

Time for a KitKat? An analysis of night shift break habits in Junior Doctors at Evelina London

S.D.Ahsan¹, N.Khanderia¹, B.B.Mirza¹, M.Butler², A.Roueché²

Aims?

- Sleep deprivation impairs clinical performance and night shift workers are encouraged to take breaks for their own health and for patient safety. The current Junior Doctor contract stipulates two half an hour breaks should be taken over a night shift⁽¹⁾.
- During our paediatric placement at Evelina London, we established there was an issue around Junior Doctors taking breaks on night shifts and spoke to members of the team who confirmed this.

Objectives were defined as follows:

- 1) Establish whether doctors on the night team were taking breaks and the reasons behind break taking habits.
- 2) Attempt to improve the percentage of doctors taking breaks during the night shift.

Measurement?

After six weeks of baseline data collection, four PDSA cycles were undertaken and data was quantitatively collected through a post night shift survey.

PDSA 1: Implementing rotas for breaks

PDSA 2: Raising awareness at the Junior Doctor Forum at Evelina

PDSA 3: Implementing use of a WhatsApp group for the night shift team

PDSA 4: Putting up posters raising awareness about the importance of breaks

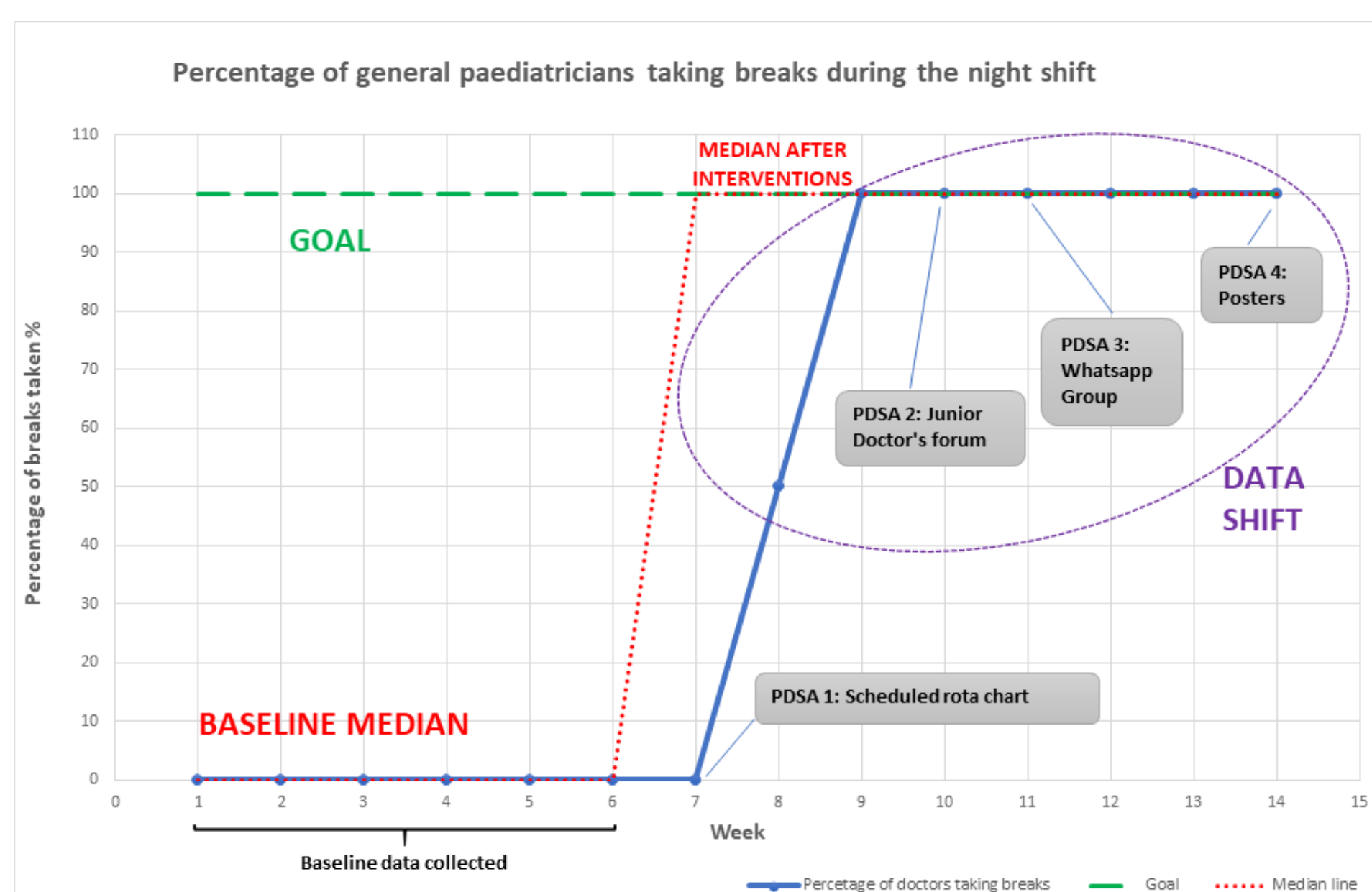


Figure 1: Run chart featuring baseline and PDSA data points for general paediatric doctors.

