

Happy Doctor = Happy Patient : The Wellbeing Project

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Background

The wellbeing of clinicians is critical not only for optimising patient care but also to ensure a productive, safe and engaged workforce. The risk of poor wellbeing amongst non consultant doctors is well documented and is markedly increasing in recent times. At present, wellbeing concerns are liberally discussed but very often not escalated to anyone that can action change. Within New Cross Hospital alone, there are numerous resources and points of contact established for doctors related issues. However, poor utilisation, awareness and engagement with these resources prompted the planning and initiation of this multistage QIP. This project is split into 3 phases.

- Phase 1** - Assessment and improvement of engagement
- Phase 2** - Analyse and identify issues faced by non consultant doctors
- Phase 3** - Implementation of changes to improve wellbeing

Method

Formation of Wellbeing Committee and initiation of QIP
18/10/23

Phase 1-Cycle 1
02/01/24

Phase 1-Cycle 3
13/02/24

Phase 3- Discussion around implementation of change
Ongoing

17/11/23
1st Face to Face meeting and planning of QIP

23/01/24
Phase 1 -Cycle 2

22/05/24
Phase 2 - Final meeting for analysis of survey results

Phase 0 -Preliminary phase

- Wellbeing Champions initially created in August 2022 with little engagement
- Emerging interest from specific clinicians around wellbeing issues
- Formation of Wellbeing committee and planning of wellbeing related QIP

Phase 1

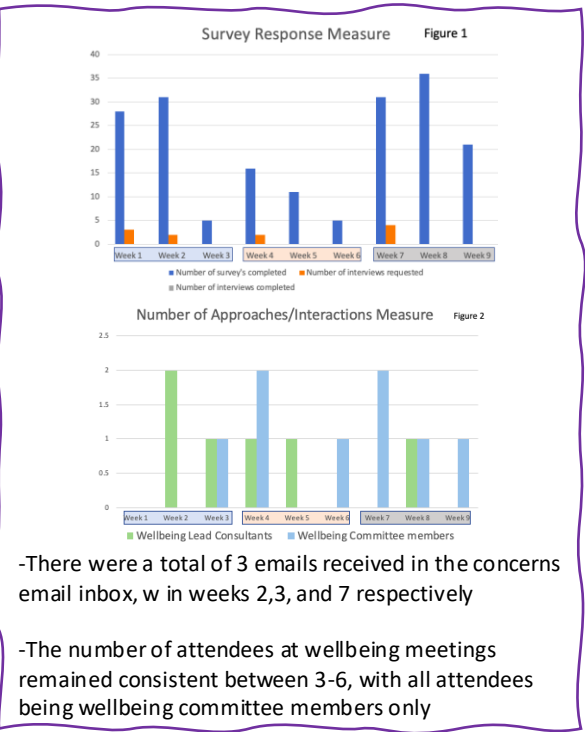
- Data collection via survey, interactions with team, emails received and attendance at meetings.
- Each change cycle was introduced cumulatively every 3 weeks
- Cycle 1- Email reminders via postgraduate department
- Cycle 2- Posters of the wellbeing team, links to resources, survey and wellbeing meeting
- Cycle 3- Peer – peer interactions and messages in departmental group chats

Phase 2

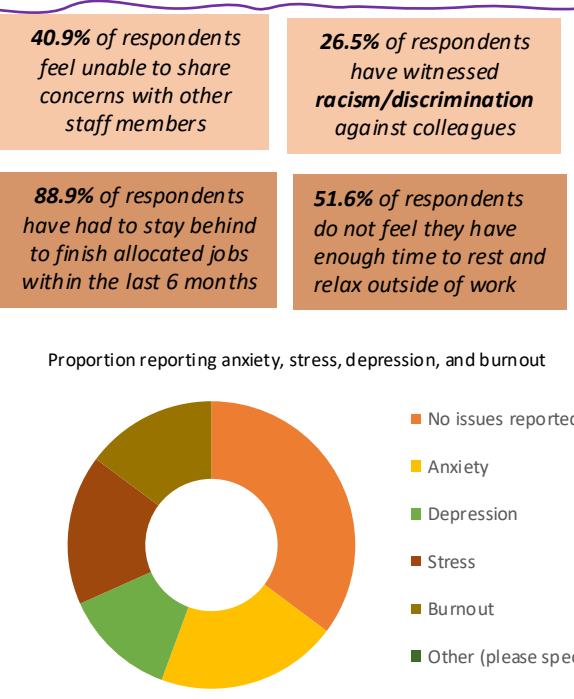
- Data analysis of survey
- Meetings held with wellbeing committee to discuss each aspect of the survey

Phase 3
Implementation of change

Results



- 97.7% of those surveyed agreed that ensuring mental wellbeing amongst junior doctors is pivotal to patient safety**
- 75% of respondents have experienced symptoms such as headaches, palpitations and insomnia in relation to work**
- 24.8% of respondents did not feel comfortable sharing concerns of harassment with clinical/educational supervisor**
- 30.8% of respondents did not get a clear understanding of duties during induction / did not get an induction**
- 72.8% of respondents do not feel they have enough free time to enhance learning opportunities**



- 40.9% of respondents feel unable to share concerns with other staff members**
- 26.5% of respondents have witnessed racism/discrimination against colleagues**
- 88.9% of respondents have had to stay behind to finish allocated jobs within the last 6 months**
- 51.6% of respondents do not feel they have enough time to rest and relax outside of work**
- Only 55.8% of respondents always feel heard after meeting with their clinical/educational supervisor**

Plan of action

Phase 3 – Implementation of change

Through the analysis and with the well-being team interactions, we have identified areas of concern that need change. We have a plan of action and we are currently in the process of implementing them. Below are few examples of the same :

- Communications have been sent by the PGME team and Meetings held with Clinical & Educational Leads and Managers of the respective areas (departments) to raise awareness of concerns and to ensure actions have been taken or that a clear plan is in place to address.
- A well-being web page visible in the trust intranet with QR codes / sign posting to different members in the trust who can address those issues will be developed.
- Relevant departments processing study leave refund and exception reporting will be contacted to check ways of making the process simpler.
- Portfolio sessions and sessions about prioritizing tasks will be held for all doctors to assist development and avoid staying late respectively.

Conclusions

- A successful wellbeing team requires representation across various grades of post graduate doctors in training.
- Interpersonal relationships are key to increasing engagement and awareness of wellbeing initiatives as well as the wellbeing team.
- Through this QIP, we have had good engagement with resident doctors to understand their well-being concerns, gaining ideas for how our team can drive improvements to support them.
- We are currently using these insights to deliver cycles of change focused at improving the experience of resident (non-consultant) doctors, monitoring impact through repeated engagement and continuous survey, and thus enhance safety of patients.
- We have identified a need to help resident doctors escalate concerns beyond their supervisors where needed – our data supports the need for alternative confidential support mechanisms independent of existing clinical and support structures, offer advice and act as safeguards.

THE WELLBEING COMMITTEE, ROYAL WOLVERHAMPTON TRUST

The New Cross Hospital Wellbeing Committee are a group of clinicians dedicated to the maintenance and improvement of the wellbeing of Doctors.

We spearhead initiatives to improve awareness and engagement with the wellbeing team as well as with various wellbeing resources. We remain available for those who have any concerns to discuss and escalate, as well as those who just need a friendly face to talk to.

We believe that a happy doctor is better placed to provide the best care for our patients and ensuring the wellbeing of clinicians is this committee's primary aim and focus.

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust