

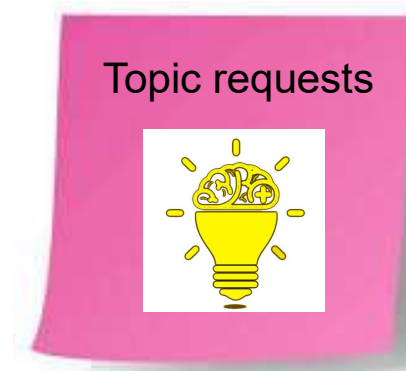
EoE PH Educational & Clinical Supervisor Development Day

6th November 2019

- Jan Yates, Head of School
- Kirsteen Watson, SES Faculty Development, Quality & Strategic Development lead
- Anne Swift, Training Programme Director - North Zone
- Sara Godward, Training Programme Director - South Zone

Understanding your learning needs

Flipchart available throughout the day – please add any future topics or learning needs you would like covered in future PDDs or for future FD resources or support



PLEASE complete the online questionnaire:

<https://healtheducationyh.onlinesurveys.ac.uk/supervisor-survey>

EoE Public Health Training programme
Educational & Clinical Supervisors Development day

Date: Wednesday 6th Nov 2019

Time: 9.30am – 4pm

Venue: Cambridge Clinical School rooms 19&20

<https://www.medschl.cam.ac.uk/contact/how-to-get-to-the-school/>

Agenda

9.30-10am	<i>Registration & coffee</i>	
10am - 10.30am	1. Welcome & Introductions <i>An update on the training programme & HEEoE including: - developing training locations and educational support for population health placements; - Supervisor accreditation; - Training location quality assurance.</i>	Jan Yates & Kirsteen Watson,
10.20 – 11.20am	2. Identifying and supporting trainees in difficulty <i>How can we promote early identification of difficulties and supportive early interventions?</i>	Kirsteen Watson
11.30 – 12.30pm	3. Update on processes <i>Updates from HR & the programme on new systems and processes for supervisors (e.g. annual leave, sick leave, etc.)</i>	Sara Godward & Anne Potter, STHK
12.30pm – 1.15pm	<i>Lunch (bring your own please)</i>	
1.15pm – 2.15pm	4. Effective feedback & having difficult conversations <i>What are the functions of feedback How can we provide effective feedback? What are some useful techniques and principles for managing difficult conversations with trainees?</i>	Dr Vijay Nayar, Associate Dean
2pm – 3.15pm	5. Educator workshop <i>A practical learning intervention based on supporting trainees in difficulty and handling challenging conversations</i>	Kirsteen Watson & Anne Swift
3.15pm – 3.30pm	<i>Coffee</i>	
3.30pm – 4pm	6. Review of the day & action planning	Kirsteen Watson Jan Yates
4-4.30pm	7. Non-core PH placements <i>Discussion on developing training locations and educational support for population health placements & GP trainees</i>	Kirsteen Watson Jan Yates



Health Education England

Session 1

School of Public Health Update

Developing people

for health and

healthcare

www.hee.nhs.uk

Jan Yates

Kirsteen Watson

Faculty objectives

	Objective	Outcome	Timeframe
0	Deliver high quality training to specialty trainees and public health aspirant practitioners	<ul style="list-style-type: none"> •Survey results demonstrate good trainee/practitioner experience •Trainees and practitioners progressing appropriately •Where measurable the reputation of the school is high •HEE and other relevant body's governance frameworks adhered to 	On going core work
1	Agree school quality framework and implement priority quality improvement plans in identified priority areas	<ul style="list-style-type: none"> •Review and streamline self assessment tool for placements including health protection placements •Integrate survey data and trends into quality assessment of training •Evaluations of training/development scheme activities built into quality assessment •Practitioner quality metrics included 	March 20 – high priority for early work lead by quality lead
2	Assure robust educator accreditation and quality improvement plan	<ul style="list-style-type: none"> •Implement sustainable systems in line with GMC requirements •Sufficient supervisors, assessors and verifiers to meet the training needs including the full range of sub-specialisms •Faculty CPD supported 	March 20 – high priority for early work led by FD lead
3	Establish school processes and working instructions to ensure sustainable systems are in place for ongoing administration	<ul style="list-style-type: none"> •Contractual arrangements and working instructions agreed between HEE and lead employer •Shared filing systems and in house SOPs to enable resilience •Sustainable admin solution agreed 	March 20 – high priority for early work led by admin support
4	Develop a strategic vision for the role of the school in development of the future public health and non-public health workforces	<ul style="list-style-type: none"> •Principles agreed for the development of new training placements •Where there are plans in place for cross specialty working ensure agreed outcomes and evaluation built in •Specifically define the place of the practitioner development scheme 	Vision by March 20 but lower priority for early delivery

Practitioner programme

- Cumulative - 32 registered, 16 withdrawn,
- Current - 14 in assessment, 31 in development
- Current – 14 assessors, 3 verifiers
- Cohort 9 applications open – lower uptake than expected
- New in 2019/20 - move to more on-line resources and formal evaluation (attrition rates high)
- **Urgent** need for new Assessors and Verifiers to join the scheme. *Assessor training cancelled due to low numbers in May, next dates will be January*
- Advocacy for Practitioner registration needs to come from all levels

Strategic work ongoing

- Supervisor governance
- Quality framework
- Process review
- GP placements
- Population Health Fellowship, PCNs
- HoS efficiency review

HEE Standards of Quality, 2017-2018

1. Learning environment & culture
2. Educational governance and leadership
3. Supporting and empowering learners
4. Supporting and empowering educators
5. Delivering Curricula & Assessments
6. Developing a sustainable workforce

Standards of Quality

1. Learning Environment and Culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
- 1.6. The learning environment promotes inter-professional learning opportunities.