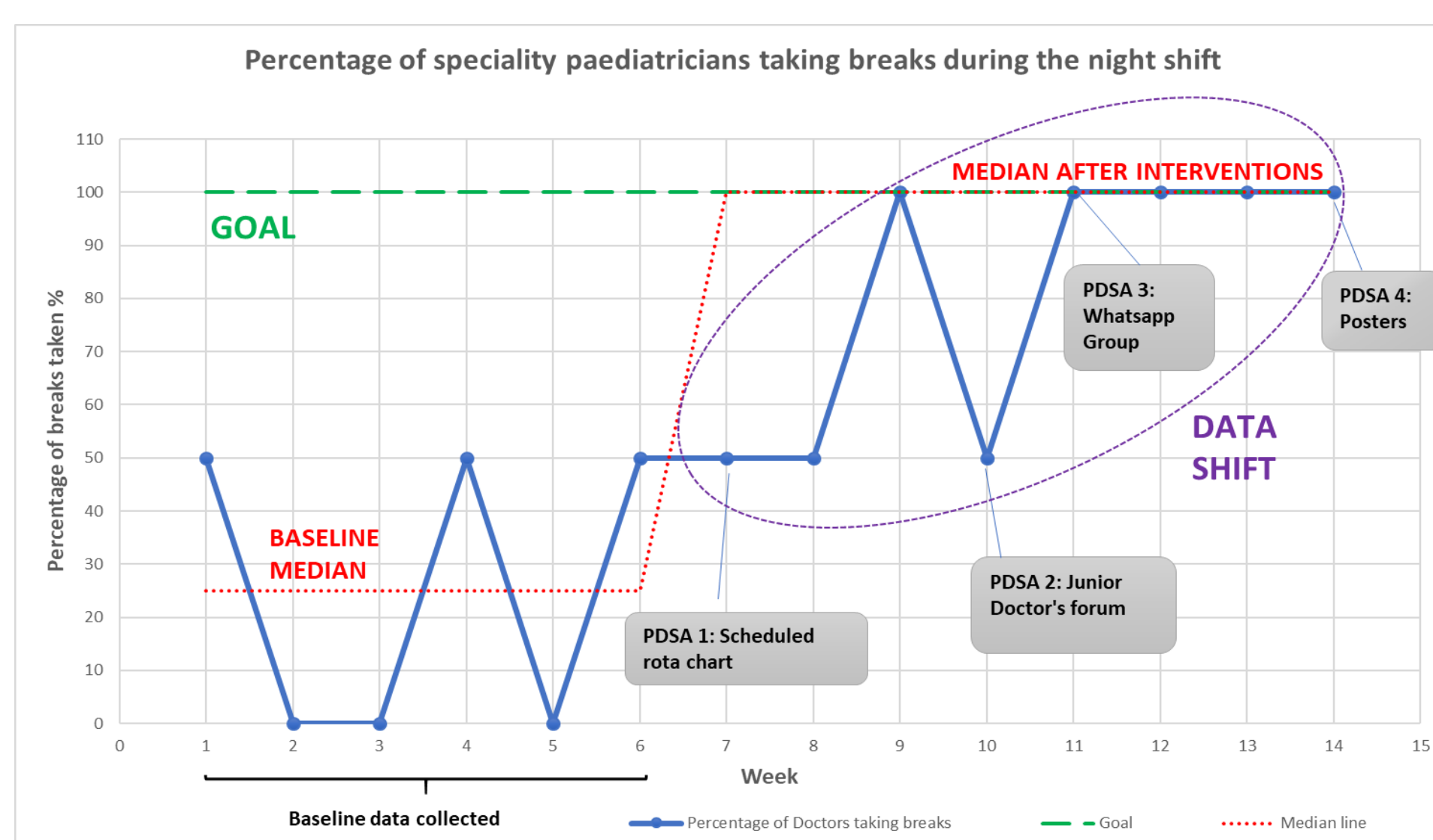


Figure 2: Run chart featuring baseline and PDSA data points for specialty paediatric doctors.

