

leaving ED were invited to complete the Friends and Family test (FFT) designed to assess patients' experiences. Feedback collated from FFT at Pilgrim Hospital demonstrates that patients did not receive discharge information and did not know who to approach for further advice.

**Aims** I designed this QIP to address patient-centred care by increasing the distribution of PILs by 10% at Pilgrim Hospital by March 2021. This was done through the creation of a desktop repository; the intervention will enable clinicians to print the relevant PIL for patients at discharge. The increased use of PILs leads to an improvement in patient centred care (3).

**Methods** I formed an MDT: the ED Clinical Lead was the project champion. I utilised driver diagrams and model for improvement methodology (PDSA cycle) (4). The CQC urgent and emergency care questionnaire was circulated to patients by clinicians to measure the distribution of PILs, pre- and post-intervention (5). A desktop repository was created and made available on all ED computers. I regularly reminded clinicians at huddles the need to distribute PILs within the department.

**Results** The distribution of PILs increased from 8% prior to implementation (Oct 2020) to 54% post implementation (March 2021) – an overall change of 46%.

**Conclusion** There has been a change of 46% in the distribution of PILs in ED, which is a successful QIP. Changes have been made in the department to reinforce the importance of PILs. There is still room for improvement in subsequent cycles of this project, this will be achieved through democratic leadership and further use of information technology.

## 7 A RETROSPECTIVE ANALYSIS OF OXYGEN ADMINISTRATION AND RECOMMENDATIONS FOR REDUCING OXYGEN WASTAGE DURING THE COVID-19 PANDEMIC AND BEYOND

<sup>1,2,3</sup>Neil Cunningham. <sup>1</sup>University Hospitals of Northamptonshire, UK; <sup>2</sup>University Hospitals of Leicester, UK; <sup>3</sup>University of Leicester, UK

10.1136/leader-2021-FMLM.7

**Background** During the COVID-19 pandemic, health services across the globe have been under strain ensuring they have the capacity to deal with the substantially increased proportion of patients requiring supplemental oxygen. The NEWS2 scoring system has a target oxygen saturation of  $\geq 96\%$  (88-92% in patients with hypercapnia). However, British Thoracic Society (BTS) Guidelines recommend targets of 94-98%.

**Aim** To conserve oxygen supplies during the pandemic without compromising patient safety, and, show the benefits of junior doctor engagement in healthcare leadership to service delivery.

**Methods** A retrospective analysis of oxygen usage in a 32 bedded acute medical unit was conducted. 783 admissions owing to 1768 clinical encounters were analysed for oxygen usage. Patients were deemed suitable for weaning if their oxygen saturation was  $\geq 2\%$  above the lower limit of the BTS recommended target.

**Results** 22.5% of patients receiving oxygen were suitable for oxygen weaning. Only 25.6% of these patients did so. 48.7% were suitable for weaning with BTS guidelines. If all eligible patients had been weaned following NEWS2

parameters, net savings of between 6 and 13% were achievable. Following BTS guidelines, net savings of between 16 and 33% could have been made (corresponding to over 3 million litres of oxygen on one ward annually). A new 'Oxygen Weaning Guideline' was created to help conserve vital oxygen supplies.

**Conclusion** Excessive oxygen is commonly supplied to patients. Whilst junior doctors may not have the 'positional power' to enact change as described by French and Raven, they are an important resource who can use a lens of opportunity to develop 'informational power' through novel audits to enact change. Lessons learned from this study have the potential to change clinical behaviours such that we are more efficient and sustainable with the administration of oxygen whilst alleviating the extra burden on oxygen delivery systems in health care systems worldwide.

## 8 ADJ'S EXPERIENCE IN YOUTH LEADERSHIP DEVELOPMENT

<sup>1</sup>Matheus Chaluppe, <sup>2</sup>Bruna Patrício, <sup>1,2</sup>Pedro Ripoli, <sup>1,2</sup>Lucas Xavier, <sup>1,2</sup> <sup>3</sup>Mark Barone. <sup>1</sup>ADJ Diabetes Brasil (ADJ), São Paulo, Brazil; <sup>2</sup>International Diabetes Federation (IDF), Brussels, Belgium; <sup>3</sup>Fórum Intersetorial para Combate às DCNTs no Brasil (ForumDCNTs), São Paulo, Brazil

10.1136/leader-2021-FMLM.8

ADJ Diabetes Brasil, a Brazilian not-for-profit organization founded in 1980, has been offering since 2009 leadership training programs for youth. During the first 10 years, the programs were exclusively offered to individuals between 15 and 25 years old living with or interested in diabetes. Since 2020, the organization has broadened its programs to youth from 13 to 25 years old, including interest in other health areas, gender equity, domestic violence, education and environment. Furthermore, Brazil is the fifth country in number of people with diabetes (16.8 million adults) and the lack of information and adequate care for its management lead to complications such as neuropathy and coronary artery disease. In addition to health challenges, the country faces social problems such as femicide. The program consists of an intensive program made up of practical workshops during 6 months. It aims to develop skills such as fundraising, empathy, resilience, health education, human rights and advocacy, leadership, effective communication, storytelling, persuasion and interpersonal relationships. The activities rely on the collaboration of expert facilitators from different sectors. However, the COVID-19 pandemic obliged us to adapt most of the program to online platforms. Therefore, this created a new challenge of engaging the youth through one additional online activity. The impact and benefits identified in the program resulted in the preparation of young leaders that became some of the most active health and social advocates and entrepreneurs in national and international platforms. The purpose of the program is to train young leaders, so that they become fully aware of the reality of their surroundings and empowered to use their voice to generate consistent changes in their lives, communities and society. These changes are expected to positively impact the public health, organization of the society and

everyone's wellbeing, especially for the most vulnerable individuals.

