Health Education England

Poster abstracts

Being human

Poster 1:

Submitting Author Name:

Niro Amin

NHS Organisation/Higher Education Institution:

Lewisham GP Training Scheme

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Thinking with Stories: the value of non-medical literature in GP Specialty Training

Abstract:

GP and trainer Dr John Salinsky writes 'When I became a family doctor, I found myself in a world where people are constantly telling me stories and sharing their feelings with me. Often they reminded me of people in my favourite books..' The experience of reading the classics and non-medical literature inspired Salinsky to include literature in the GP training programme for his scheme. When Lewisham GP training Scheme decided to include a session on reading and discussing non-medical books in 2015, it was to look beyond the structured medical curriculum and enter the world of the humanities for a brief moment, with a view to nurturing curiosity and examining human experiences.

The challenge in teaching general practice is to develop the holistic focus of the generalist within a scientific reductive framework whilst being human. Reading non-medical literature offers the trainee an escape from the rigidity of medical protocols and engages their imagination. They have access to other 'patient' voices and stories that offer new and different perspectives some which may not sit easily with their own world view. The book group has been a useful teaching tool to allow the trainees to imagine alternate narratives, nurture a curiosity, and to learn more about themselves and how they relate to others.

The selection of the books has been varied. One year we took a vote from the larger group and in other years it has been a consensus between the three training programme directors (TPD). The over-riding rule of thumb is to offer a selection of formats that include non-fiction, fiction and other formats such graphic novels. Interestingly the addition of a play was not well received. The play in question -'Tiger Country ' by Nina Raine- was set in a hospital and so may have been too close to the trainee's experience.

The trainees choose one book to read critically with a view to discussing in small groups facilitated by TPDs. In the small group work, the trainees reflect on what is being communicated by each author and how that information gets translated by the reader. This is a skill that we are using all the time in our consulting rooms in trying to understand our patients.

The learning from reading non-medical literature and introducing the humanities to future GPs is encapsulated by Professor of Clinical Ethics Rita Charon as 'narrative competence' which she defines as a means of making sense of the patient's 'figural language and grasp the significance of stories told'. In summary the 'Book Group' has offered our trainees the opportunity to think with stories and not just about stories, an important skill for future General Practitioners.

Poster 2:

Submitting Author Name:

Lizzie Chandra

NHS Organisation/Higher Education Institution:

HEE Yorkshire And The Humber

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Choose kindness: An empowering weapon for learners in the NHS.

Abstract:

As a learner in the NHS it is easy to feel powerless. The organisations we work and learn in are huge 'machines' with endless rules and regulations. Clinical life is intense, people are busy and under pressure which all makes for a challenging environment to navigate.

It has been recognised that the culture in some NHS departments is unacceptable. Bullying, undermining and harassment have all been identified. For many years these behaviours were dismissed as the result of working under the stressful conditions that are common place in health care. The cost was not considered.

The cost is staggering. There is a real and devastating effect on patient safety. Incivility directly impacts on patient care by decreasing peoples work effort and their quality of work. Work time is lost worrying about the incident. 25% of people will take out their frustration on a service user. Furthermore, the effects spread and permeate the workplace. Observers of incivility also display these behaviours and are less likely to help colleagues following the witnessing of an episode of incivility.

Behind these facts and outcomes are people. People who can be damaged. The emotional turmoil can lead to mental health conditions, burnout, and people may leave the healthcare workforce which is already stretched. Furthermore, the financial burden of incivility includes: increased sick leave, decreased innovation and high staff turnover. The case for action is strong.

As learners we have a power that no rule, regulation, governing body or supervisor can take away. The power to choose kindness. Choosing kindness in response to a sharp word or dismissive manner sets up a ripple effect. Much like the effects of incivility spreading like a plague, the effects of kindness will thaw a troubled workplace like the warmth of a roaring fire which seeps into the bones of cold and weary travellers after a day on the road.

Choosing kindness is a philosophy. An automatic assumption that the reason for someones incivility is because they are overwhelmed, troubled or weary. Eliciting a knee jerk reaction to respond with warmth and kindness, and a taking a moment to check in with them to make sure they are ok. It costs nothing, it breaks no rules, and is passed forward and onwards. One action of kindness can make a huge difference to an individuals day. Imagine the potential if we all made this choice. In choosing kindness the learners of the NHS can initiate a kindness revolution.

Poster 3:

Submitting Author Name:

Suravi Chatterjee-Woolman

NHS Organisation/Higher Education Institution:

Nottingham University Hospitals (Health Education East Midlands)

Please select the type below which best describes your submission:

Research, Quality Improvement Project

Abstract Title:

Doctors & Occupational Hazards- A Comparative Case Study

Abstract:

Aim:

Doctors are constantly exposed to occupational hazards: the 5Ds of patient-care outcomes; an increasing number of litigations, complaints, with ever worsening staffing levels. What do Doctors do in order to cope and thrive in such an environment? How does this compare to professionals in other high-pressure milieus?

Methodology

Semi-structured interviews were conducted at an inner-city GP surgery in the East Midlands. In addition to the usual pressures this surgery had a recent death of one of their young and popular GPs. The qualitative data collected were anonymised and coded. It was then compared to current evidence from non-healthcare professions in similarly high stress environments.

Result

Results of the data analysis show a clear pattern corresponding to the Pillars of Grit and Resilience: “Habits for Well-Being”, “Interest & Purpose”, “Practice & Perseverance”, and “Hope”. However, there were examples of maladaptive coping consistent with behaviours also seen in professions such as Law, the armed forces, and elite athletics for example.

Conclusion

Curiously it is remembering being human that worked best both in Medicine as well as similar professions. Doctors are already using common strategies established in Performance and Well-Being research. But these strategies have greater impact if highlighted in mentoring, and teaching scenarios before a crisis presents itself. This study also provided the author a singular opportunity to learn about specific strategies used in other professions which could be explored for healthcare staff. Intriguingly there were a few behaviours unique to Medicine. This could benefit from further evaluation.

(My preferred presentation method is Ted-Style Talk. But I would be grateful for assessment for any of your conference presentations)

Poster 4:

Submitting Author Name:

Annie Laverty

NHS Organisation/Higher Education Institution:

Northumbria Healthcare NHS Foundation Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

People caring for people - our staff experience programme one year on.

Abstract:

"Each day we will have the privilege of meeting people at critical moments in their lives – many will be worried, frightened, sick and suffering - they will share their stories with us and allow us to work with them to help. The gifts of confidence, hope, knowledge and safety can only come from a workforce that feels confident, hopeful, competent and safe themselves" (West 2018)

The urgent need to build a healthier, more inclusive and compassionate culture within the NHS has been well documented. The results of recent national staff surveys are alarming enough in their own right, but we know that staff experience doesn't decline on its own. There is now a wealth of evidence to support the inextricable link between staff wellbeing and the quality of care that patients receive, with a systematic review in 2016 confirming the association between staff burn out and patient safety and neglect.

Northumbria Healthcare FT has developed an awarding winning patient experience improvement programme that spans a decade. In 2018, the organisation invested in the health and wellbeing of its staff, by developing a similar, integrated staff experience programme. Our programme is all about people caring for people, an important reminder of promoting humanity at work.

In building our improvement approach, we have drawn on a large body of literature and more than 20 years of Professor West's research. We mapped this learning to the evidence outlined in the

Institute for Healthcare Improvement's "Facilitating Joy at Work" framework to adopt 8 core domains of staff experience that we chose to pay particular attention to.

Our intention was to mirror our patient experience programme by returning to basics – to listen to our staff, our patients, service users and local communities – to firstly understand, and then continuously improve the things that matter most. In building our programme, our hope was to effectively integrate a real time understanding of staff experience with our well-established real time patient experience programme. We developed a number of evidence-based surveys to support this inquiry.

In December 2019, we took an opportunity to repeat our baseline measures. We received responses from 3500 staff in just 3 weeks. The outcomes are very encouraging. All 8 domains of staff experience have statistically improved (p=0.05) and sustainable engagement trust wide is up by 6%. We've learnt about happiness at work and have been able to benchmark our scores against data held by the i-Opener Institute to see how we compared with the other 65,000 respondents of the iPPQ. Northumbria respondents were, statistically, more engaged, more productive, happier, more likely to love the work they do, and feel more energized than iOpener respondents worldwide.