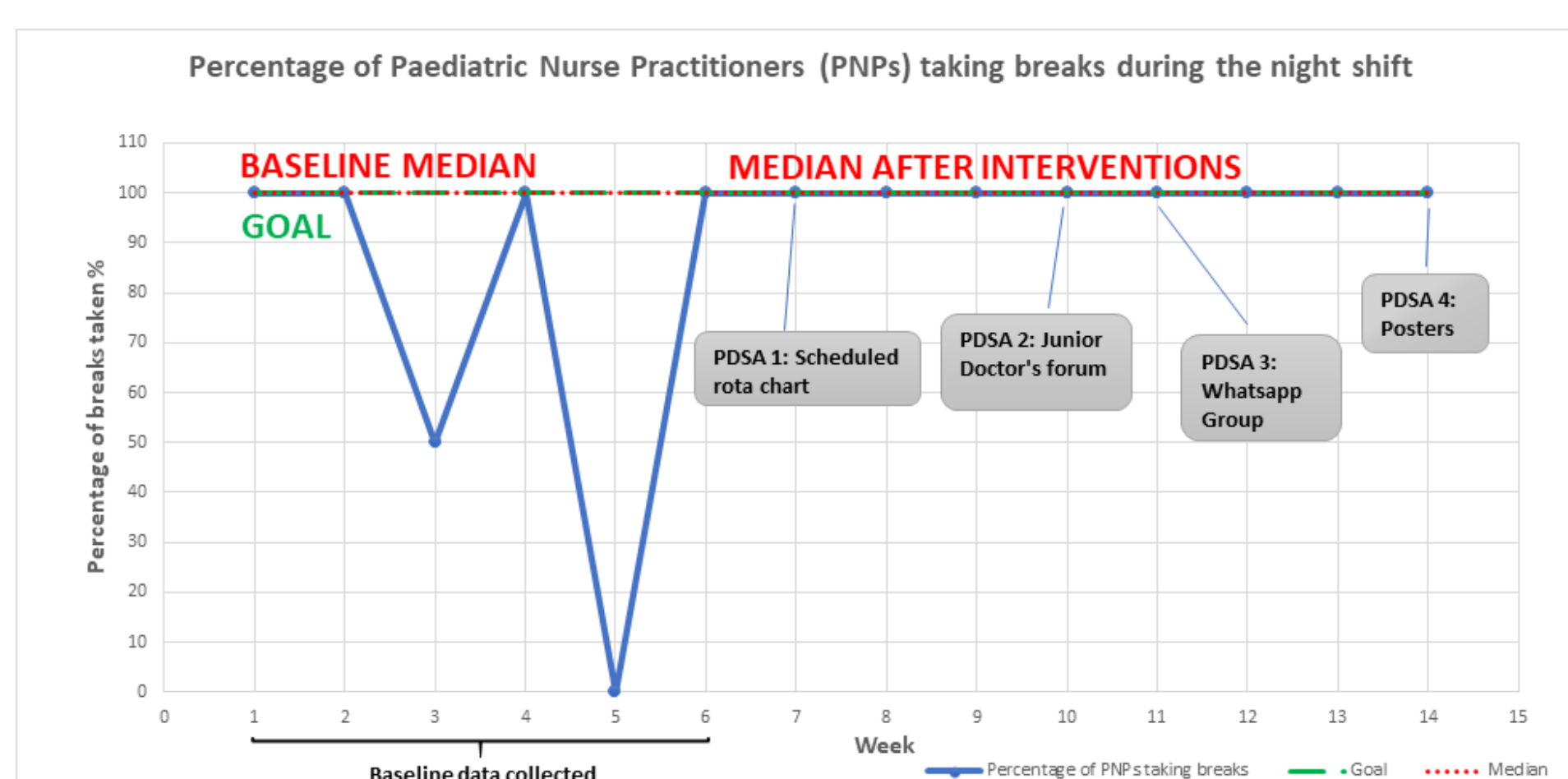


Figure 3: Run chart featuring baseline and PDSA data points for Paediatric Nurse Practitioners.

What did you learn?

Baseline data revealed doctors were not regularly taking breaks. Post night shift surveys and a SurveyMonkey questionnaire identified common reasons:

- No official system in place to implement breaks within the night team.
- Problems with cross-covering of bleeps between the general and specialty teams.
- Issues regarding lack of exception reporting, bleep prioritisation and unnecessary bleeping leaving doctors unable to find time to take a break – out of scope for this QIP.

After implementing PDSA cycles from week 7 the following was found:

PDSA	Outcome
1: Providing staff with rota charts for breaks at night handover	<ul style="list-style-type: none"> Break taking increased in all teams (Fig. 1-3). Identified a lack of awareness and organisational cultural barrier towards taking breaks. It was felt this PDSA alone may not be enough to sustain results. PNPs implemented cross cover and had positive attitude toward break taking.
2: Attending the Junior Doctor's Forum to raise awareness	<ul style="list-style-type: none"> Decrease in specialty doctors taking breaks (Fig. 2). Forum poorly attended by Junior Doctors. Identified lack of communication within the night team as a barrier to cross cover for breaks.
3: Implementing a WhatsApp group for the night team	<ul style="list-style-type: none"> Percentages of staff taking breaks all went up to 100% with results sustained over 3 weeks. Negative attitudes were still expressed about taking breaks.
4: Placing posters in Evelina to promote the importance of taking breaks	<ul style="list-style-type: none"> Aimed to raise awareness - due to limited reach of PDSA 2. In week 14 all night staff saw posters and acknowledged benefit. PDSA sustainability and long term impact on Junior Doctor culture need to be assessed in the future.

Plans for sustainability and next steps?

Conclusions

- We believe that we have developed a suitable method to implement breaks that is easily replicable across other NHS Trusts for night teams.
- Sustainability of improvement will require maintained use of break schedule charts and active communication to arrange cross cover.
- Development of a culture where break taking is prioritised and each staff member takes personal responsibility for breaks.
- Culture change can be promoted through regular discussions at Junior Doctor forums, use of posters and by nominating a "Junior Doctor Champion" to address barriers faced by Junior Doctors.

What are the next steps?

- Investigate the issues around bleep prioritisation and excessive bleeping of doctors.
- Examine how cultural stigma around break taking ties into lack of exception reporting by the Junior Doctors.

References:

(1). [Bma.org.uk].2016. Available from: <https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/contracts/junior%20doctor%20contract/junior-doctor-rota-rules-ataglance-guide-feb2017.pdf?la=en>