

'Evelina Teams'

Enabling Virtual Peer Support during the Covid-19 Pandemic

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Background

In April 2020, as the NHS responded to the first wave of the Covid-19 pandemic, numerous Paediatric trainees at the Evelina London Children's Hospital were asked to work in alternative clinical settings. Some were deployed to different departments within the Evelina, whilst others went to support adult care within the wider context of Guy's and St Thomas' NHS Foundation Trust.

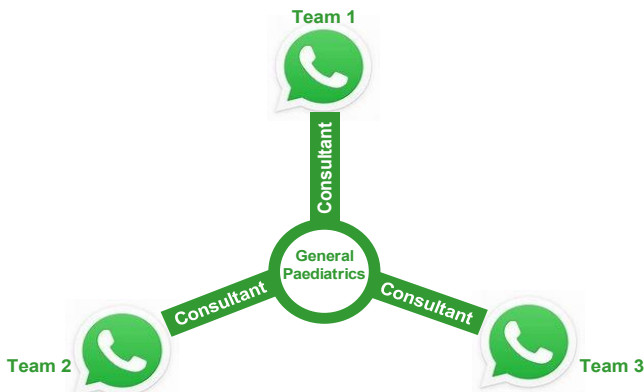
Around this time, systems were rapidly implemented or strengthened to support staff welfare. The department of General Paediatrics wanted to ensure that despite the change in working environment, this group of deployed Paediatric staff still felt connected and part of the Evelina team.

A pilot peer-support system entitled 'Evelina Teams' was designed to create a virtual network for the Paediatric trainees. The aim was to provide an informal source of support and unity, unhindered by the constraints of social distancing.

Method

All Paediatric trainees and fellows were invited to enrol in the Evelina Teams initiative. Following enrolment, they were then added to a 'WhatsApp' phone messaging team which combined a group of 6-8 trainees (with a range of trainee level and working environment), and a link consultant from the department of General Paediatrics.

Members were then given 'admin' status and each WhatsApp group was made private. They were reminded that they owned the group. The role of the consultant was to be a point of contact to communicate issues and concerns outside of the group if they wished.



Results

17 trainees/fellows enrolled in the system, as well as 1 consultant (who was being deployed to adult ITU). They formed 3 WhatsApp groups.

The uptake was highest amongst the deployed doctors. Some trainees chose not to join, as they felt there was already a lot of pandemic-related news, social media and messaging (e.g. WhatsApp and Pando groups).

Evelina Teams continued informally until it came to a natural end in August 2020 when the junior doctors started to rotate. In reality, the messaging activity significantly decreased earlier in the Summer when deployed doctors gradually returned to their original department.

Feedback was requested both informally and formally through a short survey. The main feedback was that nothing beats face-to-face colleague support, and that would always be the best way to conduct any peer-support system.

Encouragingly, the initiative was highlighted in the London School of Paediatrics survey as helpful in boosting morale and ensuring that trainees still felt part of the Paediatric team despite major changes to their working role.

Conclusion

Peer support systems can be useful for trainees in any context. The pandemic brought a greater need for such support, whilst preventing face-to-face contact.

As the pandemic continues, with its associated social distancing restrictions and high burden of stress on health professionals, it is important to continuously explore different ideas for providing support to staff. This project was designed quickly by the consultants for the trainees, but it would be helpful in future to ask trainees to lead the design of potential support mechanisms.

This initiative does not provide the whole answer, but it is encouraging that it at least demonstrated to trainees that their wellbeing was a priority. Even if they were temporarily deployed elsewhere, they were still valued as part of the Evelina team.

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