

INTRODUCTION

The 2018 GMC Training Environment Report found 25% of doctors in training felt burnt out, and suggests burnout may be associated with high workloads, the impact of Rota gaps, and the lack of a supportive working environment¹.

8 High Impact Actions to improve the working environment for junior doctors state that effective potential solutions to promote support and Wellbeing can be facilitated by peer-mentoring or coaching schemes and by confidential discussions².

It is recognized that group reflections often leads to ideas and actions that can benefit clinical practice and patient care³.

Tragic events in the South West region amongst junior doctors in the last few years and increasing work pressure and low morale reported in our most recent staff survey highlight an urgent need to improve support and facilitate effective reflection for junior doctors.



Posters: These were created to advertise the event and put up in the Doctors Mess and IT rooms, as well on an advertising screen and via email to all junior trainees.

1. Improve support, facilitate reflection/discussion and promote Wellbeing for junior doctors by providing regular peer-led Tea Break Talk sessions
2. Find out if junior doctors know how to access support services available
3. Assess some factors that encourage and/or discourage doctors from utilising these services



METHOD

Funding: BMA funding was obtained to run bi-monthly Tea Break Talk sessions. We averaged £16.45 for each session so far, which is less than our £30/session initial estimate.

Session Structure: Junior doctors were able to raise any concerns and reflect on difficult encounters in a safe non judgemental environment. This took place in both small sub-groups and one large group and people were able to 'drop-in' when they had the time. The sessions provided opportunities for trainees to offer each other solutions, suggest coping mechanisms and provide overall support. They also formed the ideal platform to signpost support services available, i.e. counselling, Freedom to Speak Up Guardians etc.

Time, Day and Venues: We host Tea Break Talk on Thursdays based on feedback and mandatory weekly teaching on other days for F1, F2s, CMTs etc. at 'lunch' hours to encourage attendance. We have also used Seminar and small Lecture rooms within the Main Hospital Building as close to the Doctors Mess as possible.

CARE PACKAGES AND INFORMATION

We pre-prepared in bulk one sheet with all useful contact details i.e. email addresses and/or office phone numbers where available for our local Freedom to Speak Up Guardian, Guardian of Safe Working Hours and Counselling Services, as well as BMA leaflets of their support services.

FOOD, DRINKS AND EQUIPMENT

CHALLENGES: Fresh goods needed to be bought twice a month and carried to the event and a kettle brought in each time. We also needed to 'book' the mugs needed for each event and collect as well as return them.

SOLUTION: We assigned one person for food shopping and to bring a kettle to just 'drop-off' the goods. Someone else would arrange the booking and organization of mugs.

HOSTING THE EVENT

CHALLENGES: Members of the JDRC were all junior doctors of varying grades and Specialties, so taking turns hosting were difficult due to time constraints at work.

People did not

SOLUTION: Going forward, we have set up a Rota to ensure equal work distribution. We are also in the process of setting up a Registrar-led Mentoring Scheme, with a view to have Mentors taking turns to host a Tea Break Talk session in order to maintain sustainability.



Photographs 1 & 2 Food and drinks provided as well as care packages with useful information leaflets

TEA BREAK TALK

A WELLBEING INITIATIVE FOR JUNIOR DOCTORS

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AIM

WHAT IS IT?

A project led by our Junior Doctor Representative Committee (JDRC), inspired by a wellbeing initiative at North Devon District hospital where junior doctors were provided a safe place to talk over tea and cake.