This presentation will reflect on results in detail, the impact of our work, the process we have followed during 12 months of implementation and the benefits of working in this way. Our ambition is to connect with other NHS organisations who are interested learning from our approach.

Poster 5:

Submitting Author Name:

Nisha Nathwani

NHS Organisation/Higher Education Institution:

Luton and Dunstable Hospital NHS Foundation Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Burnout and resilience survey of Paedaitrics in the East of England

Abstract:

Title: Results of a Burnout and resilience survey for Paediatric doctors working in the

East of England.

Introduction Doctors' wellbeing, Stress and burnout have drawn National attention over the last few years. The GMC document Caring for doctors, Caring for patients identifies that burnout has an impact on doctors wellbeing and this in turn has a negative impact on patients and the health care system1.

Method A cross-sectional survey of all paediatric doctors across the East of England. All paediatric doctors were contacted via email to complete and online standardized survey for measure of burnout and resilience.

Results 109 doctors responded to the survey. The survey found 54% of Paediatric doctors surveyed were experiencing high levels of burnout, 63% were emotional exhaustion whilst 21% were disillusioned and looking at career options. The survey confirmed a higher report of resilience with 63% reporting being calm in a crisis and 73% reporting trusting their intuition. This particularly was evident in Consultants. The study identified higher levels of well-being resulting in lower levels of burnout, suggesting that resilience and well-being can be positive protective factors against burnout.

Discussion The findings support the commonly held assertion that Paediatric doctors work in a highly stressful environments which can cause burnout and stress. The survey findings are in keeping with other reports that high levels of resilience and wellbeing reduce levels of burnout. Free text comments on the survey highlighted that the underlying cause of burnout is multifactorial and not primarily the workforce but the increasing demands of a stretched health care system. What was clear is that early detection of burnout and intervention to help prevention by organisations would improve doctors' wellbeing, morale and resilience.

References

1. Caring for Doctors Caring for Patients [Internet]. 1st ed. General Medical Council; 2019 [cited 5 January 2020].

Poster 6:

Submitting Author Name:

Vrajesh Patel

NHS Organisation/Higher Education Institution:

Health Education England

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

The Forgotten Pedestal of 'Being Human'

Abstract:

I left the UK to study medicine when I was immature, bullied, naive and single. If only I could delve into my journey through Sixth Form, Medical School and Foundation/Speciality years but that's not the point I try to make today. It does provide some context an insight into why I am before you a spiritually, physically and mentally better human being.

Each obstacle that has come my way has taught me something. I want to raise awareness of our health and how important it is to show humanity for all those professionals that hide everyday their sorrows, tears and pain from the people they look after because they are supposed to be 'super-heros.'

Why is it so difficult to share emotions with the general public and/or the ones we love. We are placed on a pedestal in society and it is set so high that it no longer represents the reality of our situations. I want this now accepted norm of 'silent suffering' to end. The health and well-being

teams organise events/activities precisely so that we do not end up like the above. So why not use them?

The stigma of 'we are not allowed emotions' must be broken and confronted head on. Everyday we are taught to 'be human' help others and provide care that gives the said people in concern no reason to suffer. The patient care we provide, to solving administrative issues and also working around the politics within departments are just general examples of the 'exploitation' and 'pressures' of a young healthcare professional who has only begun their journey in this industry.

I have lost family/friends because I was unable to be there for them when they needed me the most. Similar to the general publics health we must look after our own. Only then is it possible to provide holistic, gold standard care and maximise our trainings potential. The human element of our lives always gets placed on the back-burner and 'being human' no longer applies. Instead we drop the standard of care we swear, under oath, to uphold and maintain causing a ripple effect of sub-par care. I have yet to meet a person that is not caring, hard-working and respectful then how do we let these people slip of radar and suffer. Only recently my trust has informed colleagues they would pull funding for a 'health and wellbeing football group,' when it appeals to more than 70 healthcare professionals across the board to provide some relief from the 'current reality of our lives.'

The NHS runs on the good will of its employees. They work hard day in and day out. The humanitarian care provided at every level, no matter the staff shortages, the complex diseases or our growing populations demands, is worthy of the greatest rewards. In a time when people are frightened, worried and struggling all we need is to not forget to be humans and spread support, love and good will to all around us.

Poster 7:

Submitting Author Name:

Rosemarie Patterson

NHS Organisation/Higher Education Institution:

Brighton and Sussex University Hospitals NHS Trust

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Starting FY1 in A&E… “ouch, good luck”

Abstract:

When people asked me what my first FY1 job was (A&E), I got the response ‘ouch, good luck’, a lot. I spent my summer dreading being stressed, under-resourced, over-worked and out of my depth. This however, isn’t a sob story; this is a success story of a first job FY1 experience where wellbeing was a priority. Using my personal experiences of starting FY1 in a busy, under-resourced Emergency Department in Brighton, I will reflect on the various interventions which made a difference to my wellbeing over the rotation.

This includes reflections on the rota system used in Brighton A&E, which is annualised to allow for the pre-allocation of leave; shifts are therefore organised around pre-requested leave. FY1 hours also did not include night shifts, to encourage optimal supervision during the rotation. Breaks were guaranteed, in a culture where breaks were encouraged and enforced.

Additionally, the FY1s starting in ED received a dedicated induction from our educational supervisor, who's only supervisory commitments were towards us. We were given differently coloured scrubs, which assisted in highlighting that we were new doctors and therefore inexperienced and with restrictions on our clinical practice. I was also supported by my supervisor when experiencing a period of ill-health to feel safe and supported in taking the time off I needed.

In understanding that ED juniors cannot often attend non-core teaching, the consultants also designed a programme of protected teaching, to allow juniors to make up these missed opportunities. Teaching for FY1s was further supported during CDU shifts (a ward entirely covered by the FY1s); each day we had a consultant-FY1 ward round with dedicated teaching, and the consultant on hand throughout the day.

Another benefit to working in Brighton ED was the culture of discussing every patient with a senior. As an FY1 this was expected and therefore encouraged. Consultants were constantly aware of what I was doing and who I was seeing, both because they were always happy to discuss my patients and because often they would check in with me about my patients. This level of support meant I never felt alone or unable to ask, even when the department was busy and stressful.

Workplace wellbeing is an issue affecting all doctors, as recognised by the recent GMC report 'Caring for doctors, caring for patients'.(1) This report highlights the benefits to patient care of encouraging and maintaining the wellbeing of doctors.(1) As wellbeing issues are particularly relevant to FY1 doctors (with the transition from medical student to foundation doctor being widely recognised as particularly stressful) it is essential to reflect on good practice, with reference to relevant literature to learn from such experiences.(2)

1. Pitkala, K.H. and Mantyranta, T., 2003. Professional socialization revised: medical students' own conceptions related to adoption of the future physician's role--a qualitative study. Medical teacher, 25(2), pp.155-160.

2. General Medical Council. Caring for doctors, caring for patients: an independent review chaired by Professor Michael West and Dame Denise Coia. Nov 2019.

Poster 8:

Submitting Author Name:

Chon Sum Ong

NHS Organisation/Higher Education Institution:

Bedford Hospital NHS Trust

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Sorry for My Mistake, I Am Only Human

Abstract:

It was a Saturday, my first day working in a hospital as a Foundation Year 1 Doctor, in a country still foreign to me. It was a 13-hour on-call shift in which I had to familiarise myself with using multiple IT systems in the hospital and keep up with my tasks at hand. Our senior doctor prompted us to work faster as the patients were accumulating. I had no food nor break that day and I was unwell. I remember asking many questions and some people got displeased as it was a busy day. To aggravate the situation, I made a mistake and caused a delay in a patient's treatment. I recognised the seniors' looks of disappointment, and it broke my confidence.

In hindsight, it was the expectation of the others and mine that I was trying to meet. I wanted to provide the best patient care whilst ignoring my own well-being. As a newcomer joining the team, the last thing I wanted to do was to leave a bad reputation. I chose to sacrifice my own welfare in exchange for affirmation that day and I recall feeling guilty and liable for the error. To me and I suspect others, doctors weren't allowed to make mistakes.

This experience exhausted me physically and mentally but on the other hand, provided me with an opportunity to reflect on my working principles and analyse my mistakes. First, I learned to admit my faults and to acknowledge its role in my learning. I realised how important it was to quickly identify, address the problem and seek solutions to minimize damage. It is imperative to admit mistakes, even though it requires immense courage.