2. Educational Governance and Leadership

- 2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

3. Supporting and Empowering Learners

- 3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3. Learners feel they are valued members of the healthcare team within which they are placed.

- 3.4. Learners receive an appropriate and timely induction into the learning environment.
- 3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

4. Supporting and Empowering Educators

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

5. Delivering Curricula and Assessments

- 5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

6. Developing a Sustainable Workforce

- 6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Review of Training Location Quality Assurance Self-Assessment process

- Completed in 2018-2019: Hertfordshire, Norfolk, Suffolk, Bedfordshire, Essex, Cambridgeshire and Peterborough, PHE Health Protection Team.
 - Quality visits to Norfolk, Bedfordshire, Cambridgeshire and Peterborough and Essex County Council Public Health teams – Quality Lead, TPD, registrar, ES & CS team.
 - Continuous self-assessment against 6 quality domains.
-
- Move away from ‘visits’ HEEoE wide
 - Need to continue some kind of QA - ?collaborative approach; ?annual meetings
 - Risk matrix – escalation to the Quality team
 - Seek views on the self-assessment process – what works well, what could be improved

Session 2

Identifying and supporting trainees in difficulty

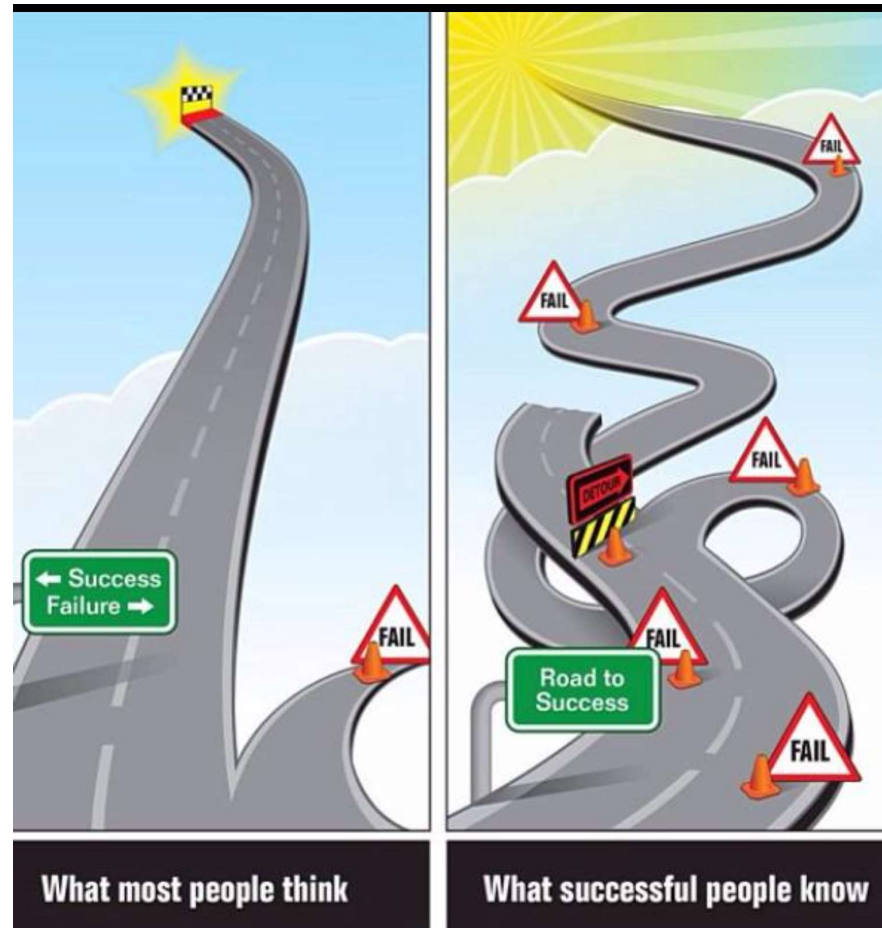
- The aim of this workshop is to enhance your ability to:
 - identify common signs that indicate a trainee may be in difficulty;
 - identify common causes of trainees experiencing difficulties;
 - consider some models for guiding a diagnosis and choosing relevant interventions to address the problem;
 - prevent difficulties escalating and intervene early to support trainees.

Kirsteen Watson

Self-reflection...

- Reflect internally on a time when you yourself may have experienced difficulties in training or in your career....
- What was the cause?
- What and who helped you?
- What would you like to provide in terms of support for others?





Definitions: the basics

What is the difference between a trainee in difficulty and a difficult trainee?

“A trainee in difficulty is one whose progress is causing concern or who is not meeting curricular requirements.”

- **Trainee in difficulty**
 - Knowledge, skills, attitudes
 - Exams, career progression
- **Trainee with difficulties**
 - health issues, domestic or financial pressures
 - stressful or hostile work environment
- **‘Difficult’ trainee?**
 - Personality, behavioural issues
 - *We try to avoid using this term as it is subjective, and often unhelpful

Managing trainees in difficulty...is difficult!

“A good supervisor will support the majority of trainees well and will be able to identify the trainee who is in difficulty”

- Trainees can go through ‘difficulties’ for various reasons.
- Many difficulties will be temporary or short term in nature.
- Some trainees have difficulties throughout the training programme and progress through training might be delayed.
- Sensitive yet robust educational supervision is required to ensure training is completed satisfactorily or the right steps are taken to suspend, divert or indeed remove the individual from training.
- Trainees with severe or persistent problems are rare, but they take up a lot of time and emotional energy.

What are the barriers?