### 9 AN EVALUATION OF AN INTERNATIONAL LEADERSHIP & MANAGEMENT CONFERENCE

<sup>1</sup>Elisha Kailla\*, <sup>1</sup>Holly Trippe, <sup>2</sup>Devanshi Jimulia, <sup>3</sup>Haroon Ali Shah. <sup>1</sup>University of Birmingham Medical School, UK; <sup>2</sup>Sandwell General Hospital, UK; <sup>3</sup>Queen's Hospital Burton, UK

10.1136/leader-2021-FMLM.9

**Aim** Our conference aimed to address the lack of opportunity for healthcare students to develop leadership skills through the traditional curriculum. As well as the need to increase students' desire and confidence to pursue healthcare roles associated with leadership and management.

**Methods** Pre and post-conference questionnaires were sent to conference delegates. Delegates rated their knowledge concerning health leadership and management using the scale: excellent, good, neutral, poor, very poor. Desire and confidence of delegates to pursue healthcare leadership and management roles was also assessed. A comparison of pre and post-conference questionnaires was then carried out.

**Results** Comparison of the questionnaires show an increase in delegate knowledge of healthcare leadership and management post-conference, with an increase of 12.2% of delegates rating 'excellent' and 32.5% rating 'good'. An increase in desire and confidence in undertaking a healthcare and management role was also evident.

Furthermore, 22.2% of delegates rated 'strongly agree' and 51.5% rated 'agree' in response to the statement 'Through the conference I have developed the relevant knowledge, skills and behaviours needed for a role in healthcare management and leadership'.

41.4% of delegates also 'disagree' and 11.1% 'strongly disagree' with the statement 'the undergraduate curriculum includes enough guidance on management and leadership', highlighting the need for opportunities to develop such skills.

**Conclusion** The data demonstrates that student-led, international leadership conferences are an effective way of enhancing healthcare leadership and management skills in attendees.

Additionally, with more students and healthcare professionals having greater confidence to engage in leadership roles, it allows for better patient care through efficient communication, decision making and time management as shown through previous studies.

Elisha Kailla - presenter

### 10 AN EVALUATION OF VIRTUAL VS IN-PERSON LEADERSHIP IN HEALTHCARE CONFERENCES

<sup>1</sup>Holly Trippe\*, <sup>2</sup>Elisha Kailla, <sup>3</sup>Haroon Ali Shah, <sup>4</sup>Devanshi T Jimulia. <sup>1</sup>The University of Birmingham; <sup>2</sup>Kings College London; <sup>3</sup>Queens Hospital Burton; <sup>4</sup>Sandwell General Hospital

10.1136/leader-2021-FMLM.10

During COVID, most conferences have moved to an online format, however, little data has been collected on how this shift affects conferences run by students aimed at university healthcare students. Our intervention was an online student-

led, international leadership conference using the platform HopIn. The post-event survey showed that 81.8% of participants felt HopIn was an excellent or good conference platform. We looked at the main reasons participants felt that an online conference was preferable to in-person and the top 3 results by frequency were: No need to travel (85.9%), Cheaper (71.1%), and Greater range of speakers who wouldn't have been able to attend in person (53.4%). On the other hand, our results demonstrated some disadvantages: Harder to Network (70.7%), Technical Difficulties (49.5%), and Unstable Internet (40.4%).

This data shows that although there are problems unique to online conferences such as unstable internet, this method of delivery maximizes delegate participation and attendance. A virtual format also enables an international reach, without excluding people from events due to time, travel, or financial restrictions.

\*Holly Trippe Presenter\*

### 11 AN INSIGHT INTO THE WELLBEING OF JUNIOR DOCTORS AT AN ACUTE TEACHING HOSPITAL

<sup>1</sup>Shabana Habib, <sup>2</sup>Emma Davies, <sup>3</sup>Aaina Mittal. <sup>1</sup>University College London Hospital Trust, UK; <sup>2</sup>Sussex Partnership Foundation Trust, UK; <sup>3</sup>Kings College Hospital Foundation Trust, UK

10.1136/leader-2021-FMLM.11

NHS pressures including underfunding, workforce shortages and rising patient demands are affecting doctors mental and physical wellbeing. A British Medical Association publication highlighting this, lead us to conduct a survey to assess junior doctor's wellbeing at an acute teaching hospital.

A questionnaire was emailed to all junior doctors (n=390). 101 junior doctors completed this (25% response rate). Of the respondents: 77% <30 yo, 69% female, 49% foundation doctors, 37% core/GP training, and 14% senior doctors.

**Key results included** - Working hours: 66% work between 41-50 hours a week and 15% work 50+ hours a week

- Mental health: 40% felt anxious more than once a week, 24% felt anxious daily, 52% felt depressed once a month and 9% felt depressed daily

- Accessing support: 66% felt they would know where to access help if they felt anxious, stressed, or depressed. Despite knowing where to access support, 81% did not access help. 53% were concerned about having their confidentiality breached and 4% reported having previously had their confidentiality breached

- Work-life balance: 71% reported going through a working day without adequate nutrition or hydration more than once a week. 49% felt emotionally exhausted and overwhelmed by work more than once a week and 42% rated their quality of life as poor

- Desire to practice medicine: 57% had a strong desire to continue practicing medicine, sadly however, 12% regretted becoming a doctor

From this survey it is evident that working pressures are having a profound effect on junior doctors' wellbeing. To identify solutions, findings were analysed for root causes and divided into four categories – system-based, cultural, service and individual factors. Proposed solutions were discussed at