Secondly, I learned how identifying mistakes can be a tool for self-betterment. Dweck's Fixed and Growth Mindset mentioned that mistakes could be used as opportunities to improve and making one is a learning process to be purposefully engaged in. I understood the need to re-evaluate my attitude regarding making mistakes and turn it into motivation for better clinical practice in the future and to build resilience.

Lastly, I understood the need for self-care. Physician burnout is not uncommon due to the demanding pace, time pressures and the fear of making mistakes which could cost a life. But unless I take care and treat myself kinder, I cannot provide the best care for my patients.

In retrospect, I needed this experience to make me a better clinician. I have accepted that making mistakes is a part of learning, even though all efforts should be made to minimize errors. I have started examining my own mistakes whenever I make one to determine the cause and how to prevent its recurrence. I also offer to help junior members of the staff as I have only recently been in their shoes.

I will continue practicing medicine, which is something I love and am passionate about. I will continue learning and serving, and inevitably make mistakes because like everyone else, I am only human.

Rest and relaxation

Poster 9:

Submitting Author Name:

Aimee O'Neill

NHS Organisation/Higher Education Institution:

Health Education England (Wessex) & University of Southampton

Please select the type below which best describes your submission:

Research

Abstract Title:

Exploring break taking in doctors

Abstract:

An online survey conducted for the Health Education England NHS Staff and Learners' Mental Wellbeing Review suggested that 60% of clinical staff had not taken a lunch break at least weekly. Nationally all Trusts have signed up to the BMA 2018 Fatigue and Facilities Charter (a good practice guide to improving facilities and rest opportunities), and further lobbying from the BMA secured an investment of £10 million from the Department of Health and Social Care to improve rest facilities across Trusts. These investments, together with findings that 80% of doctors are at high or very high risk of burnout, show a clear need for research on break taking in doctors.

Methods: A survey and individual interviews were undertaken to gain an understanding of doctors' current break-taking habits, break culture, and the facilitators and barriers to break taking. Public engagement events provided an understanding of the landscape in which breaks take place. A systematic review of existing literature is also currently in progress.

Results: Survey results show that doctors believe break taking is important to their wellbeing; however, many doctors are frequently unable to take their breaks. Additionally, public engagement with patients showed that, contrary to doctors' beliefs, patients are generally willing to wait for non-urgent treatment whilst a doctor takes a break if this results in doctors being better rested when providing their care.

Discussion: Any break-facilitating interventions in doctors will need to compete with a highly ingrained culture of missing breaks. The systemic and individual mechanisms that contribute to this culture are important to the design and implementation of much needed solutions to the high levels of burnout in doctors. Future research will empirically investigate the contribution of break taking to doctors' wellbeing and the implementation of feasible and acceptable interventions.

Poster 10:

Submitting Author Name:

Harriet Shuker

NHS Organisation/Higher Education Institution:

Warwick University

Please select the type below which best describes your submission:

Research

Abstract Title:

The Effect of Therapy Dogs on the Mental Health and Wellbeing of Medical Students

Abstract:

Background: The high prevalence of mental health problems in medical students is a concern due to the potential consequences of this including compromised patient care, poor academic achievement and most worryingly suicide. Medical schools need to find ways to maintain their students' wellbeing - one such intervention is therapy dog sessions. These have been implemented in universities across the world and there is increasing evidence demonstrating their benefits. However, there have been no published studies on the effects of these sessions in UK medical students.

Aims & Objectives: To assess the effects of therapy dog sessions on improvement of medical students' stress, anxiety and mood. This was carried out using tools to assess these aspects of mental health and wellbeing before and after a therapy dog session.

Methods: Medical students at Warwick Medical School self-selected to take part in the study, which involved a brief (15-20 minute) interaction with a qualified Therapy Dog. Three validated tools were used to analyse the effects of these sessions – the Current Anxiety Level Measurement, Positive and Negative Affect Schedule and a Stress Visual Analogue scale.

Results: Overall 84 students participated in the study. A significant improvement in participants' mood, anxiety and stress immediately after a therapy dog session was demonstrated. Qualitative thematic analysis revealed common themes, for example participants found the sessions relaxing and enjoyable.

Conclusions: This study demonstrated that therapy dog sessions are of benefit to medical students' mental health and wellbeing and adds to the growing evidence in this field of research.

Poster 11:

Submitting Author Name:

Sridevi Sira Mahalingappa

NHS Organisation/Higher Education Institution:

Derbyshire Healthcare NHS Foundation Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Dr 1in 4 Sharing the personal experiences of doctors with mental illness

Abstract:

There are increased reports of increased rates of mental illness among doctors and medical students up to 1 in 4 suffering with mental illness compared to the general population. There has been some shift in the attitudes associated with mental illnesses in society with more open discussions about it; however, this does not yet seem to have translated to the medical profession where discussion about mental illness can still be a taboo subject.

Despite an increasing annual incidence of work related mental illness, mental health problems are still under-disclosed by doctors, especially younger doctors.

This is in large is driven by the merging of help seeking and fitness to practice pathways both during medical school years and employment. Also, many are unsure of the systems in place to seek help. There is evidence to show that when doctors do seek help the outcomes are very good.

Derby Psychiatry Teaching Unit (PTU) (University of Nottingham Medical School) award winning Expert Patient Programme has >50 Expert Patient (EP) Teachers who have helped medical students gain a deeper understanding of mental illness and psychiatric treatments.

Derby PTU has developed an integrated educational event series called Dr 1 in 4, which were integrated in to weekly Academic Meeting since September 2019. Dr1in 4 builds on this successful EP platform offering medical students and doctors of all grades an interactive and experiential programme to interact and learn from the lived experience of doctors who have experience of mental ill health during their medical career and shares their experience of dealing with mental illness and working. Participants are able to ask questions (anonymously if preferred) to our Expert Doctor Patients to learn from their experience.

Aim of these sessions were to:

Create awareness of the incidence of mental illness in the medical profession

Get a first hand perspective of experiencing mental illness at work

Learn tips on dealing with stigma, reporting to line managers/GMC etc

Learn how to and where to access support

A total of 48 attendees, which included medical students, and all grades of doctors. The approach used to engage doctors in the discussion of this sensitive issue appears to have been successful as it was timetabled with in the regular academic meeting.

Feedback was collected during this session has been positive overall. Attendees felt the speaker is an exceptional speaker, found the session incredibly helpful engaging doctors talking about mental health issues and also in dispelling myths. They also said that they gained better understanding of the impact of stigma, better understanding on how to access health and support.

This approach helps to raise awareness of this issue, get the topic on their agenda, and enable open discussions about mental ill health in the medical profession amongst those present.

Further sessions will continue along the same theme. A research project exploring the impact of this programme is anticipated in future.

Authors

Alexa Sidwell, Andrew Horton, Brijesh Kumar, David Hackett, Joanna Dilks, John Ryallis, Mike Akroyd, Simon Rose, Sridevi Sira Mahalingappa, Subodh Dave

Social connection

Poster 12:

Submitting Author Name:

Emily Bate

NHS Organisation/Higher Education Institution:

Wythenshawe Hospital, Manchester University NHS Foundation Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Sow the seeds and trees will grow; a pathology department's experience of wellbeing

Abstract:

Wellbeing and burnout have become very topical over recent years as demonstrated by the GMC publication 'Caring for doctors Caring for patients', highlighting 'organisations who prioritise staff wellbeing and leadership provide higher quality care' (1).

To promote staff wellbeing within our pathology department, we developed a dedicated wellbeing section as part of the pan-pathology bimonthly Audit and Clinical Effectiveness (ACE) day. The remit of the wellbeing sessions was to bring members of the pathology team together and to share experiences of wellbeing. Themes of talks so far have included; time management and mindfulness, and the role of animals, especially Pets as Therapy.

The primary aim was to enhance wellbeing and belonging by having a focussed session as a department, yet, the unintended consequence has been the conversations that have subsequently been struck, e.g. discussions between team members with similar interests, previously unbeknown to them.

Life and work can be isolating, but these wellbeing sessions have helped develop the sense of community within our department, with a variety of members going on to share coffee breaks. A departmental reading group has also been established, and there are plans afoot for a lunchtime walking group too.

In conclusion, with the current focus on wellbeing, it is easy to pigeon-hole wellbeing as 'wellbeing week' or 'the wellbeing section' of an audit or training day, and whilst these set sessions highlight aspects of wellbeing, from our experience, it is what occurs within a department on a day-to-day basis that brings about a culture of wellbeing.