Time	Transfer of information	Lack of 'evidence'	Challenge / Retaliation
Concern of effect on team	Requires support from colleagues	Avoidance / Frustration	Difficulties of performance assessment
Confidence of the trainer	Labelling	Desire to rescue/ protect	Helplessness

Supervisor resilience

“The capacity to work with trainees without being personally diminished”

- Challenges can include: feeling maliciously accused, under-appreciated; compassion fatigue; emotionally charged conversations; stress....etc.
- You are not:
 - The trainee’s doctor
 - A counsellor
 - A psychologist
 - An expert in HR issues
 - The owner of the trainee’s problems
- You should seek advice and support early
- “Reflect, be mindful, be accepting and remember this is only one part of your job”

Parable of the “burning frog”

- Senge (2006) “The 5th Discipline”
- If a frog is put into boiling water, it leaps out, however if it is put into cool water and slowly heated, the frog does not realise how hot the water gets until it is too late.
 - Normalisation of stressful environments.
- Development of trustful relationships and regular meetings can help to identify issues, potential issues or ‘red flag’s with the aim of pre-empting major issues or crises.



A. Identifying trainees in difficulty

From your own experience with trainees:



- What are the characteristics of poor performers?
- What are the early warning signs (even if you didn't recognise them at the time) of a trainee in difficulty?

Recognising early warning signs

Career problems: e.g. Difficulty with exams, uncertainty about career choice

The “disappearing act”: e.g. frequent sick leave, no open diary, not where they should be

Rigidity in thinking: – poor tolerance of ambiguity, difficulty prioritising, inability to compromise or manage uncertainty, difficulty adapting to new situations

Low work rate: e.g. very slow, not managing a reasonable workload

Ineffective management of stress or emotions: e.g. inappropriate emotional outbursts, real or imagined slights, mood swings, easily moved to emotion in challenging situations

Difficult relationships with colleagues: e.g. colleagues don't want to work with them or “bypass” them, perceived lack of engagement

Lack of insight: e.g. rejection of constrictive criticism, counter-challenge, defensiveness

Lack of organisational skills: failure to keep up to date with routine paperwork or supervisions

Tiredness and lack of concentration e.g. visible signs, increasing number of mistakes

ASSESSMENT DOMAINS



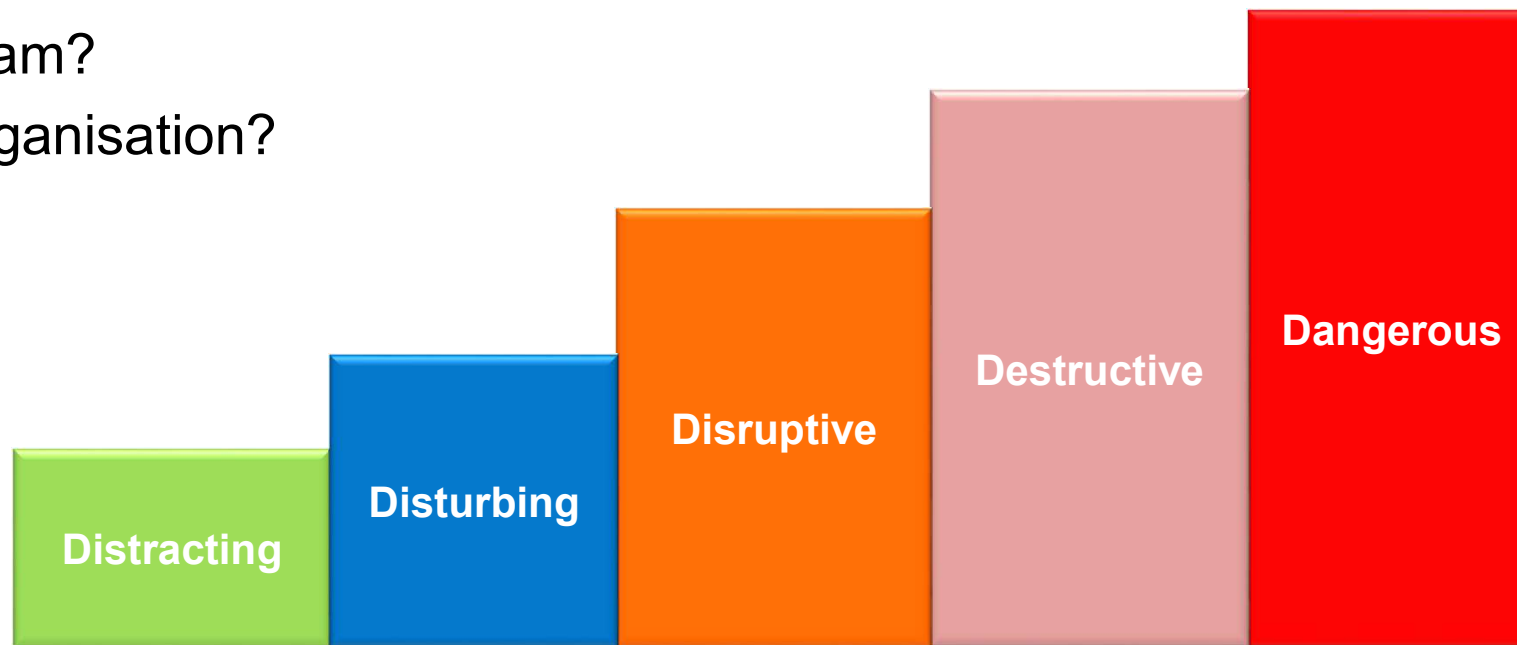
Poor performance is a symptom not a diagnosis

Exploration of underlying causes is essential

How dangerous is dangerous ?

What is the risk to:

- Patients/the public?
- Self?
- Team?
- Organisation?





