

Improving education and confidence for junior doctors regarding physical health matters on psychiatric wards: The Physical Health Huddle.

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Background

The COVID-19 pandemic highlighted a need for multidisciplinary input for patients with complex physical co-morbidities on forensic psychiatry wards at Reaside clinic (Medium secure Forensic Unit -Birmingham and Solihull Mental Health Foundation Trust).

Our planned service aimed to add to existing services for physical health monitoring and aimed at offering junior doctors a regular broad discussion group in order to help them manage complex needs of the patients with physical health concerns.

We started the Physical health huddle as an informal brainstorming group, for all junior doctors to spend an hour a month discussing complex physical health patients as a group. We aimed for this to be an educational and supportive group to gain different perspectives from each other on patient treatment, and provide support for harder to manage patients.

Why did we want to do this?

There are always a few psychiatric patients on wards with multiple, complex physical health comorbidities. These physical health concerns are often interrelated and associated with their mental health. These patients often prove to be complex and unusual in their presentation and their management and care often demand more time and repeated discussion. Therefore having a time to discuss these issues as trainees was thought to provide valuable insights into improving patient care, and provide education for junior trainees who have limited experience of forensic psychiatry as well as the complex needs of psychiatry patients' physical health management.

Aims

We aimed at having a monthly informal huddle, to discuss patients with complex physical health needs as well as issues with physical health matters encountered whilst on call. This opened a wider conversation into how to manage various inpatients, and also became educational to attendees regarding physical health in the psychiatric setting.

We were hopeful for the following outcomes:

- Better communication about complex cases.
- Provide education for junior trainees who have limited experience of managing physical health in a forensic psychiatry setting.
- Improved involvement from the junior doctors in the patient care and Multi-disciplinary team meetings

Method

The huddle consisted of the huddle-lead (Higher Trainee) alongside the junior doctors (SPR/FY/CTs) at Reaside clinic. Consultants and the Reaside GP were also invited to the monthly huddle. Mostly junior doctors however attended the initial meetings and it was therefore agreed for the huddle to remain a junior doctor cohort in order to improve sharing and confidence to discuss difficult topics. Feedback was provided via the team SHO to the Consultant and team involved.

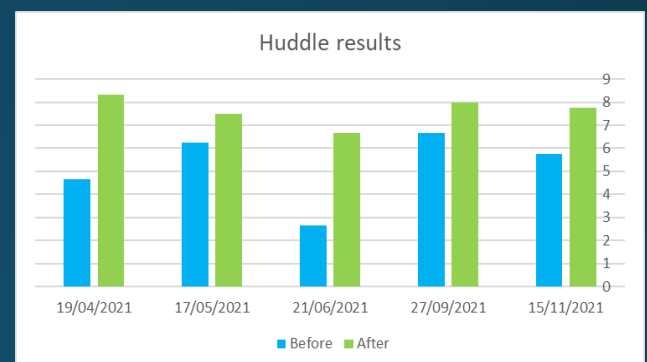
A monthly invite was sent with a Microsoft teams link attached. Participants were invited to propose patients or present topics for discussion. Following the huddle, the team SHO fed back to their team and continued the patient's management. Junior doctors were offered to discuss the patient again at the next month's huddle when needed. Letters were provided for attendance and presentation.

Results

Results were obtained by a short before and after questionnaire during each huddle:

The question 'How supported do you feel at Reaside regarding complex physical health matters?' collected information with a Likert scale between 0-10 (compared before and after the huddle).

The result showed a significant increase in support felt from 5.2 to 7.65 on a scale of 0-10. An individual feedback question further highlighted the success of increased support felt and generated new ideas to improve support for doctors and improve patient safety and care.



Conclusion and Next Steps

- Prior to the initiative junior doctors relied on discussion with their own teams and each other to address concerns with inpatients with physical health issues.
- During the early discussions held, feedback suggested that this was not enough to support junior doctors and they often felt unsupported whilst on call, struggling to make decisions for difficult medical concerns.
- The Huddle provided a safe and reliable space to freely discuss any concerns regarding the day-to day management of complex physical health issues on the ward as well as on call.
- The results show that the Huddle therefore successfully created a sustainable, effective and interactive short teaching and support session which has shown to be effective in engaging trainees in this vital area and help us meet our aim.
- This format further has the potential to be refined and be rolled out to a wider audience in the future to improve learning throughout the trust.
- The team is currently also planning to develop more formal teaching sessions to be provided during the huddle to discuss medical concerns on psychiatry wards.