Authors:

Dr Emily Bate, Dr Moira Taylor, Dr Anne-Marie Kelly, Dr Stephanie Thomas and Dr Leena Joseph

References:

(1) GMC: Caring for doctors Caring for patients. How to transform UK healthcare environments to support doctors and medical students to care for patients. Professor Michael West and Dame Denise Coia. GMC, 2019

Poster 13:

Submitting Author Name:

Reena Ellis

NHS Organisation/Higher Education Institution:

HEEM East Midlands

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Tackling Burnout in Anaesthetic Training

Abstract:

With dramatic changes in healthcare over recent years the junior doctor workforce has become increasingly disengaged and demoralised. There are some scary figures around; the GMC found that nearly 25% of doctors in training said they felt burnt out, and the RCOA found that 61% of anaesthetists in training felt that their job was negatively affecting their mental health.

In the North East Midlands we started a simple programme in which anaesthetic novices trainees are buddied to established core trainees in the same hospital. The novice period in anaesthesia is a time of rapid change and learning which can be overwhelming, and our aim was to provide peer support and guidance during the transition into a career in anaesthesia. Novice trainees are matched with someone approachable and close to their training level so that they can talk about all the little things that so often get missed at induction. A peer who can explain the intricacies of training in anaesthesia and can also help provide reassurance. The nature of the programme means that novice trainees can access their buddy in an informal manner and as much or as little as they find helpful.

The programme has been running since 2016, allocating new buddies with each six-monthly intake of novice trainees. On average, twenty buddy pairs are allocated per year and these pairings can last for as long as they are useful. Some pairings will fade and drift naturally once the trainee's novice period is over, but for many the relationship created during those first few months will continue throughout core training and beyond. Anxiety is often related to simple logistical aspects of starting

a career in anaesthesia and by ensuring that buddies are of a similar training grade and based in the same hospital many of these anxieties can be resolved early on.

Integral to the project is its relationship with the local training programme, and close links with training programme directors, college tutors and local supervisors. The programme also provides an opportunity to signpost all trainees involved to local support and wellbeing services. Further development recently has involved the creation of a novice handbook and extension into ST3 training and for those returning to work. These proposed developments are the result of listening to trainee and buddy feedback, which is collected at the end of each six month interval.

The success of the programme is a testament to the dedication and hard work of both trainees and buddies, and is highlighted by the fact that many of the buddies stay in contact throughout their core training and also provide support throughout the period of the Primary FRCA. When morale is low, supporting each other goes a long way to help reduce burnout and increase resilience.

Poster 14:

Submitting Author Name:

Sarah McAnallen

NHS Organisation/Higher Education Institution:

Sandwell and West Birmingham Hospitals

Please select the type below which best describes your submission:

Research, Quality Improvement Project

Abstract Title:

"Professionals Together" - Peer Support for Wellbeing

Abstract:

Background

Medicine offers a respectable, stimulating and fulfilling career. However, in recent years poor morale and high levels of burnout have been widely reported amongst doctors, such that the wellbeing of the medical workforce has become a significant concern. Junior doctors are a group especially vulnerable, demonstrated in the 2017 NHS staff survey where 36% of doctors in training felt unwell due to work related stress. Literature has suggested that doctors should have opportunities to process stresses common to the profession, highlighting peer support initiatives as an example of this. We piloted a peer support scheme for FY1 doctors in the West Midlands deanery named “Professionals Together”.

Project aim and objectives

To support junior doctors in delivering healthcare from a place of wellbeing by creating a compassionate and supportive environment in which experiences of being a doctor can be openly discussed.

Methods

The scheme consisted of nine 2 hour evening sessions across the academic year, each consisting of a meal, short presentation and group work. There were 3 phases:

1. Being Human - focusing on the physical, emotional and psychological impact of working in healthcare

2. Being Carers - importance of cultivating compassion in healthcare towards self, patients and colleagues

3. Being Together - developing supportive working relationships with colleagues, team dynamics and organisational cultures

Questionnaires from attendees were completed at the end of each phase.

The scheme was funded by Health Education England West Midland Foundation Programme and the BMA, with leaders and facilitators volunteering their time.

Results

During 2018/19, 28 FY1 doctors expressed interest. Of these, 22 attended an evening session.

100% of the participants would recommend the scheme to others and that it had been a positive influence on their initial experience as a doctor. 90% strongly agreed that the scheme content had been relevant to their professional development, whilst 80% agreed strongly that the scheme had enabled them to be honest about their wellbeing. Selected feedback comments include:

- "Continuity of care! It's the only opportunity I've had to meet up with the same people, in a professional setting, as well as mentors."

- "The benefit of having a safe space, separate from work to discuss the difficulties of being a doctor in a constructive way cannot be overstated."

Conclusion

The Professionals Together Scheme has shown significant promise in its pilot year. We set out to create an environment for FY1 Doctors to process the experiences of their first year in clinical work, receiving support from other clinicians. Those undertaking the scheme have universally reported that it had a positive impact on their experience as a first year doctor, such that all would recommend the scheme. For some of the participants, the scheme has provided a continuity of peer support and mentoring that they have not experienced during their clinical placements. We seek to grow a sustainable scheme that will continue to enhance the experience of moving from student to practitioner for FY1 doctors in the West Midlands.

Poster 15:

Submitting Author Name:

Theresa Powell

NHS Organisation/Higher Education Institution:

University of Birmingham

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Using the Healthcare Leadership Model and the 360 degree feedback process to develop the leadership behaviours of clinical psychology trainees

Abstract:

Using the Healthcare Leadership Model and 360 degree feedback process to develop the leadership behaviours of trainee clinical psychologists

Theresa Powell and Michelle Fisher

Aim

There are high levels of burnout amongst mental health professionals and it is well documented that effective leadership can reduce burnout, increase employees job satisfaction, commitment to the organisation, job performance and organisational effectiveness. This presentation will describe how we implemented the 360-degree feedback process with trainee clinical psychologists in order to help them develop appropriate leadership behaviours. We will describe the benefits they perceived from the process and how we have encouraged clinical supervisors to facilitate the development of appropriate trainee leadership behaviours on placement.

Background

Trainee clinical psychologists begin their qualified life on Agenda for Change band 7. The onus is therefore on training courses to ensure trainees are ready to take on leadership roles early in their careers. Thus, as well as specialty specific and therapy specific competencies, they must achieve competencies related to organisational and systemic influence and leadership e.g. 'ability to influence service delivery directly or indirectly through leadership, consultancy, training, and/or working effectively in multidisciplinary and cross-professional teams'. The 360 process is part of a number of measures we use to prepare trainees for leadership roles.

Implementation

In 2016 we were given a small grant by Birmingham and Solihull Mental Health Foundation Trust, to fund individual 360 feedback sessions for the trainees. To date, 40 trainees have completed the whole process. However, clinical supervisors often commented that they found it difficult to think of situations and opportunities that would allow trainees to demonstrate leadership behaviours. Therefore, in the supervision training courses we run regularly for both new and experienced clinical supervisors, we now introduce them to the 9 dimensions of the Healthcare Leadership Model and ask them to generate situations and activities on their specific placements that would enable trainees to practice their leadership behaviours. Over time, we have assembled these ideas into a pamphlet, to provide ideas and guidance for all supervisors. As part of the 360 process, we also ask clinical supervisors to complete the trainee's feedback as their 'line manager'.

Impacts

During our presentation we will describe the Healthcare Leadership Model, how the 360 process was implemented, provide examples of trainees' views about it and share the leaflet we compiled to facilitate the development of trainees' leadership behaviours and hence their leadership competence.

Suicide, bereavement and support

Poster 16:

Submitting Author Name:

Ellen Bowman

NHS Organisation/Higher Education Institution:

West London NHS Trust

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

1 Unit, 3 Deaths and 3 Junior Doctors

Abstract:

Background:

Psychiatrists, more than other physicians, are particularly vulnerable to stress and 'burnout' (Kumar, 2007, World Psychiatry 6:186-189). The reasons for this are complex and include organisational, situational and personal factors.

In any specialty, organisational factors such as under-resourcing results in gaps in rotas and puts pressure on individual doctors working longer hours (expressed as both extended shifts and a greater number of shifts). In psychiatry this pressure is compounded by the high emotional workload, including the potential for violence in the workplace, suicides, and the exposure to patients' traumatic experiences (Firth-Cozens, 2007, Advances in Psychiatric Treatment, 13:161-168).