Health Education England

Managing Trainees in Difficulty

Guidance for trainees, trainers, and employers within Health Education England, East of England

Version:	2.4
Ratified by:	Dean's Senior management Team (SMT)
Date ratified:	December 2018
Name and Title of originator/author(s):	HEE EoE Professional Support and Well-being Service (PSW)
Name of responsible Director:	Mrs Kate Read

4 Key Principles

4.1 The following key principles underpin this guidance¹. There should be:

a culture of support and development for both trainees and educators

a consistent and systematic application of fair and transparent processes, including principles of equality, diversity and inclusion

trained educators with clarity and confidence in delivering their roles and responsibilities

access for trainees and educators to a range of additional educational resources, including coaching and specialist educational help

clear and appropriate communication between educators and with the trainee

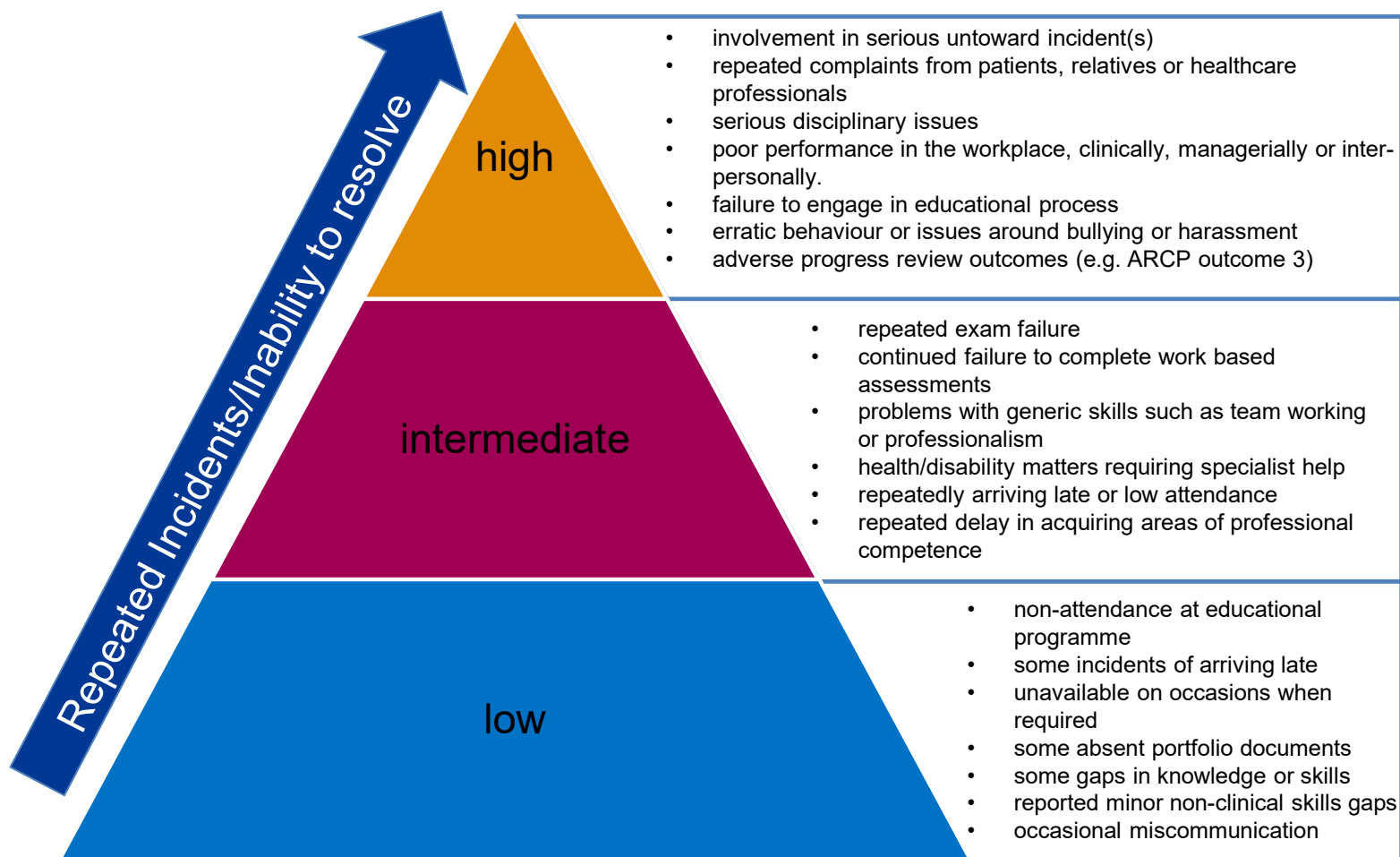
Early identification of issues with focussed clinical supervision and training to prevent escalation

documented evidence of concerns (in e-portfolio and/or trainee file depending on level of concern), discussions, decisions and follow-up plans

clear criteria for assessments and action plans, with decisions supported by written evidence that has been shared with the trainee

collaboration between HEE EoE, employing organisations and local education providers, present and future, to ensure optimal trainee support, patient safety, provision of education and best HR practice

