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THE VIEWS OF MEDICAL STUDENTS AND PROFESSIONALS ON MEDICAL LEADERSHIP IN 2014–2015 VS 2020–2021

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The Birmingham Medical Leadership Society (BMLS) sought to identify whether medical students and doctors' perceptions on leadership as well as the preferred methods for teaching it, had changed.

Two identical questionnaires were compiled: one between 2014–2015 and the other between 2020–2021. Results suggest perceptions on the importance of medical leadership and management training have changed, with a statistically significant difference (95% significance level) in results, unlikely due to chance. In 2014–2015, the largest group of participants, 17/38 (44.7%) rated it 4/5 on the Likert scale. Comparatively, in 2020–2021, 75/122 participants (61.5%) rated it 5/5.

The value placed on medical leadership has increased, with a statistically significant difference between survey results. In 2014, 39.5% of participants felt leadership education should be introduced in the pre-clinical years and 47.4% in clinical years. In 2020, 53.3% of students and professionals felt this should be introduced in pre-clinical years and 38.5% in clinical years. Current and prospective doctors desire that leadership training be introduced earlier on in one's academic career.

Accommodating this demand for earlier exposure to medical leadership and management training, may require medical schools to work with the GMC to revise medical school curricula. Delivering leadership training through NHS Paired Learning Schemes, as desired by most participants, would require cooperation from current NHS leaders to act as teacher/mentors.

The results suggest that medical leadership is seen now in higher regard than previously seen and there is a demand for early leadership training during medical school.

Earlier training may be beneficial to healthcare staff, with doctors better equipped to communicate with the multidisciplinary team, leading to improved patient outcomes. It will also provide doctors with more confidence to enter senior leadership positions.

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TO TRAIN AND TO SAVE: MDSSC'S EXPERIENCE ON PPE SUBSTITUTES OR SIMULATION TRAINING DURING COVID-19 OUTBREAK

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Introduction In view of global shortage of Personal Protective Equipment (PPE), Hospital Authority faced the dilemma of conserving PPE for clinical use versus consuming over 1,400 sets of PPE for simulation training in February 2020. To stockpile for an emergency preparedness, prudent use of PPE in non-emergent and non-essential services seemed necessary but not sufficient. The gist of management in healthcare simulation was the balance of achieving training objectives (trained over 1,400 staff to prevent nosocomial infection and

transmission during high-risk procedures) with adequate fidelity and reducing PPE consumption for clinical use.

Methods Multi-disciplinary Simulation and Skills Centre (MDSSC) took reasonable steps to substitute 'genuine PPE' in training: i) produced 720 handcrafted face shields with kitchen sponge and laminating pouch film, ii) prototyped and printed the eye-visor frame with 3D-printing technology, iii) sourced industrial-used N95 respirators from online shop, and iv) applied expired stock/low-price gown from e-procurement for doffing of PPE practice. The extent to which reduced fidelity, followed by replacement of genuine PPE with alternative items, sacrifices overall training satisfaction was evaluated using 5-point Likert scales.

Results Training coverage for 80% healthcare professionals working closely with suspected and confirmed cases was achieved. An acceptable trade-off was identified: In sacrificing 3% of realism, no significant drop ($p>.05$) was found in psychological safety, mental preparedness, as well as overall satisfaction.

Discussion With the support of hospital management and administrative departments, decisive, cohesive, and sustainable responses under good leadership are keys. When it comes to extremely immense demand of PPE, innovation of intellectual minds enabled entire healthcare system to optimize effectiveness in resources allocation for quality service and safety of service users and healthcare providers.

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TOMORROWS' LEADERS – A LEADERSHIP AND MANAGEMENT COURSE FOR MIDDLE GRADE DOCTORS LED BY RCP CHIEF REGISTRAR

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Higher specialist training schemes focus heavily on gaining the necessary knowledge and skills to be clinically competent yet the opportunity to gain leadership and management experience as a trainee is comparatively limited. As RCP Chief Registrar, I designed and delivered a 3-day leadership and management programme to middle grade doctors at SWBH NHS Trust entitled 'Tomorrow's Leaders'.

'Tomorrow's Leaders' was designed to provide delegates with an introduction to NHS leadership and Management through a blended programme. The programme was delivered face-to-face with 25 middle grade doctors. The main aim was to introduce NHS leadership and management to middle grade doctors, to empower them to consider leadership and management roles earlier on in their careers and prepare them to being a consultant in the NHS. The course allowed delegates to discover their personal influencing styles and their Myers-Briggs Type Indicator. Delegates got the opportunity to meet leaders and managers within the organisation and learn about their personal journey, had formal conflict resolution training, had sessions on clinical governance, dealing with complaints, formal GMC referral pathways and coroners referrals process. The course ended with session on preparing to be a new consultant and tips on job applications and interview preparation.

Pre-course and post-course questionnaires were used. Pre-course, 40% of the delegates understood our trust board structure, post-course 100% of the delegates gained this knowledge and understanding. Similarly, understanding of the