Every death of a patient detained under the Mental Health Act is automatically subject to a formal serious incident review, although this is required to ensure standards of care are upheld, being a part of these reviews can create anxiety for junior doctors – particularly when they are experiencing this for the first time.

Finally, there will inevitably be personal factors that need to be considered when understanding underlying causes of mental health issues in psychiatrists. Demographics are relevant: higher than average rates of depression are found in female and LGBT clinicians (Sutherland and Cooper 1993, Social Science & Medicine, 37: 575-581; Brogan et al., 2003, Journal of the American Medical Women's Association (1972) 58: 10-19). Furthermore, Ruskin et al (2004) showed that trainees were significantly more affected by patient suicides than their consultant counterparts. Given this, it is important to understand the ways in which trainee psychiatrists cope when they are involved in a significant incident reviews so that Trusts can ensure that their trainees are supported appropriately.

Method:

This poster examines 3 case studies of junior doctors managing the immediate aftermath of a death of a patient. All 3 doctors interviewed were in the core psychiatry training program and had recent, direct involvement with a patient who died while an inpatient in a mental health unit. A non-systematic, exploratory approach was taken to consider what support was accessed by the three

doctors. The three case studies were an opportunistic sample, who experienced variation in the support sought and received.

Findings:

The support accessed by these junior doctors was obtained from both within and outside the Trust. From within the Trust, trainees benefitted from the mentorship of designated supervisors as well as formal debriefs and informal peer support. Support was also sought from affiliated organisations (e.g., the "DocHealth" counselling service: https://www.dochealth.org.uk/) and from external organisations (e.g., religious communities). These case studies highlight the importance for Trusts to be responsive in providing diverse and accessible support systems for psychiatry trainees and shows an opportunity for research into the most optimal way to facilitate this.

Poster 17:

Submitting Author Name:

Dmitry Novikov

NHS Organisation/Higher Education Institution:

Central and North West London NHS Foundation Trust

Please select the type below which best describes your submission:

Research

Abstract Title:

Working with Emotional Attrition

Abstract:

During the training and throughout their professional lives, on a daily basis healthcare professionals deal with situations that most people would only encounter a handful of times in their lives. In medicine people are trained to make difficult decisions that will often have a significant impact on the lives of their patients and their families but what is often omitted from this equation is the impact that the whole milieu has on healthcare professionals as human beings.

Development of a professional self leads to reinforcement of a range of psychological defences which enable people to keep thinking rationally whilst surrounded by human suffering. Using Bion's idea of thinking under fire on a battlefield, doctors and other healthcare professionals learn to detach themselves from their emotional self. This may be enough to complete the task at hand but it leaves professionals traumatised and vulnerable to self-destructive behaviours and acting out.

Historically medical community was a source of informal support that helped professionals to keep working under immense pressure but changes to the rotas, fragmentation of the services and increasing schism between the professions depleted the existing support mechanisms and left professionals with less emotional support than ever before. It led to growing isolation within the disciplines and interdisciplinary rifts have become wider despite the overall focus on the multidisciplinary work.

The question of emotional support for healthcare professional is further complicated by a combination of rational and irrational fears. People who work in medicine have rarely made good patients in all times however presentism, fear of the sickness absence monitoring procedures and of the occupational health involvement made it harder for people to seek help.

The list of occupational, societal and personal factors that make it difficult for healthcare professionals to accept help can be expanded ad infinitum, but I would like to emphasise one factor which can often become an underlying reason for healthcare professionals' most severe emotional distress. Medical mentality is based on the notion that curative treatment is paramount to everything else, and therefore when things go wrong, when best laid plans fail, when the patient do not recover against the odds, when the patients make fatal decisions, doctors and nurses often see it not as a part of the course of events but their direct fault: "I should have known, I should have been able to see that coming, there were no indications for that outcome." The feeling of failure matches the anger of grief in the patient or their close ones, which in conjunction with the scapegoating tendencies of the organisations may find a ready receptacle in the professionals' minds to accept the blame.

In this presentation I would like to think how we can work with the emotional impact that our work has on us and what kind of self-care and care for our colleagues is needed to address this process of emotional attrition.

The value of self care

Poster 18:

Submitting Author Name:

Nasira Amtul

NHS Organisation/Higher Education Institution:

St James's University Hospital

Please select the type below which best describes your submission:

Quality Improvement Project, Personal Reflection

Abstract Title:

Wellness Room - 'Breathe, Breathe in the Air, Don't be Afraid to Care' #ShineTogether

Abstract:

St James's University Hospital's surgical department has 19 operating theatres and 250 staff performing 30,000 operations/year.

The theatre staff work in a fast-paced, high-pressured stressful environment. They participate repeatedly in extraordinary work, work that may distress the average person. They work long shifts whilst being expected to remain calm, composed and stoic. Empathy must not interfere with clinical performance. This can lead to symptoms of fear, anxiety, irritability, avoidance behaviour and fatigue.

Research has shown that resilience is needed in response to stress, challenges and change. Health Education England (HEE) reported that staff need good occupational health, psychological support and rest facilities. The HEE's staff and learner mental wellbeing commissioned a report recommending suitable, accessible, safe and confidential spaces for staff to rest, share and discuss experiences.

The last Staff Survey identified that: (1)employees felt they did not have 'safe' spaces at work; (2)confidentiality was not a priority; (3)there was no trust in management and the processes in place to protect them; (4)mental health was not of a high concern and (5)the pressure of the job allowed for no reprieve with little support.

In May 2019 the theatre matron and 7 team leaders undertook a 2-day time-out to create and agree a vision for the welfare of staff. This now called 'Shine' event, proved to be pivotal in the establishment of a 'wellness' room to help address these issues.

A small stockroom was found in theatre away from the hustle and bustle of the coffee room and offices. Two team leaders self-funded the room and the wellness room project was completed within weeks.

The room has soft furnishing, soft lighting, a large canvas print and framed positive-quotes on the wall. Staff engagement and counselling services information are clearly displayed. A Seasonal Affective Disorder lamp has been a real winner for staff with CDs available to play background 'meditation' music.

The room is used on a trust basis. It remains unlocked and open to all staff working in theatre, including medical and ancillary staff. It has been accessible for over 6 months and is used on a daily basis.

The wellness room allows for debriefs which are essential after a traumatic event, allowing discussion of challenging incidents and gaining support from one another.

Stress affects the body and mind and can cause staff to need time off work. Allowing staff to de-stress at work improves their wellbeing, job satisfaction, productivity and results in better attendance.

This feedback from a member of staff was sent recently.

'The wellness room allowed me to take time out whilst at work. It keeps me at work rather than off sick. I am grateful and happy that we have it in our department. It should be available nationwide'.

The success of the room has been received in a hugely positive manner. There is now ongoing work to identify space for wellness rooms in other theatre suites, and eventually in every Clinical Services Unit within the Trust.

#ShineTogether

Poster 19:

Submitting Author Name:

Alan Baird-Smith

NHS Organisation/Higher Education Institution:

Gateshead Health NHS Foundation Trust

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

An introverts perspective on an increasing connected profession

Abstract:

I will talk through how the job-roles faced by pharmacists are not always set up for introverted people; how the job is increasingly more patient facing with interaction with patients, carers and other professionals being seen as highly important, and in some cases more important than clinical effectiveness; and how this contradicts with the introverted personality.

I will talk through the competencies required of the pre-reg and how this shapes the pharmacist they will become, without taking into account their personality trait.

I will give personal experience of how the progression we see in the profession may be taking its toll on introverted people and strategies I have used to remain personally effective.

Finally I will provide advice and support strategies that can be applied to each area of practice to ensure we don't leave introverts behind and they can be allowed to flourish in their jobs.

Poster 20:

Submitting Author Name:

Daniel Branch

NHS Organisation/Higher Education Institution:

University of Chester

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

The value of student empowerment as a part of self care

Abstract:

Even a casual glance at the general and social media will make it clear that the people's willingness to talk about mental health is as high as it has ever been in recent times. The fact that in 2017 Samaritans received 5.7 million calls as well as texts and emails reinforce this. As a Samaritans

volunteer, I have to think that when the more recent figures are published, they will have gone up even further.

1 in 4 people statistically now have a mental health condition so it is likely everyone here knows somebody that has a mental health problem. This can have tragic consequences I am very aware that 3 of the people I went to school with have committed suicide and several more have made attempts to do so. My work with Samaritans highlights that I am passionate about trying to stop this happening.

