it has had improvements in overall locum spend, requirement for Trust grade positions and excess hours fines, figures we are looking to finalise imminently.

Conclusion TERS attracts more doctors of a higher calibre to Cumbria, benefiting our services and reducing disadvantage to our population. We plan to continue the scheme and further analyse its impact.

65 THE INFLUENCE OF LEADERSHIP DEVELOPMENT AND PSYCHOLOGICAL CAPITAL ON BURNOUT AND TURNOVER

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10.1136/leader-2021-FMLM.65

Background Organizations should strive to function at the highest level possible. One way to foster organizational success is through leadership development (LD), though such education for middle managers was limited. Additionally, new middle managers in healthcare experienced decreased wellbeing. These issues are both harmful to institutional outcomes.

Aim The aim was to explore the impact of LD and psychological capital (PsyCap) on new middle managers' burnout and turnover intention.

Methods This qualitative, single-case study occurred in the Mid-West United States. Three data collection techniques were utilized, with the primary method being semi-structured interviews of 19 new middle managers. Data was also collected by observing LD activities and reviewing organizational documents about existing LD programs.

Results Participants acknowledged a high prevalence of burnout and turnover intention. Subjects claimed to experience burnout related to the organization's LD activities. The PsyCap constructs helped decrease burnout and

turnover. Managers with high levels of self-efficacy and resiliency, though, expressed increased incidents of burnout. The combination of effective LD and positive PsyCap appeared to have a compounding effect of decreasing burnout and turnover.

Conclusion Healthcare organizations should utilize the data identified from this study to decrease and prevent burnout and turnover among their leaders. Administrators are encouraged to improve the effectiveness of their LD programs and employ managers with positive PsyCap elements. The adverse impact of self-efficacy and resiliency on burnout was contrary to the limited existing literature and should be examined further. Additionally, a combined exploration of LD and PsyCap related to burnout had not been studied, resulting in a unique contribution of this investigation; more research is necessary.

66 THE INTRODUCTION OF A CRITICAL CARE HANDOVER AND SAFETY CHECKLIST

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10.1136/leader-2021-FMLM.66

Aim Our hospital has a small six-bedded critical care unit (CCU) dealing with complex post-surgical patients. Each handover took place verbally without structure before our intervention. To improve patient safety and communication, a structured handover was sort.

Method A quality improvement methodology was used to produce iterative designs of a handover board. Initial ideas focused on a computer-based handover, but a more visual solution was requested.

Results A questionnaire was performed pre-and post-intervention. The results demonstrated significant improvements in all aspects of handover. Initially, 29% of respondents knew the names of nurse-in-charge, registrar or consultant for a shift. This improved to 70% post-intervention. Due to the pandemic, changes in handover arrangement meant 29% did not know the location of handover. This increased to 70% following our project. Only 33% knew the number of discharges and 50% knew expected admissions for a shift. Both increased to over 70% after the intervention. Pre-intervention only 39% knew if they had bed capacity and staffing on a particular day, this increased to 70% after implementation.

Discussion A laminated handover board now enables a quick glance for all staff about the status of CCU. A co-introduced safety, 'Handover checklist' ensures critical issues are highlighted and handover content is consistent. This is especially useful at our institution where surgery involving difficult airways occur frequently.

Stakeholder feedback was sought throughout to ensure sustainability and effectiveness. During implementation, care was taken to ensure the current challenges and aims of the project were understood by participants. This certainly helped to conquer barriers to adoption.

Conclusion Although a simple, we have improved the safety of handover in our CCU. Its implementation has also seen closer communication between doctors and nurses. As a referral centre, it has made accepting patients more streamlined.