

QI Project: COVID-19 Guidance for Junior Doctors

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Introduction:

Unlike the acute hospitals, the winter surge of covid-19 cases was not reflected in The Redwoods Centre, an inpatient psychiatry hospital in Shropshire. Between the months of July 2019 and February 2020, there had been no positive covid-19 cases amongst the patients admitted to the hospital. Whilst working in an inpatient psychiatry hospital in Shropshire during February 2020, the PCR test of a patient on the old age psych ward was positive. **A lot of time** was taken to determine **the optimal medical management** and what measures needed to be put in place **to ensure the safety of the other elderly patients** on the ward who could be at greater risk of mortality if they were to contract the virus. It was also identified that Covid-19 guide for junior doctors in the Redwoods Centre had not been updated in the past 12 months (i.e. since March 2019).

- The aim of this project was to limit time wasted in seeking advice from various sources and keep the guide updated.
- This was crucial as Covid-19 management and protocols are constantly evolving as we learn more about the virus and as the country goes through different phases of the pandemic.

Methods:

- 1) Root cause analysis showed that the underlying cause of the difficulties in managing a covid positive patient was the fact that the Covid-19 guide for junior doctors was **not being regularly reviewed** to ensure it is up to date.
- 2) The junior doctor cohort at the psychiatry hospital were surveyed to gain feedback regarding the current Covid-19 guide and for improvement suggestions.
- 3) 5 PDSA cycles were carried out by 1 junior doctor, which included advice from **several colleagues in multi-disciplinary departments**, to ensure the updated version of the Covid-19 guide was comprehensive and up to date.
- 4) The junior doctor cohort were surveyed again to determine the quality and effectiveness of the new Covid-19 guide.

Fig.1: The 5 PDSA cycles undertaken in updating the covid-19 guide. The cycles included my personal experience from working on the covid ward in November 2020 and the experiences of the doctors on the forensic psychiatry ward who had managed palliative/end of life patient who was covid positive.

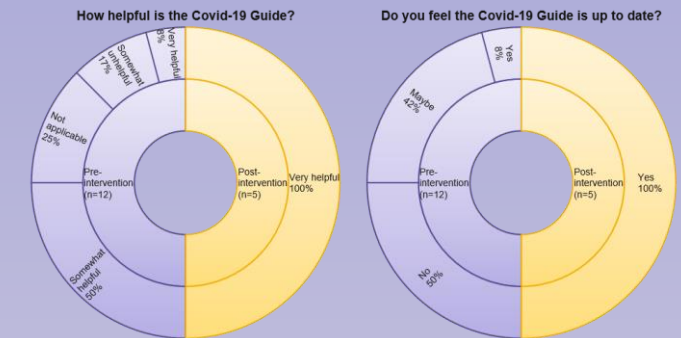
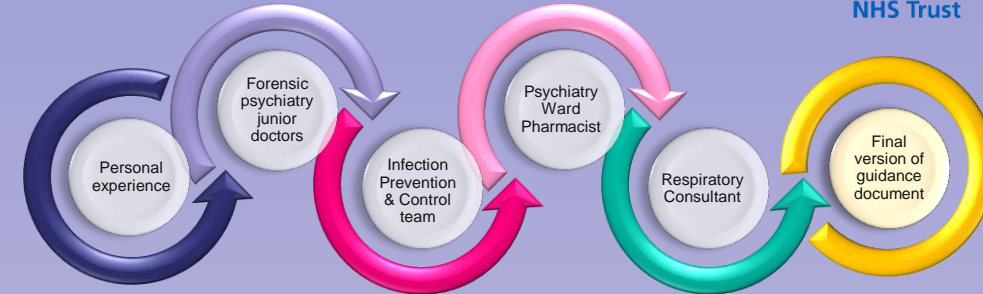


Fig.2: The results of the surveys of the junior doctor cohort, showing their opinions of the original covid-19 guide from March 2019 (in purple) compared with the updated covid-19 March 2020 (in yellow).

Results:

- Baseline data showed that **67%** of the junior doctor cohort found the guide only **“somewhat helpful” or “somewhat unhelpful”**.
- During the first PDSA cycle, the guide was updated to show management options as per current national guidelines – e.g. steroids and VTE prophylaxis
- As a result of the 5 PDSA cycles, a comprehensive guide for junior doctors was created, to be used in tackling all aspects of Covid-19, from screening to vaccine side effects, to managing deteriorating patients and management of patients at end of life.
- Feedback showed **92%** of junior doctors find the new guide **“very helpful” and up to date**.

Discussion and Reflection:

The responsibility of the management of medical issues of psychiatry inpatients often lies with the junior doctors. The issue of how to manage covid-19 positive cases brought about the unique situation where **the FY1s were more experienced and up to date** in managing such cases, having just rotated from their respiratory/acute medicine rotations. The junior doctors who were already on the psychiatry training pathway felt less confident in managing covid-19 positive cases and are more likely to spend time seeking advice from colleagues/other resources. It is for this reason I felt strongly that the covid-19 guidance document that was already in place, should be regularly updated by those doctors who have recently worked in respiratory or acute medicine, allowing for timely **sharing of knowledge**. It was agreed that the junior doctor rep will ensure regular review of the guidance document and junior doctors are currently continuing the QI project to assess and improve the effectiveness of the guide as we head into the next phase of the pandemic.

Our Vision: To provide excellent care for the communities we serve