

Challenges facing the Hospital-at-Night Team

Organisation, Isolation and Engagement

Hospital-at-night was heralded as an innovative solution to ever reducing junior doctor hours and the knock on effect of this on training. Implementation has been much more challenging than originally predicted, with real gains in service delivery on fewer staff but questionable benefit from a training perspective. On the grand reality sees many working at terminal velocity with scant opportunity to reflect on their learning during the frenetic night time environment. We examine just a few of the challenges facing the team at night.

Leaderless?

This is not a reflection of the committed and extremely hard-working of the hospital-at-night teams, but an observation of the remit they are given. The majority are operational-care delivering staff and whilst so much is expected of them operationally, they have precious little time to devote to responding to the bigger challenges of making things work – the classic leadership dilemma of working in, versus working on. Leaders need to be given the opportunity, with their teams, to identify the most detrimental challenges and the support to resolve them.

Homeless?

Many hospital-at-night teams operate without a dedicated central base, denied a "control centre." Co-ordination becomes more difficult and teams can feel disjointed or virtual, reducing team spirit and increasing individual feelings of isolation. Some teams operate from a base at the periphery of their hospitals and although they have a base it is difficult to visit because of the time constraints and distance. Furthermore, the peripheral bases prove unattractive to daytime teams who need to interact with their hospital-at-night counterparts if handover is to be sufficient.

Unsupported?

Night-time teams consist of a mixture of dedicated staff and more transient-temporary members, usually doctors in-training. Although all team members operate in the knowledge that support is usually an on-call Senior Person not resident in the hospital, this can be especially challenging for the junior doctor who is already yet to build clinical confidence. Whereas a Venflon in a Surgical Ward is much the same as in a Medical Ward, the unfamiliar environment, the prospect of something going wrong and the lack of direct

supervision can be frightening. Appreciating this is key to prioritising both appropriate support and effective induction to doctors starting out at night, itself key to getting the best out of them.

Frazzled?

Ward Ten needs a Venflon and Ward Twenty-six thinks one of its patients is "Going-off." Night can feel like one big juggling act, fencing a myriad of requests in disparate parts of the hospital. This is not helped by the greater use of bank staff at night and the generally less-senior nature of ward staff. Hospital-at-night teams need to assess where their time predominantly goes, and whether this can be improved through a measure such as training staff in peripheral wards. Of course this requires time, a commodity not in abundance for your average hospital-at-night teams.

Phenomenal

What hospital-at-night teams to achieve is nothing short of phenomenal, although it needs recognising that this contribution comes at a great personal cost. They cope with low work-life balance, few breaks, immense pressure and isolation. Despite their obvious commitment, it can seem that nobody else cares, with little recognition (Directors don't do night!) and a constant battle to get some departments or specialties to fully engage. To be maximally successful teams need support, a base and co-ordinated engagement by medical and nursing teams from within the departments supported by hospital-at-night. To achieve this requires a unique type of leadership skill, coupled to exceptional organisation abilities and a natural appreciation of the bigger picture.



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Postscript:

Lessons learned from the conduction of the Welsh Assembly Government Leadership Skills for Hospital-at-Night Staff Programme, designed to support staff to achieve some of the challenges identified.

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Leadership and Organisational Skills
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Medicology's innovative One-day programme is designed to enable Hospital-at-night teams their own challenges by developing the correct leadership and organisational approach.

- Focussed on the unique night-time environment
- Includes direct skills development and facilitated problem solving
- Develops a heightened ability to influence
- Designed to reduce workload over time
- Increases the developmental elements for junior doctors

This approach was developed out of a country-wide leadership programme for Hospital-at-night teams in Wales. Supported by the Welsh Assembly Government.

For further information, in the first instance contact
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