Scale of concern: examples of TiD



TiD=trainee in difficulty

9 Management of trainees in difficulty (TIDs) ³

Role	Low level concerns	Intermediate level concerns	High level concerns
Clinical Supervisor (CS)	<ul style="list-style-type: none"> • Ensure patient safety • Identify and manage problems at an early stage • Obtain feedback from colleagues and the multi-professional team • Meet the trainee and document the meeting • Provide level of support where appropriate • Regular communication with trainee's ES 	<ul style="list-style-type: none"> • Ensure patient safety • Provide information as requested regarding ongoing investigation • Continue communicating with ES • Inform TPD (and DME where relevant) 	<ul style="list-style-type: none"> • Regular communication with ES and/or TPD • May be appropriate at this stage to include communication with education lead within LEP
Educational Supervisor (ES)	<ul style="list-style-type: none"> • Meet the trainee • Liaise with the CS • Modify trainee's personal development plan (PDP) in order to achieve realistic measurable objectives • Monitor progress • Discuss with TPD if necessary • Discuss the possibility of a referral with the Professional Support & Well-being Service (PSW) 	<ul style="list-style-type: none"> • Ensure appropriate levels of supervision are available • Review objectives and assess whether there is a need for further training and assessment • Closely monitor progress and document all meetings held with the trainee • Involve the TPD/FTPD if performance is not improving • Refer to the PSW 	<ul style="list-style-type: none"> • Ensure appropriate supervision is always available – especially out of hours • Provide additional training as required • Gather further assessments of performance • Regular communication with the TPD/FTPD • Refer to the PSW
Foundation/Training Programme Director (FTPD/TPD)	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage • Be available to give advice and guidance to the ES/CS and the trainee if appropriate • Provide continuity between departments, School, HEE EoE for 	<ul style="list-style-type: none"> • Closely monitor progress • Consider additional support/training needs for trainee • Consider whether the trainee is safe/fit to practice based on feedback from various sources including the CS and ES • Consider informing Medical Staffing 	<ul style="list-style-type: none"> • In collaboration with the ES, HEE EoE and the trainee, agree a process of remediation with additional support/training and further assessment • Consider informing Medical Staffing • Monitor progress and keep relevant members informed

Support to sanction

- As a teacher or supervisor, you should ensure that accurate, contemporaneous, dated and signed records of assessment, feedback, supervision and appraisal sessions are kept.
- Multi-source feedback is an extremely helpful assessment tool to use routinely, as well as when there are concerns about conduct, and provides a good focal point for discussions about aspects of performance or behaviours that need to be improved.
- It is important to be fully aware of the relevant Council's guidance and standards for learners. This varies according to profession, for example, all UK doctors are subject to the GMC's guidance Good Medical Practice (2006), including those in training.
- Where there are potential infringements of any Council's guidance, educators need to consider the relative seriousness of the problem and consult with the appropriate colleagues to take an appropriate course of action.



Key message from HEE – for the complicated bits...

- Human Resources & Employment Law
- Discrimination / Equality considerations
- Health and Safety
- Litigation and Tribunals
- Confidentiality
- Bullying / Harassment issues

➤ **Talk to HR & TPD/HEEoE**

Collecting evidence

From a number of relevant people, including the trainee

Verbal statements
from others

Comments in meetings or conversations
e.g. “she’s always late for meetings”; “he never quite manages to deliver a report on time”

Written statements
from others:

MSF
Workplace based assessments
Emails or project supervisor reports

Things you have
observed (K, S or A):

Record the specifics of the event that gave cause for concern
Written pieces of work that are not as expected
Significant incidents

Things the trainee has
noticed:

What do they have difficulty with
Explore their goals
Explore differences between expectation and delivery

Methods of gathering information and evidence

- **Workplace-based assessments** can be extremely helpful to capture early warning signs of a learner in difficulty, particularly around poor or unsafe skills and practise or unprofessional behaviours.
- **Multi-source feedback (MSF) or 360 appraisals** are particularly useful, with careful interpretation of data to identify profiles of underperformance. Learners who consistently over-rate their own performance may be a particular cause for concern.
- **Observation** of a learner's practice in the workplace, either formally or informally, is particularly useful in contextualising reported behaviour provided by others in the team or peers. It may facilitate the possibility of distinguishing between occasional and systemic difficulty on the part of the learner in a particular assessment.
- **Previous supervisor reports** can help to offer previous assessments of competence or style which may triangulate with what you have observed or experienced. This can help you to assess if this is a new emerging issue or a longstanding concern or observation.

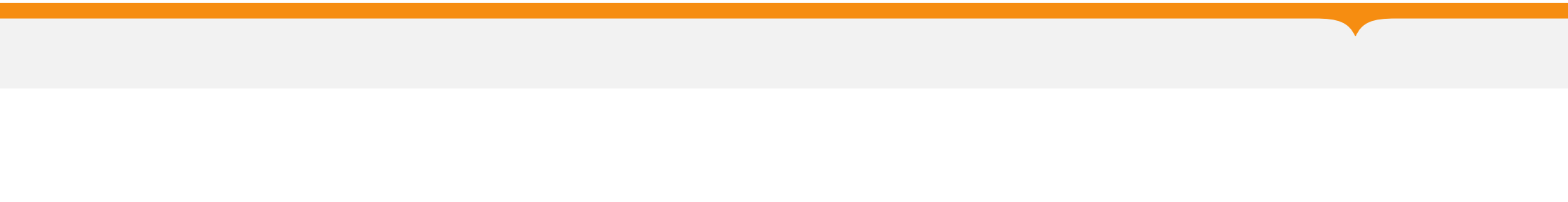
The importance of documentation:

- Clear, concise, unambiguous
- Accurate
- Jargon free
- Factual and objective
- Describe sources
- Separate facts from opinion
- Focus on behaviour not “personality”
- Acknowledge good points as well as bad
- Record in Eportfolio

