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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prospective career pathway of the trainee". This experience must be appropriately managed, supervised and assessed.
Method. We conducted a survey of Speciality trainees in the West Midlands region across all psychiatric specialities using an online survey. The survey was open for one month period in January 2021 and reminders were sent intermittently. Following survey closure, quantitative data were analysed using Google Forms and Excel. Qualitative data were collated and reviewed to identify relevant themes.
Result. 47 of the total 82 Speciality trainees in all psychiatric specialities including dual trainees responded. Maximum response rate was from General adult/Dual trainees who form the bulk of Speciality trainees. Most trainees discussed their special interest with their supervisors and included this in learning plans. 79% were able to have a weekly session. Most sessions were devoted to gaining additional clinical experience, medical education, gaining leadership competencies and completion of further post graduate qualifications. The majority of trainees chose special interest sessions in their own trust, however 45% had difficulty getting released from their clinical commitments. Trainees demonstrated evidence in their portfolio by reflection, WPBA and reflective notes. Trainees were positive about their experiences and requested more support to access sessions locally.
Conclusion. The Future Doctor report (HEE 2020) recognised that our Future Doctors must have a broad range of generalist skills to meet the population needs, therefore it is essential that doctors in training are supported by trainers and trusts to access special interest sessions to ensure that they achieve a broad range of competencies. To signpost trainees we have developed a booklet advertising available opportunities for ST trainees and other services may wish to consider this.

Assessing wellbeing in foundation doctors during the COVID-19 pandemic

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Aims. The COVID-19 pandemic has had a drastic effect on the mental health of the global population that is likely to be felt for years to come. One group particularly likely to be affected by this in the immediate future are the healthcare professionals working on the frontline of the NHS pandemic response. As members of a foundation cohort of these junior doctors we aimed to create a way to quanitfy the wellbeing of ourselves and our colleagues at this challeging time. We aimed to use a combination of numerous tools to monitor foundation doctors in Blackburn during this crisis. This would inform which measures would be best suited to be put in place to protect this cohort from early burnout and poor mental health in the future.
Method. We designed a survey of 25 questions which we invited our foundation colleagues to fill in anonymously during the first and second waves of the pandemic in response to times when foundation doctors were redeployed to aid the frontline. The survey has been based on the PHQ9, GAD7, Epworth Sleepiness scale, Physician wellbeing index, Medical students wellbeing index, Maslach burnout inventory BMA burnout questionnaire and the QOL scale.
Result. From a cohort of around 140 foundation doctors we had 46 participants in our trial of this tool; 46% had been redeployed and 54% not redeployed. Over 50% of survey respondents reported high stress, poor motivation and depersonalisation over the two weeks at the peak of the pandemic, key early signs of burnout. Lack of interest in their work, poor sleep and anhedonia were increased across both groups (redeployed and non redeployed). The interventions after the first wave data which repondents found beneficial included; financial reassurances during redeployments, protected non clinical areas for rest, a named individual senior staff member for wellbeing support.
Conclusion. Key issues the survey raised were fed back to foundation programme leads in monthly meetings. This allowed us with our foundation leads to make targeted changes in order to support foundation doctors at this time. Without the data from this tool which we tailored to the foundation experience we believe these rapidly worsening issues during the pandemic would not have been addressed so swiftly. We then resurveyed the foundation cohort to assess which of these interventions have been most widely used and appreciated.

Substance misuse teaching: a patient safety issue

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Aims. Clinical substance misuse presentations are commonly managed by Psychiatry Core Trainees (CTs) out of hours. However, specialist teaching is not included in the Maudsley Training Program (MTP) induction. We aimed to investigate whether this was of clinical concern and, if so identify interventions to address it.
Background. The association of substance misuse disorder and mental illness is widely recognised. The Adult Psychiatric Morbidity Survey 2014 reported that half of people dependent on drugs other than cannabis were receiving mental health treatment. Substance use substantially impacts clinical risk; 57% of patient suicides in 2017 had a history of substance misuse. It also effects emergency psychiatric services: 55-80% of patients detained under S136 are intoxicated. Therefore, it is imperative for patient safety that CTs can assess and manage these patients appropriately.

The Royal College of Psychiatrists recognises the need for specialist substance misuse knowledge and skills, and lists this as a key 'Intended Learning Outcome' for CTs. Unfortunately, the availability of specialist drug and alcohol service placements for CTs has significantly declined. Only one placement is available per MTP rotation. Teaching is therefore relied upon to gain these competencies.
Method. Using a cross-sectional survey we explored CTs confidence in recognising and managing substance misuse presentations, knowledge of where to seek guidance and asked for teaching suggestions. We surveyed two CT1 cohorts in 2017 and 2019.
Result. Fifty-one CTs took the survey. Of these 92% did not feel prepared to manage acute substance intoxication or withdrawal and 96% would like relevant teaching at the start of CT1. Furthermore, 67% did not know where they could seek guidance.

CTs felt confident at recognising and managing alcohol related presentations. However, they were less confident in recognising opioid withdrawal, how to safely prescribe opioid substitution

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