We also know the strain that both nurses and student nurses are under. The absence of student bursaries has left many students trying to complete nearly full-time jobs whilst completing what is widely recognised as a demanding course completing a degree and professional qualification at the same time. In some weeks this can leave people working on a student work placement, writing an essay and completing bank work for example in the same week. This doesn't take into account people trying to fit in things like caring for their family and doing anything to look after themselves.

Recent student deaths highlight to potential consequences of this

Even once qualified the RCN campaign for safe staffing levels highlights that things do not necessarily get much easier

I am very proud and fortunate to be co-chair of the University of Chester Student Empowerment Group. The group seeks to empower students with the faculty and the university and to celebrate our fellow students' achievements.

The student empowerment group thinks that self-care and feeling empowered as a part of that is vital to successful nurse training as well as being a happy and healthy person. This is by no means a substitute to appropriate medical support, but I have personally found that the more supported and empowered I feel the easier it is to perform well even in the most challenging of situations.

The group also promotes and provides a means to achieve social connection. The long hours of study and work can make any social connection difficult at times and certainly puts a strain on maintaining vital friendships and relationships that again are vital to staying happy and healthy in meeting the challenges given to us. I feel that this caring for your support network is also a vital part of effective self-care.

Social media can have a negative reputation both in terms of its potential impact on mental health with things like trolling and also the potential for people to damage their careers. These are all undeniably potential consequences but we have found that this has to be balanced with the positive.

Poster 21:

Submitting Author Name:

Henry Briscoe

NHS Organisation/Higher Education Institution:

BSMHFT/University of Birmingham

Please select the type below which best describes your submission:

Quality Improvement Project, Personal Reflection

Abstract Title:

Personal reflections of completing a service evaluation on staff wellbeing within a CAMHS

Abstract:

Nationally, staff wellbeing has declined in the National Health Service (NHS), with results on the 2018 staff survey being the worst in 5 years (NHS, 2018). With the national decline of staff wellbeing in mind, I conducted a service evaluation of staff wellbeing within a CAMHS. Wellbeing was assessed using an online survey that collected both qualitative and quantitative data that was then evaluated against National Institute for Health and Care Excellence quality standards and Health and Safety Executive management standards. The results indicated that a majority (>50%) of staff did not agree their service was committed to a healthy working environment, provided them with achievable demands, or communicated with them during change. Staff shortages were highlighted as a barrier to organisational change and a need for more time to build relationships to support wellbeing was identified. In this presentation, I reflect on my experiences completing this evaluation and offer recommendations to support staff wellbeing within the local service and consider the implications for supporting staff wellbeing within the wider NHS.

Poster 22:

Submitting Author Name:

Sonya Bushell

NHS Organisation/Higher Education Institution:

University of Leeds

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Burnout, mental health, & unmet needs of medical students: a pilot interventional study

Abstract:

Background:

Medical students hold concerns about work-life balance and available support during medical school and professional life [1,2]. This study aimed to determine medical students' perceptions of support; and evaluate their experiences of a peer-led interactive support event.

Method:

The event [3] included a talk by a consultant surgeon on resilience, work-life balance, and less-than-full-time training; and workshops on self-confidence, preventing burnout and the stress bucket model [4], and seeking support. 25 attendees completed an anonymous survey using Likert scales and free-text responses. Two midwifery students' responses were excluded.

Results:

Of 23 medical students, 78.2% had experienced burnout symptoms and 47.8% felt "uncharacteristically stressed" during studies. Over one-third had mental health diagnoses; of these, 62.5% thought their degree had directly contributed. 100.0% of those pursuing medical specialties were uncertain that they would be supported in their future career, in contrast to 78.8% of those pursuing surgical specialties and 66.7% of those pursuing general practice.

82.6% of participants found the event "useful and relevant" and 73.9% agreed that it addressed an unmet need.

Themes identified from comments included: reassurance after the event; desire for more personal testimonies; feeling inadequate; fear of a blame-culture in medicine.

Conclusions:

These results indicate that medical students hold concerns about support available during medical school and in future careers. We now intend to repeat this event annually and conduct pre-intervention and post-intervention surveys on a larger sample size. Our results will guide curriculum and support development at Leeds Medical School. We aim to promote healthy professional behaviours, in line with the GMC's Outcomes for Graduates [5].

References

1. Billingsley M. More than 80% of medical students with mental health issues feel under-supported, says Student BMJ survey. Student BMJ [online] 2015; 23:h4521 Available at: http://student.bmj.com/student/view-article.html?id=sbmj.h4521 [Accessed 08/-01/20]
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3. Student-led event organised by Cutting Edge Leeds and Holistic Health and Wellbeing with representation from Leeds Medical School and NHS Tea and Empathy.
4. Mental Health UK. The Stress Bucket [online] Available at: https://mentalhealth-uk.org/blog/the-stress-bucket/ [Accessed 08/01/20]
5. GMC. Outcomes for Graduates 2018: Outcomes 1 – Professional values and behaviours. [Online] Available at: https://www.gmc-uk.org/-/media/documents/outcomes-for-graduates-a4-4_pdf-78071845.pdf#page=10 [Accessed 08/01/20]

Poster 23:

Submitting Author Name:

Rachel Harrison

NHS Organisation/Higher Education Institution:

Wessex Deanery

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

EM trainees heal thyselves: a mum's perspective

Abstract:

Over the course of my Emergency Medicine training I have been involved in several projects that fall under the wellbeing umbrella. On reflection, a significant driver behind my work has been the need to juggle training requirements with 3 maternity leaves and a husband who has now completed Emergency Medicine training.

The predominant challenge has been juggling two training rotas with a significant amount of unsocial hours and childcare. In 2013, as an EM SHO, I was frustrated by the “compliant” rota generated by HR who understandably have no insight into the tolls that unsocial hours and shift work have on the staff. I designed what would now be considered a partially annualised SHO rota, unfortunately management felt that the doctors weren’t at work enough and automatic study leave was subsequently removed. I have continued make suggestions on rota design and provide support to trainees in region in particular regarding LTFT rotas.

When I asked Wessex Higher Specialty Trainees for 5 words to describe training in Emergency Medicine, almost all stated “exhausting”. I firmly believe that our work schedules do not accurately reflect the demands of the job intensity and the allowance of sufficient recovery time particularly in Emergency Medicine. I disagree with the concept of LTFT training pilot as I feel we should be able to work full time with a sustainable job plan.

Early in 2019, I was asked by my TPD if I thought I was burnt-out. This prompted a sense check and recognition that whilst not burnt-out, I was spinning too many plates. I needed to reprioritise and improve my self-care through making time for my hobbies. Having previously identified that trainees were exhausted, I decided to conduct an abbreviated MBI survey, the findings were comparable to subsequent data from the TERN recovery study and GMC surveys. Following the recognition that many trainees are at risk of burnout, I have shared this with trainees to improve recognition and challenge behaviours such as taking breaks and making time for activities outside of work.

I have found it almost impossible to change the impact of staffing and working largely unsocial shifts despite the negative impacts on health, wellbeing, training and patient safety. I find it is difficult for us to say no, we are generally competitive, overachievers and people pleasers. I can however, educate juniors on the importance of breaks, facilitate finishing shifts on time and demonstrate good self-care by example. I can welcome them to the team and ensure they feel valued hence introducing well-received regional Welcome packs and Happiness Hampers with advice on rest, sleep and digital detox. I support EM trainees with advice on Return to Training following maternity leave, childcare and the challenges of juggling family life with training and rotas.

Over the course of my training, I have tried to be a positive influence on rotas, training opportunities and ensuring staff feel valued. Through this I have recognised that prioritising my own self-care is beneficial to those around me particularly my family.

Poster 24:

Submitting Author Name:

Sarah Milligan

NHS Organisation/Higher Education Institution:

Frimley Health Foundation Truts

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

Championing Mental Wellbeing in the NHS Workforce

Abstract:

HEE Learner Mental Wellbeing Conference 2020: Championing Mental Wellbeing in the NHS Workforce

Educating our Educators – The value of self-care

Sarah Milligan & Kat Tolfree

Wexham Park, Frimley Health Foundation Trust

The current pressure NHS staff experience is documented on a daily basis across media platforms, noticed by patients and also reported by staff. Healthcare staff will commonly put the needs of others before our own. The same is true of those supporting our workforce from within clinical education. Alongside this observation there is a growing recognition for supporting the holistic wellbeing of staff and learners. Clinical Educators are directly involved with not only the educational development & skill acquisition of learners but also pastoral and welfare support. The demand on the education team to support learners with wellbeing issues created an opportunity to have an experienced Wellbeing Lead post for the clinical education team.

