Wellbeing support for foundation doctors during COVID-19 in GHNHSFT

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Aims. The COVID-19 pandemic highlighted the importance of wellbeing amongst healthcare professionals. Medical professionals, notably junior doctors, are at increased risk of developing poor mental health and burnout. The GMC Barometer Study in 2020 showed that 32% of doctors found the first wave of the COVID-19 pandemic detrimental to their wellbeing and mental health.

The aim of this quality improvement project was to assess and improve hospital wellbeing support available to foundation doctors within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) by learning and reflecting on the impact of COVID-19.

Method. After identifying a lack of resources within GHNHSFT, wellbeing information boards were displayed in communal areas and distributed by email. These encompassed trust wide support, practical information including childcare and relaxation resources concentrating on mindfulness, exercise and culture. A survey of foundation doctors was completed to assess doctors' focus and approach to wellbeing. Questions assessed influential factors in maintaining wellbeing, access to current hospital resources and future interventions.

Result. 94% of respondents recognised that their focus on wellbeing increased during COVID-19. One third of foundation doctors found it challenging to maintain their wellbeing, with 40% reporting difficulty accessing hospital support and advice. The most important factors foundation doctors identified in maintaining wellbeing were exercise, cooking and baking, and social networks. Colleagues were a significant source of wellbeing support, followed by notice boards, email resources and social media.

Conclusion. COVID-19 highlighted the importance and burden on wellbeing of foundation doctors, with a significant number struggling to access support. Future recommendations include the use of a 'buddy system', regular and accessible exercise classes and improved communication of wellbeing support and resources to staff members.

Buddy systems have already shown success amongst teams however it is important these are accessible to all foundation doctors and universally offered within the trust. A weekly yoga class is being reintroduced to be available to all doctors.

A particular focus has been the development of a health and wellbeing section to feature in the trusts weekly communications, with the aim to regularly signpost staff to ongoing wellbeing resources and support.

Social networking and media were highlighted as important in both maintaining wellbeing and accessing resources. A future goal is to develop an official GHNHSFT Instagram or Twitter account focused on wellbeing. We hope to continue to learn from the impact of COVID-19, improving the availability of wellbeing support at GHNHSFT that will continue into the future.

Audit on nursing notes in a psychiatry in-patient setting

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Aims. We aimed to assess the accessibility and informativeness of the content of daily nursing notes through an audit, and improve deficiencies identified.

Background. Nursing notes are an important source of observation findings, of in-ward psychiatry patients.

There can be variations in the quality of the notes as well as information contained within.

A basic level of clarity and information within all notes will be helpful in using these to inform the management of patients.

Method. An audit was carried-out in a ward treating working-age patients for psychiatric illnesses.

Setting standards - standard required of a daily progress note was decided after discussion in multi-disciplinary team meeting (MDT). Clear language and information on; mental-state, medication, meals, physical health, personal care, activities, risks and use of leave, were identified as requirements.

Retrospective audit - First audit cycle was carried-out by assessing the notes two weeks retrospectively. The assessment instrument used a qualitative measurement of the readability of the notes as well as quantitative assessment of the contents.

Intervention - The standards set during the MDT, as well as a suggested format for recording notes, were communicated to the staff through email. Follow-up meetings with individual staff members and MDT, to evaluate staff satisfaction and new suggestions to improve the format were held. Difficulties staff encountered when implementing the format were discussed and resolved.

Second audit cycle - Following implementation of the intervention, the notes were again assessed using the same instrument.

Conclusion. Difficulty in accessing information from the notes was noted in the first audit cycle. The average score for accessibility of information when scored on Likert scale + 3 to -3, was 1. Use of language scored 2 on average. On the second audit cycle, accessibility had increased to 3 on average while language score remained 2.

Quantitative measurement was done for presence of information on; mental state, medication, meals, physical health, personal care, activities, risks and use of time away from ward. All of these parameters showed an increase in the post-intervention second audit cycle. Information on taking meals, medication, and physical health was present 100% of the time in the second cycle. Most improvement was in information on personal care which showed a five-fold increase, from 17% to 89%

In conclusion, standard for nursing notes arrived via discussion and consensus in MDT, has been successful in improving the accessibility and information within nursing notes.

Special Interest- what are trainees doing in the West Midlands?

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Aims. The aim of this survey was to find out how Speciality trainees used their special interest sessions, using multiple choice and open questions

Background. The ST (Speciality Training) curriculum recognises that it is desirable that all higher trainees gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year of Speciality training for such personal development, which includes research or to pursue special interests. Special interest sessions are defined as "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the

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