RESULTS

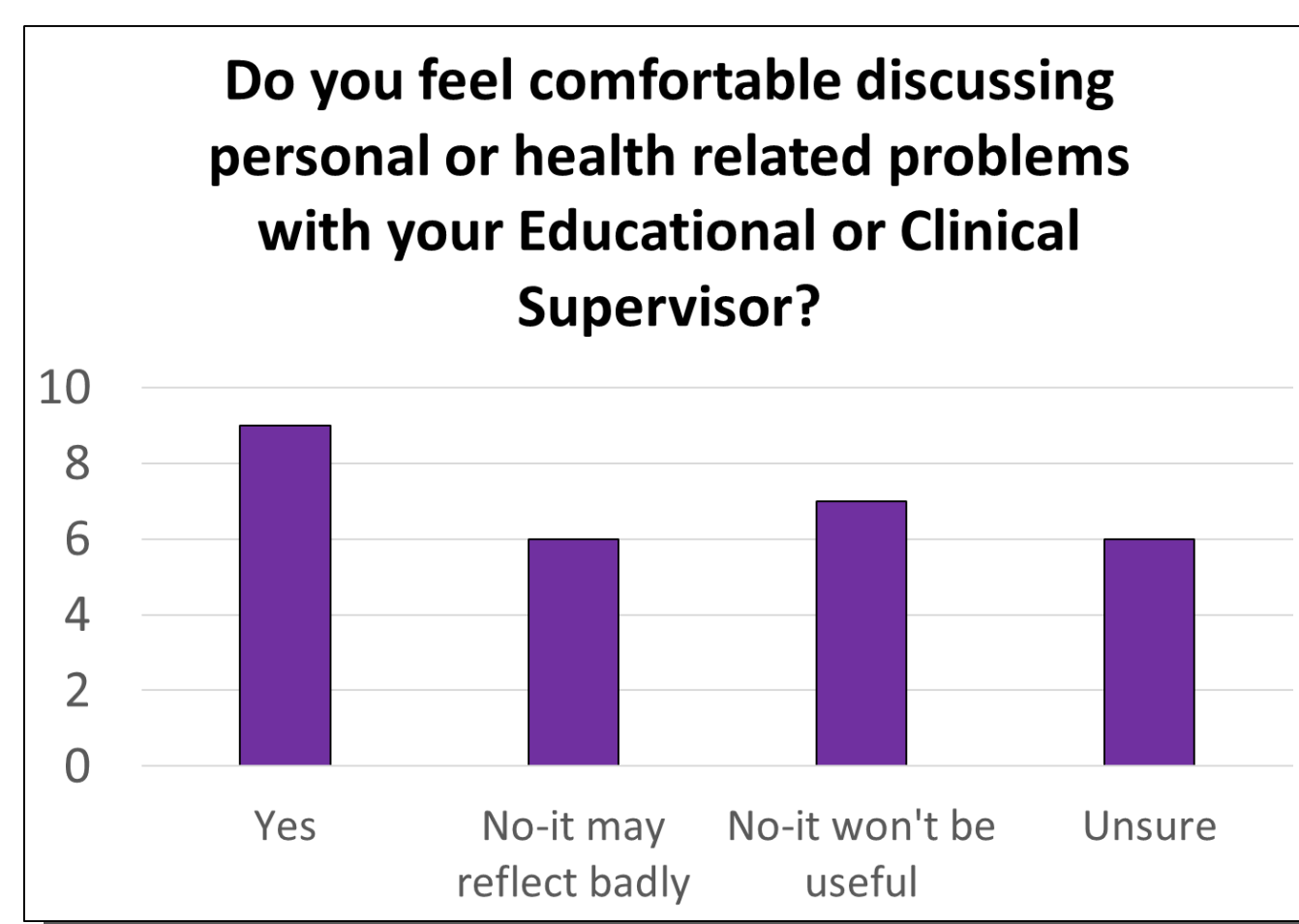
14 out of 29 responders reported they would not feel comfortable discussing any challenging cases/scenarios with their educational or clinical supervisors

Feedback was gathered between December 2018 and February 2019. We averaged on 5-6 attendees per session- junior doctors ranging from F1-ST6. Overall, the 29 feedback forms gathered were in agreement that;

- 48% were not aware before of how to access Counselling and other support services despite 81% of trainees being aware that it is offered to them
- these sessions were useful to the attendees
- they should be provided on a regular basis
- It is beneficial to have someone to discuss challenging cases/situations with

SOME TOPICS DISCUSSED IN SESSIONS SO FAR

HOW THIS WAS REFLECTED ON AND OUTCOMES FROM TEA BREAK TALK



"it is a safe place to discuss concerns without judgement as sessions are peer-led and informal"

A case of witnessed bullying on the ward



Best ways to raise the concern and specific options on how to confront issues surrounding inappropriate communication etc was reflected upon.

