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

9 AN EVALUATION OF AN INTERNATIONAL LEADERSHIP & MANAGEMENT CONFERENCE

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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

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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

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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

medical education meetings with BMA representation, leading to reformation through widespread changes providing better support and universal access to services.

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COLLABORATION BETWEEN HOSPITAL LEADERSHIP AND FRONTLINE CLINICAL STAFF: IMPORTANT IN A SAFETY CULTURE

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Background The rate of harm resulting from unsafe care is known to be high in African health systems and there is a significant need to improve patient safety culture through the active involvement of healthcare leaders in creating an environment that enhances organizational culture around patient safety in low and middle income settings.

Methods A questionnaire developed from the Agency for Healthcare Research and Quality (AHRQ) was used to assess the organizational culture of patient safety among 120 frontline clinical staff for four health care facilities in Yaounde, Cameroon. Ethical clearance was obtained for the study.

Results Most participants (85%) responded that they clearly know the mission, vision, and goals of their institution. 97 (80.7%) of respondents agreed or strongly agreed that they receive strong emphasis from their hospital hierarchy for safe care. Participant responses varied by facility on the perceived culture of collaboration between management and frontline staff ($p = 0.0374$). Overall, only 43.8% of respondents felt that there was strong collaboration between management and medical staff. Overall, 47.5% of all respondents expressed that they would not feel safe being treated in their own hospital. The majority (76.7%) have no notion of patient safety and 94.2% expressed the desire for more training on the topic.

Although there is strong emphasis from leadership for safe care, the low awareness on the notion of patient safety, low collaboration between the leadership and frontline staff and the fact most frontline clinical staffs will not feel safe being treated in their own hospitals, are important indicators that reveal an unhealthy patient safety culture in the hospital.

Conclusion Hospital Leadership has a major role to play in enhancing a patient safety organizational culture. Collaboration between the leadership and frontline staff is indispensable for a successful outcome. These setbacks can be reduced with appropriate training.

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CREATION OF A FREE, ACCESSIBLE EVENT FIGHTING FAKE NEWS REGARDING COVID-19

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10.1136/leader-2021-FMLM.13

Introduction Our aim was to describe the First Brazilian Congress of Clinical Evidence on COVID-19, which took place in Brazil, where the pandemic has hugely impacted the population.

Methods The organizing committee consisted of a multidisciplinary team of 23 volunteers. As official communication tools, WhatsApp, email, shared folders in Google Drive and online meetings were used. We hoped that the event would boost the fight against fake news and help raise awareness on COVID-19 prevention methods. A major concern of the organizing team was to spread factual knowledge about COVID-19. To this end we had simultaneous translation and interpretation in Brazilian Sign Language to ensure accessibility.

Results In total, 23,573 participants registered for the event, and over 30,000 views on the first day, with an overall reach of 85,000 views for the original audio version (up to September 5th, 2021). At the end of the event, a satisfaction survey with participants showed that expectations were exceeded for 97.5%, and 86.7% reported acquiring new knowledge about COVID-19.

Discussion The conference was an important opportunity for teamwork and for providing reliable information to Brazil's population. Technology allowed us to reach participants from all Brazilian states and even other countries. However, the majority of speakers were physicians and some healthcare areas were not represented. The team decided to host a Second Congress, including speakers from different specialties to account for knowledge gaps. With the increasing levels of contamination and deaths by COVID-19 in Brazil and the lack of effective public policies to combat the virus, the dissemination of good, reliable information concerning COVID-19 was urgent.

Conclusion Hosting a free, online, evidence-based event to disseminate knowledge on COVID-19 is feasible, and it is possible to engage a large number of participants.