This abstract presents a project which is developing the learning and working environment of a clinical education team within a district general hospital which encompasses the 5 pillars of wellbeing. With the aim to become a leading organisation for supporting learner wellbeing. It is hoped that through the development of this environment educators will have a greater understanding of the value of self-care, and in turn will be in a position to support the learners more effectively.

The key objectives are:

1) Establish Lead for Learner Wellbeing

2) Raise awareness and create an environment of self-care within Clinical Education team

3) Create a teaching programme to support the development of knowledge and skills of Clinical Educators around wellbeing

The abstract will explore the journey and implementation of planning and developing a culture of self-care from initial research and networking gathered from learners and multi-disciplinary teams across the trust.

An exploration into the importance of self care delivered within all areas of wellbeing underpinned by the recommendations of the NHS Staff and Learners' Wellbeing Commission a robust strategy created to promote the importance of self care that cascades from leadership. This in turn created a platform for all clinical educators and learners to have informed practise of self care and the importance of wellbeing embedded in all teaching programmes.

Development of the project, implementation and early impact findings of the innovation will be shared. Further evaluation is planned across 12 months to review the impact on learners wellbeing, staff wellbeing and choice of first destination employment.

Key words

Wellbeing. Self care. Self compassion. Clinical Education

Poster 25:

Submitting Author Name:

Helen Reeves

NHS Organisation/Higher Education Institution:

Birmingham St Mary's Hospice

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Wellbeing for Staff in a Hospice Setting

Abstract:

Introduction

Birmingham St Mary's Hospice has had a Health and Wellbeing Strategy since 2015. Developed with employees, ensuring plans are in place to promote employee well-being and achieve 4 key aims:

1. Ensure well-being is embedded into the culture of the organization
2. Support employees to improve their well-being at work and that of others
3. Sustain a healthy and safe work place for all
4. Help individuals raise any concerns about health or well-being

Method

To target the most appropriate initiatives for wellbeing we conducted:

- Vitality Britain's Healthiest Workplace survey
- A staff survey in 2018
- Gathered feedback from our Social & Wellbeing Group and the Employee Forum.

A modest wellbeing budget was agreed.

Initiatives identified had the widest employee reach with priority on mental and emotional wellbeing.

Results

Employee Initiatives introduced were:

- An Employee Assistance Programme giving staff access to external counselling and advisory services 24/7, 365 days a year
- Trained 18 Mental Health First Aiders
- Introduced an individual wellbeing allowance
- Delivered 10 Resilience Workshops – 172 staff attended so far
- 2 staff drop in wellbeing days–incorporating mindfulness, awareness raising, art therapy, pet therapy, talks on body image, and massage
- During Mental Health Awareness week 3 Curry and Chaat events encouraging conversations around mental health and reducing stigma
- Weekly mindfulness sessions introduced for all staff
- Retail Shops received a pack of newly developed mental health resources
- Headspace Apps used as incentives for survey completion and as prizes at wellbeing days
- Staff teams participated in the Hospice fundraising Step Challenge increasing activity levels
- Bi-monthly menopause café
- Rounders and picnic in the park events in the summer, and January Blues indoor games event in Winter have been popular, increasing activity and connecting people with each other
- A culture of openness and challenge supported through the Freedom to Speak Up campaign, with trained Guardian and Champions 2018 staff survey results on wellbeing:

BSMH takes positive action to health and well-being

13 56 24 6 1

Organisation gives a high priority to employee wellbeing

15 48 26 11 0

Key:

Strongly Positive Positive Neutral Negative Strongly Negative

Feedback was sought from all the events and activities delivered, feedback has been overwhelmingly positive. Our challenge remains accessibility for ALL staff as some staff are remote/shift workers. Follow up staff survey during 2020 planned to assess impact of the current wellbeing initiatives, and to inform our future strategy.

Conclusions

The focus on employee wellbeing has a strong link to our overall employee engagement levels, which are high at 81% overall positive. Work around mental and emotional wellbeing continues, as that remains the top reason for sickness absence. Evaluation of the impact of particular initiatives on staff wellbeing is difficult. We are introducing a range of KPI's over the coming 12 months, and using our 2020 staff survey to undertake some impact assessment. The recent introduction of a new HR/Payroll system will assess impact on absence levels and costs.

Poster 26:

Submitting Author Name:

Priyanka Sivakumaran

NHS Organisation/Higher Education Institution:

Medway NHS Foundation Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

The Doctor's Wellbeing and Mental Health

Abstract:

The Doctor's Wellbeing and Mental Health

Priyanka Sivakumaran, Nilamanjari Nagarajan, Shirley Chan

Aims:

To investigate factors that influence doctors' wellbeing in a District General Hospital, find sources of local and national support and raise awareness of them.

Method:

Anonymous questionnaires were sent to all doctors by email, with closed and open-ended questions relating to mental health and wellbeing. Local and national resources were collated into a flowchart with links embedded and distributed via email, Intranet and posters. Follow-up questionnaires were sent.

Results:

Of the initial 134 respondents, the ratio of consultants:junior doctors were 58:76. All specialties were represented. 45 doctors (39.6%) reported that work affected their mental health once a week or more. 17 doctors (12.7%) reported that mental health affected their work once a week or more. 116 doctors (86.6%) were confident about recognising symptoms of low mood/anxiety. 49 doctors responded to the second questionnaire. Results from both questionnaires showed the majority (>60%) of doctors felt uncomfortable contacting their supervisors with mental health issues. Furthermore, most doctors (>50%) reported not feeling confident to seek support. Good support networks (colleagues and outside work), feeling appreciated, inadequate resources, high workload

and maintaining work-life balance were most commonly cited as factors that affected mental wellbeing. When asked 'What will help you remain well at work?', the majority responded with appreciation from colleagues and better and more flexible working hours. After the flowchart was promoted there was an improved awareness of how to access support services – 45.5% vs. 56.3%.

Conclusion:

Mental wellbeing influences working as a doctor and vice versa. This project identifies factors that affect mental wellbeing and types of support needed to improve doctors' mental health. We hope that increasing awareness and improving ease of accessing resources locally and nationally will help support doctors and promote changes in hospital culture. Although there was a 10% increase in awareness of support available, active participation and responsibility for one's own wellbeing is also needed. Creating a culture of seeking support and engaging in resources available without stigma is necessary. This does not always involve increased cost. Promoting simple changes in behaviour, e.g. appreciation of colleagues, can make a significant difference and requires no extra funding, training or effort. Clinician's wellbeing is paramount and as important as providing excellent patient care and wellbeing.

Poster 27:

Submitting Author Name:

Sakira Thangavel

NHS Organisation/Higher Education Institution:

Southend University Hospital

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Is Self-Care Selfish? – Where Do You Lie On The Spectrum?

Abstract:

In the past few years, mental health and wellbeing has been actively encouraged, championed and pursued. However, in true fashion of The Information Age, many have found it overwhelming to understand and explore the concept of self-care, and how to truly embrace and benefit from it.

After eight years of having a prolonged early-twenties life crisis during medical school, I found myself navigating the world of self-care during a time of personal struggle when the boundaries of self-care and being selfish were not clear.

Looking back and evaluating those years alongside the growth in interest in wellbeing and information regarding self-care – I want to share my journey of how defining the dilemma of "Is Self-Care Selfish?" can empower you to understand the true value of self-care that works for you.

Poster 28:

Submitting Author Name:

Kathryn Tolfree

NHS Organisation/Higher Education Institution:

Frimley Health

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Educating our Educators – The value of self-care

Abstract:

HEE Learner Mental Wellbeing Conference 2020: Championing Mental Wellbeing in the NHS Workforce

Educating our Educators – The value of self-care

Sarah Milligan & Kat Tolfree

Wexham Park, Frimley Health Foundation Trust

The current pressure NHS staff experience is documented on a daily basis across media platforms, noticed by patients and also reported by staff. Healthcare staff will commonly put the needs of others before our own. The same is true of those supporting our workforce from within clinical education. Alongside this observation there is a growing recognition for supporting the holistic wellbeing of staff and learners. Clinical Educators are directly involved with not only the educational development & skill acquisition of learners but also pastoral and welfare support. The demand on the education team to support learners with wellbeing issues created an opportunity to have an experienced Wellbeing Lead post for the clinical education team.