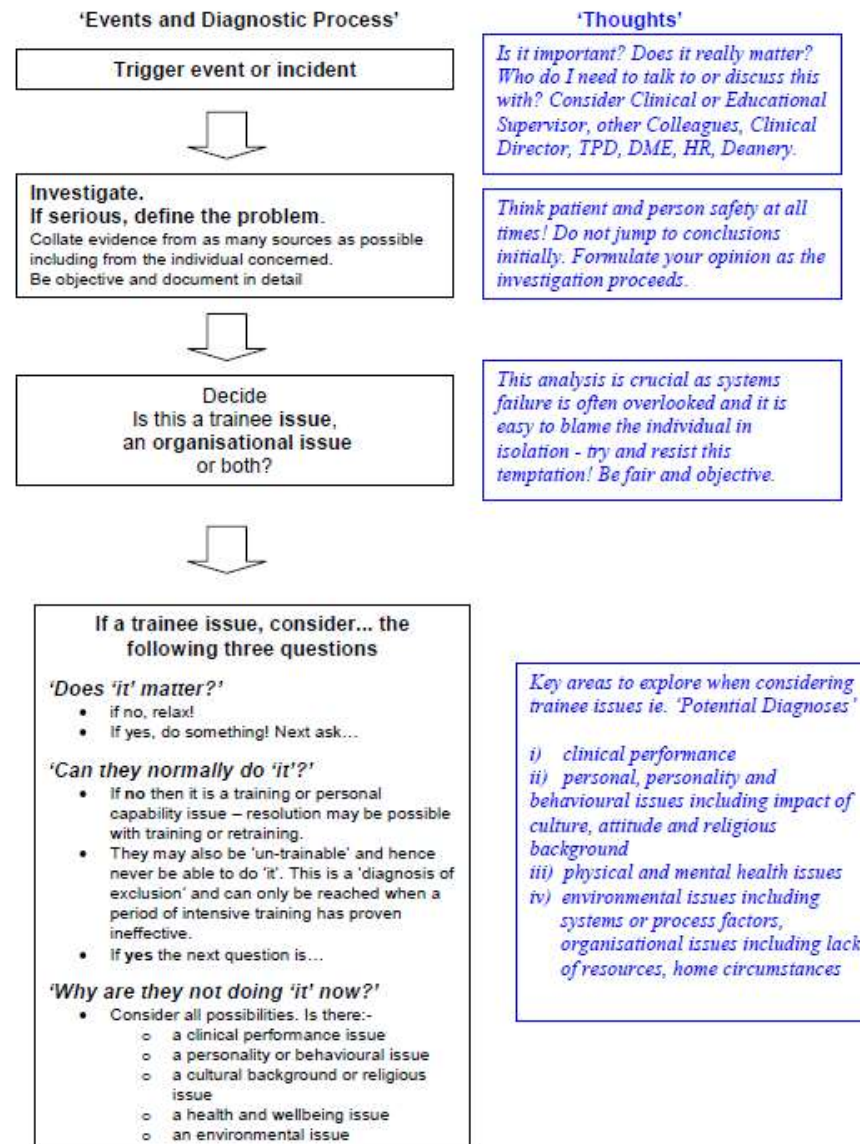
Emails:

- When forwarding emails on, take care!
 - Read the whole trail before forwarding.
- Remember, email is **not** confidential and emails can be requested as part of Freedom of Information requests, so be conscious about what you write

B. Diagnosing the underlying problem or issue

- Can the trainee normally perform professional role and work well?
 - If so, why can't they perform well now?
 - Is there a health issue?
 - Personality and behaviour issues?
 - Organisational issues?
 - A combination of issues?
- 

A Diagnostic Framework



Supporting Trainees:
A guide for Supervisors.
The National Association of Clinical Tutors (NACT) 2018

Clinical teachers may wish to use this grid to help identify learners' "problems" as well as strengths (Steinert, 2008). Examples are included to facilitate reflection of personal challenges.

KNOWLEDGE	ATTITUDES	SKILLS
<p>e.g. Gaps in knowledge of basic or clinical sciences</p> <p><i>Be sure to identify both challenges <u>and</u> strengths.</i></p>	<p>e.g. Difficulties with motivation, insight, self-assessment, doctor-patient relations.</p> <p><i>Attitudinal problems, which are usually manifested by behaviours, are often easy to identify but challenging to address.</i></p>	<p>e.g. Difficulties with interpreting information, interpersonal skills, technical skills, clinical judgment, or organization of work.</p> <p><i>Skill deficits often overlap with gaps in knowledge. Strengths must be identified as well.</i></p>
TEACHER	LEARNER	SYSTEM
<p>e.g. Teachers' perceptions, expectations or feelings; personal experiences or stresses; colleagues' perceptions, expectations or stresses.</p>	<p>e.g. Relevant life history or personal problems, including acute life stresses, learning disabilities, psychiatric illness, or substance abuse; learner expectations and assumptions; learner reactions to identified problems.</p>	<p>e.g. Unclear standards or responsibilities; overwhelming workload; inconsistent teaching or supervision; lack of ongoing feedback or performance appraisal</p>

Figure 1. Working with “problem” learners: a framework for analysis.

Where does the problem lie?