Recent deaths and bereavement of younger patients on a medical ward

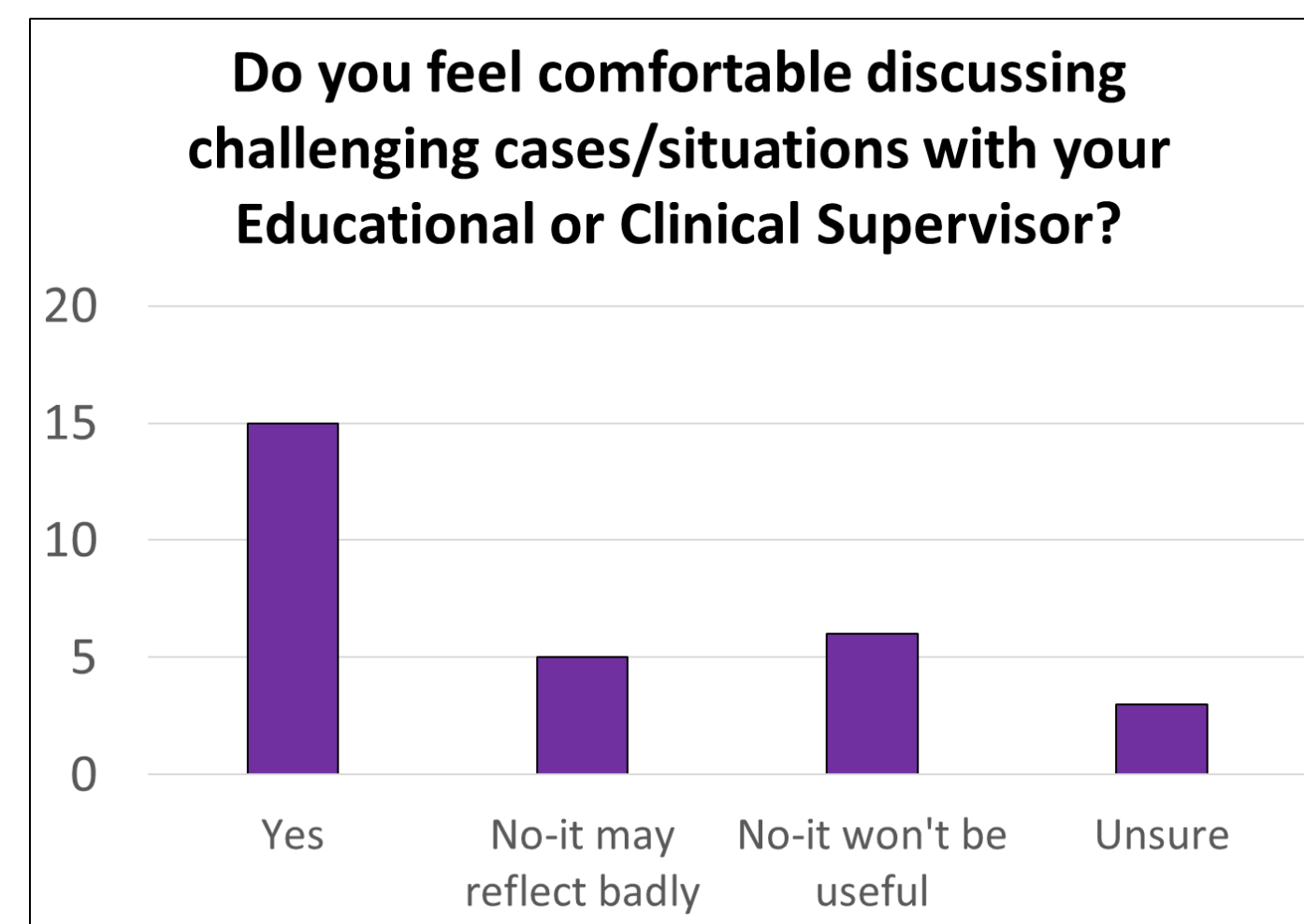


Discussed how this affected their team and nursing staff, and colleagues offered specific phrases to help voice queries or concerns over the initiation of Last Days of Life if F1s were afraid to ask their Consultants about this difficult decision

Help with interview practice for F2s



Not everyone has had support and help on this. The BMA and JDRC helped organise an evening for this for local trainees



100% of all trainees attending found Tea Break sessions beneficial and would like this to be provided regularly

CONCLUSION

It is not surprising there is an overwhelming consensus in the need for regular sessions that allows people to reflect on difficult situations they have encountered in a safe, non judgemental environment.

It is somewhat disappointing to see that a large number of colleagues feel they cannot seek support from Clinical or Educational Supervisors as it may not be effective or it will reflect poorly on them.

This reiterates the need to ensure junior doctors have access to alternative support systems available, in a demanding NHS service, that lost some of the informal support that seniors used to have. Tea Break Talk forms the ideal platform to signpost these.

From our data collection so far, the need for an initiative like Tea Break Talk at Derriford Hospital is apparent, and has thus far proven to be successful. Moving forward, the need for such programmes are clearly present in both small District general hospitals and large tertiary centres so it is paramount that we encourage establishment of similar initiatives in other hospitals across the South west.

DISCUSSION

SUPPORT GROUP BIAS

- All trainees who attended found the event useful, but we are aware that those who are at high risk may not attend for personal reasons or due to pressures at work.
- We discussed this and tried to come up with ways to ensure everyone receives support outside of the session e.g. the useful information is also distributed in the Mess etc., and to start a Registrar-led Mentoring Scheme for juniors, as well as try and lead change in culture to highlight the importance of Wellbeing of juniors in the Trust.

SUSTAINABILITY

- The Tea Break Talk initiative will be presented at the Trust Board meeting where we hope to discuss possible ways for the Trust can support this initiative e.g. helping with the regular room bookings, other logistics and also help with future funding.
- We aim to present this at the Medical Education Committee to see how we can incorporate this session or similar 'de-briefs' with protected time into the Curriculum to promote Wellbeing in junior trainees.
- We aim to continue working with the BMA and to tailor supportive local events for trainees here for the foreseeable future

.....Tea Break Talk sessions are now run regularly after F1 mandatory teaching sessions



.....they are currently provided by volunteer peers without formal funding

.....we are continuing to adapt sessions as per cohort needs e.g. with different weekly themes & practical tips

References:

1. General Medical Council, (2018). [PDF] Available at: https://www.gmc-uk.org/-/media/documents/training-environments-2018_pdf-76667101.pdf [Accessed 18 Feb. 2019].
2. NHS Improvement, (2017). [PDF] Available at: <http://8HighImpactActions toimprove the working environment for junior doctors> [Accessed 18 Feb. 2019].
3. Academy of Medical Royal Colleges et al., (2019). [PDF] Available at: <http://file:///C:/Users/TEMP/DERRIFORD.004/Downloads/the-reflective-practitioner-guidance.pdf> [Accessed 18 Feb. 2019].