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2) Raise awareness and create an environment of self-care within Clinical Education team

3) Create a teaching programme to support the development of knowledge and skills of Clinical Educators around wellbeing

The discussion will explore the journey and implementation of planning and developing a culture of self-care from initial research and networking gathered from learners and multi-disciplinary teams across the trust.

An exploration into the importance of self care delivered within all areas of wellbeing underpinned by the recommendations of the NHS Staff and Learners' Wellbeing Commission a robust strategy created to promote the importance of self care that cascades from leadership. This in turn created a platform for all clinical educators and learners to have informed practise of self care and the importance of wellbeing embedded in all teaching programmes.

Development of the project, implementation and early impact findings of the innovation will be shared. Further evaluation is planned across 12 months to review the impact on learners wellbeing, staff wellbeing and choice of first destination employment.

Key words

Wellbeing. Self care. Self compassion. Clinical Education

Poster 29:

Submitting Author Name:

Carl Williams

NHS Organisation/Higher Education Institution:

Surrey and Sussex Healthcare NHS Trust

Please select the type below which best describes your submission:

Quality Improvement Project

Abstract Title:

A Quality Improvement Project aimed at improving ward staff self-care and hydration

Abstract:

Purpose: Healthcare as a profession is known for attracting staff who are willing to put the care of their patients above all else; routinely going above-and-beyond their regular duties to put the well-being of patients first. Sadly, this attitude often results in self-care being a low priority and we are all familiar with reports of colleagues forgoing food, drink and even bathroom-breaks in order to ensure that their workload is properly managed. Although we cannot reduce our colleagues' workload, we can create a working environment that encourages staff to consider their well-being and take steps to protect their own health by taking regular breaks and maintaining hydration. To this end, we set out to investigate whether our ward-based colleagues were maintaining a healthy fluid intake over the course of their working day with a view to encouraging adequate hydration amongst our staff. This is an ongoing QIP, which is currently approaching completion of the first round of observation. We aim to complete the project in the coming three weeks.

Methodology: A simple chart was created and placed in the ward office which is shared by all staff on the ward, ranging from administrative staff to doctors. Our colleagues were encouraged to use the chart to record what they were drinking and how much they consumed throughout their day. This observation continued for two weeks, with the resultant data compiled into a master spreadsheet allowing us to quantify the ward team's daily fluid intake. By way of intervention we are creating a communal drinks station in the office, which will consist of healthy drinks options such as water, low-sugar fruit drinks, such as squash, watermelon juice and coconut water. Efforts will also

be made to encourage our colleagues to take regular breaks and make use of the station. We will then repeat our observations over the following two weeks.

Results: As expected, during the first observation period many of our colleagues struggled to make time to stop and rehydrate. As a result, the average volume of water consumed per staff-member during a shift was just 580ml. Somewhat stereotypically, when an opportunity to rest presented itself many colleagues opted for caffeinated drinks such as tea, coffee or cola, with an average of 342.5ml of such drinks being consumed per person during the same period. With the NHS advising a daily individual intake of 1.2 litres of water it is clear that our team are falling well short of this recommendation. We expect, and hope, that following the introduction of our drinks station we will see a significant improvement in the amount of healthy, hydrating fluids being consumed by staff.

Conclusion: By providing a facility for staff to quickly and easily make themselves a drink we hope to greatly improve staff hydration. We also hope that this measure will encourage our colleagues to take sufficient breaks throughout the day, thus making them better rested, better able to cope with their daily workload and, ultimately, creating a healthier and happier workplace.

Wellbeing in the digital age

Poster 30:

Submitting Author Name:

Aarati Mathew

NHS Organisation/Higher Education Institution:

Chesterfield VTS scheme

Please select the type below which best describes your submission:

Personal Reflection

Abstract Title:

Living Well in the Digital Age

Abstract:

Historians often depict the Elizabethan era as the “golden age” of Britain; a time when the country as a whole was economically healthier, creating successes such as Shakespeare. Well-being is defined in the Oxford dictionary as “the state of being comfortable, healthy and happy.” I personally cannot imagine any sense of well-being if I was stuck in a corset all day; yet the short-lived Elizabethan period was considered a time when the English people, irrespective of their standing on the social ladder were at their most content; and that too without the aid of modern technology.

We live in a digital age where the exponential rate and dependence on technological advance from our smart phones to our Alexas’ are negatively impacting on mental health. The digital age was intended to give a platform for reinvention and creativity which are components in striving for well-being however, several studies show that it is at a global low with strong correlations to increased technology use. Why is it that something that was envisioned to make our lives easier have such a deleterious effect? I believe this is due to the law of “unintended consequences.” Being aware of this is crucial in taking steps towards living well in the digital age.

As doctors we need to live well in this digital age by preparing our workforce appropriately; only then will we better understand our patients. On paper the digital age portrays increased social connections and more time for ourselves because Andy the AI robot can take over doing life-saving surgery for us by blinking his eye whilst our MBBS degree gathers dust. I'm exaggerating of course, and I can't imagine this dystopia but we are already seeing many jobs being replaced by AI and those pressures can affect us as a profession.

In his book "Lost Connections," the author says, "The Internet was born into a world where many people had already lost their sense of connection to each other. The web arrived offering them a kind of parody of what they were losing; Facebook friends in place of neighbours, video games in place of meaningful work, status updates in place of status in the world. Every status update is a just a variation on a single request: 'Would someone please acknowledge me?" These are powerful words and my interpretation is that if we acknowledged ourselves and prioritised our well-being then we wouldn't need others to do so and I wanted to share my personal recipe for well-being in this digital age.

1. Learn to fail or fail to learn.
2. Education has a limit but learning does not.
3. Go green and get lean
4. DIY and build something
5. Wander wisely and deepen social connections.

The digital age is happening whether we like it or not. The ideas above are not novel; the challenge is to incorporate them back into our lives by allocating time to these proven methods than the negative technology that competes for our attention.

Poster 31:

Submitting Author Name:

Gemma Simons

NHS Organisation/Higher Education Institution:

University of Southampton

Please select the type below which best describes your submission:

Research

Abstract Title:

Wellbeing in NHS learners: a Systematic Review of what measures are used.

Abstract:

Introduction

The importance of doctors' wellbeing to us as individuals and to everyone using our national Health and social care system, is evidenced by 80% of doctors being at high risk of burnout (1) and 11,576 doctor vacancies. (2) Many recent policy documents, such as the NHS Staff and Learners Wellbeing

Review, (3) make recommendations for the wellbeing of doctors. Health and Social Care Organisations are keen to "do something" and are spending money on wellbeing interventions with little, or no, evidence base or evaluation. Health and Wellbeing Leads in NHS organisations are unclear how to measure the impact of their wellbeing interventions.

Aim

To define what measures of wellbeing have been used for doctors, and how reliable, valid and practical they are.

Method

A Systematic Review of wellbeing measures used in doctors and the robustness of those measures is being conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Checklist. The bibliographic databases: MEDLINE, EMBASE and CENTRAL (Cochrane), and subject specific databases: PsycINFO and the International Bibliography of social science, were searched, as well as the references of Key policy documents. Search terms for doctors, wellbeing and measures were used and an operational definition for wellbeing from the Department of Health. (4) All study designs were eligible for inclusion if they measured a wellbeing outcome. All grades and specialities of doctor and all healthcare settings were eligible.

Results

Publication of research into doctors' wellbeing is growing and increasingly open access in this digital age. Data captured at a national level by organisations including: the Care Quality Commission, General Medical Council, British Medical Association and the Royal Colleges are also digitally accessible. A variety of measures to describe wellbeing in doctors are reported. Wellbeing is rarely given an operational definition and many studies measure phenomena and pathologies such as burnout and anxiety rather than wellbeing. Few measures have been validated in doctors and many have a licence cost.

Conclusions

Wellbeing measures that actually measure wellbeing, and not burnout, which are validated, reliable and practical are needed to inform local and government policy. An absence of burnout does not equate to wellbeing. The focus of measurement needs to shift to capture in what contexts we thrive, not just survive. If everyone used the same reliable, valid and practical minimum Core Outcome Set (COS) to measure wellbeing, direct comparisons could be made and money invested in wellbeing interventions that really work.

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