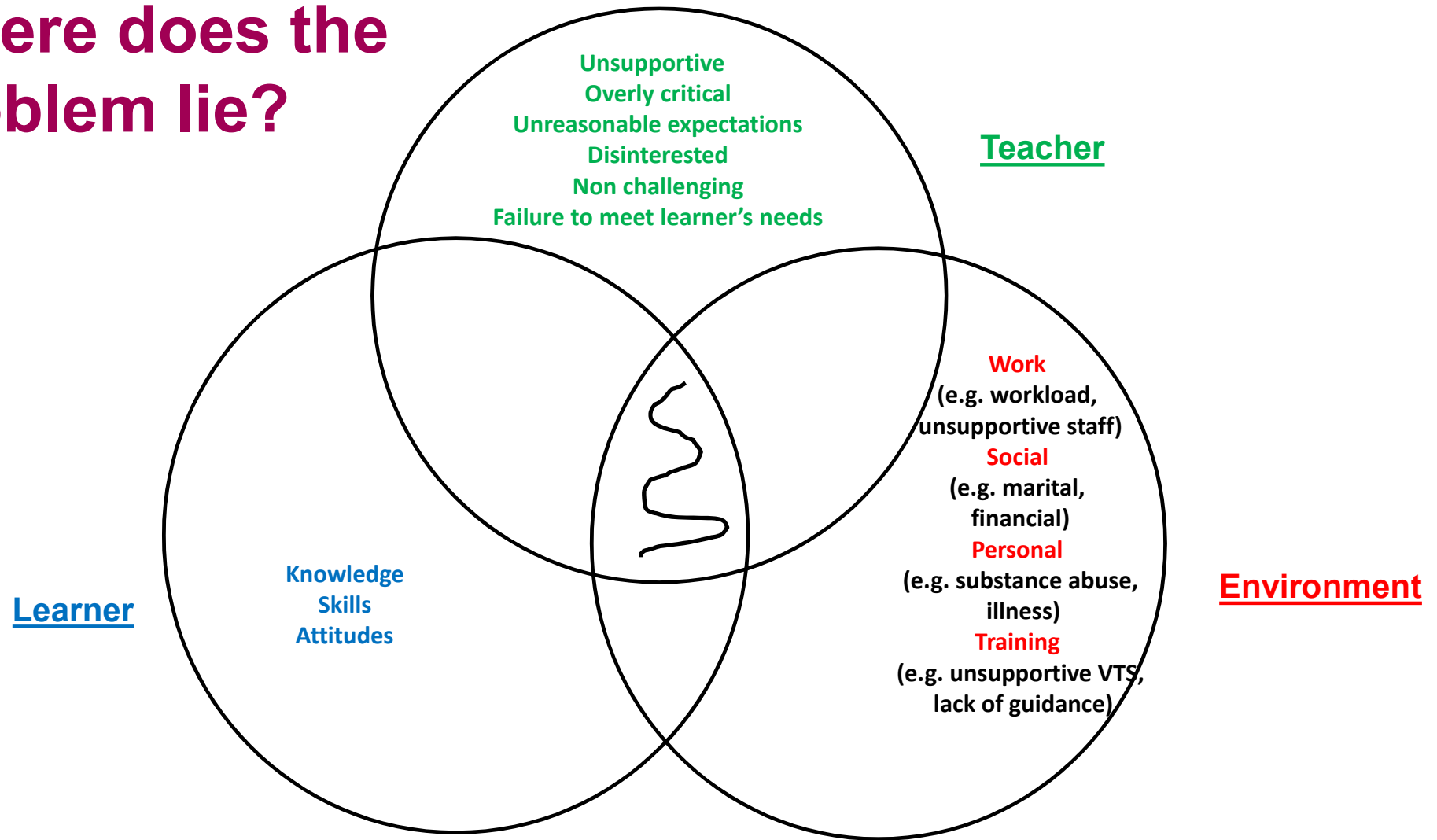


Table 1. A framework for working with “problem” learners.

From intuition to problem identification

- What is the problem?
- Whose problem is it?
- Is it a problem that must be changed?

From identification to problem definition

- What is the problem?
- What is the learner’s perception of the problem?
- What are the learner’s perceived strengths and weaknesses?
- What is the learner’s relevant life history?
- What are the teacher’s – and the system’s – perceived strengths and weaknesses?
- How do colleagues perceive the learner?

From definition to intervention

- What problem are you trying to address?
- How will you address the identified problem?
- Who will be involved in the intervention?
- What is the time frame for the intervention?
- How will the intervention be evaluated?
- How will the intervention be documented?
- How will due process be assured?

AMEE Guide 76 (2013) –
‘The problem learner:
whose problem is it?’
Steinart, Y. *Medical
Teacher*. 34(4). e1035-
e1045

Diagnostic tools: RDM-p

Tim Norfolk, Occupational Psychologist

(Materials for Bradford GP VTS)

Relationship

- With patients or public/lay colleagues
- With staff and colleagues (inside and outside of the team)

Diagnostics

- Assessing patients
- Assessing oneself
- Assessing staff and colleagues
- Decision-making in work-related activities

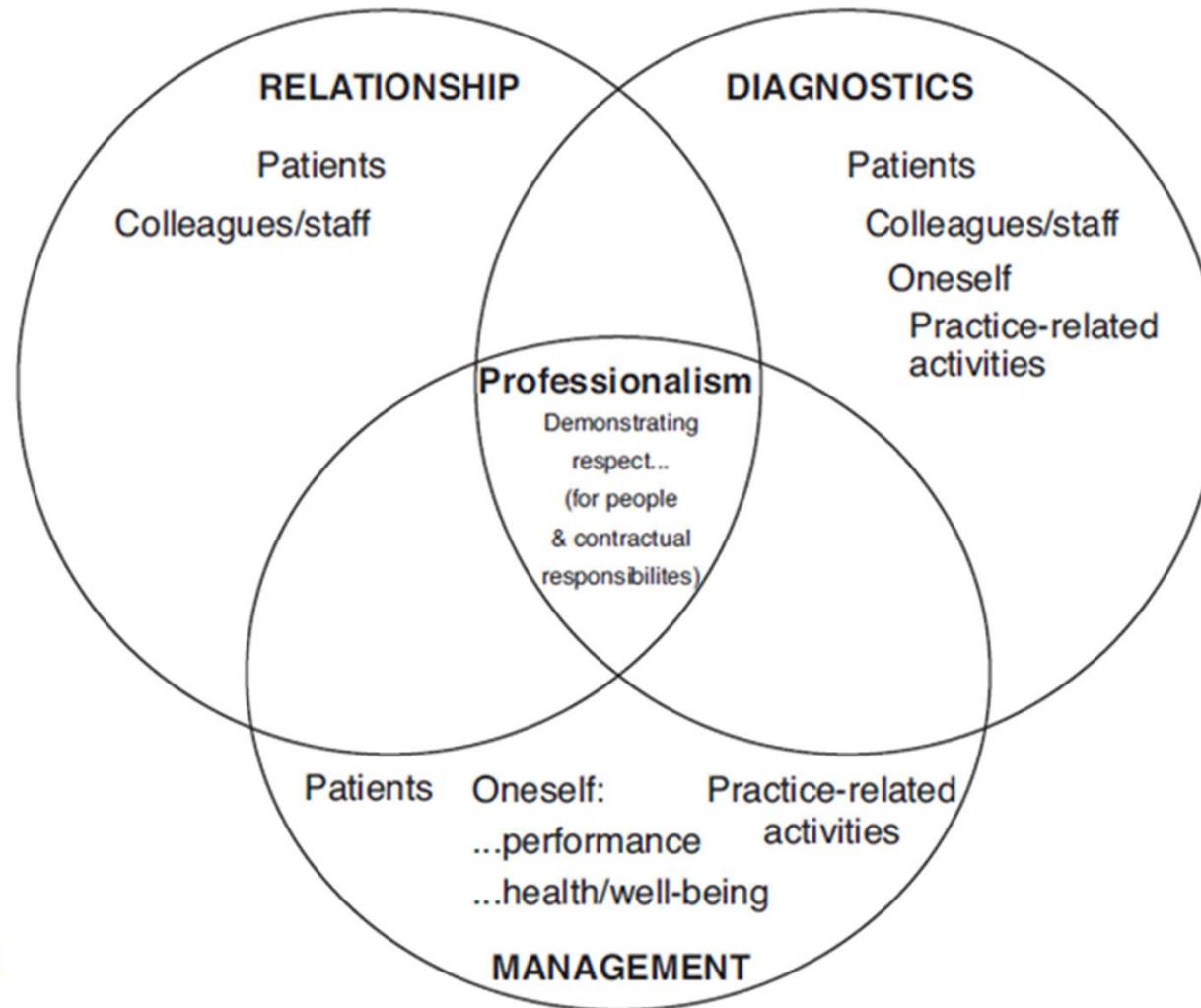
Management

- Managing patients
- Managing oneself: performance, health and wellbeing
- Managing staff and colleagues
- Managing practice related activities

Professionalism

- Respect for people
- Respect for protocol
- Respecting importance of R, D & M
- Awareness and carrying out of contractual responsibilities

The RDM-p model





Signs & Symptoms of a Relationship domain concern:

- Communication and consulting skills – like a lack of empathy, not adapting language and style to the circumstance, or not picking up and responding to verbal and nonverbal, or poor negotiating skills and so on.
- Working with colleagues and in teams – not working in a team could be due to poor communication skills or delegation, but it might also be about leadership skills (encouraging or persuading people/patients to respond willingly or positively to one's decisions or suggestions).



Signs & Symptoms of a Diagnostics domain concern:

- Data gathering and interpretation – not doing enough of this for optimal decision making (whether for patients, colleagues, other staff or oneself)
- Analytical skills – once the data has been gathered, difficulty in prioritising it or offering alternative options, suggestions or explanations
- Decision making skills – where the trainee has a difficulty in reaching that pivotal point (imagine the peak of a triangle) where a decision has to be made; they are unable to draw together prioritised information in such a way that is clear, rational and defensible. For example, many of you might think procrastination must be a management problem (linked to poor organisation, perhaps) but very often it's a diagnostic one – where someone struggles to DECIDE (or PRIORITISE) whether and when to do something, even though they have the time. Other examples include: not knowing when to treat, to refer, to wait and see or blindly ordering all tests under the sun.
- Examination and technical skills (i.e. practical diagnostic skills) – not conducting examinations and tests (including medical instruments) in an appropriate manner.

***NB: Reproduced without permission – to show examples!**

Available as a PDF online from the Bradford VTS scheme RDM-p Manual.

Strongly recommend you take a look, its very useful!



Signs & Symptoms of a Management domain concern:

- Managing particular events – for example, a lack of structure to the consultation, not managing their referral letters or pacing a meeting badly.
- Managing on-going events – like not maintaining adequate records after home visits, not keeping on top of one's other roles within the practice, not keeping up with information management and technology.
- Managing relationships – like not providing continuity of care or routinely monitoring one's interaction with colleagues.
- Managing oneself – for example not monitoring one's own performance, learning and development; not establishing an effective work-life balance, or not keeping on top of one's physical or mental health and well-being (e.g. no longer playing sport because you're 'too busy', or 'too stressed to relax').



Signs & Symptoms of a Professionalism concern:

- Respect for others – perhaps a trainee doesn't appear to show equal respect for patients, colleagues, staff and others; for instance, being judgemental or not treating them equally.
- Respect for one's position – not acting within one's professional roles/boundaries, not appreciating the effect of one's behaviour/actions on others (e.g. running late and showing no regard for the poor patients who have been kept waiting), not minimising risk (e.g. where one's own health might compromise someone else's safety).
- Respect for protocol – this isn't just about failing to following clinical guidelines or local initiatives/policies but also about not adhering to established professional codes of practice. When someone doesn't do referral letters in a timely way, it is clearly a management issue. However, it might also demonstrate a lack of respect to its *importance*; this lack of respect for process/protocol = a professionalism issue. **This won't necessarily be true in all cases** - some individuals are disorganised, and need to develop better systems, but rush around desperately keen to do the right thing! They may therefore respect the idea of doing letters on time but can't quite deliver. Discussing things with the trainee will help you determine which of these categories they belong to.

Collecting evidence

From a number of relevant people, including the trainee

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from others

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e.g. “she’s always late for meetings”; “he never quite manages to deliver a report on time”

Written statements
from others:

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Things you have
observed (K, S or A):

Record the specifics of the event that gave cause for concern
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Significant incidents

Things the trainee has
noticed:

What do they have difficulty with
Explore their goals
Explore differences between expectation and delivery

Mapping observations

A worked example from the Bradford guide....

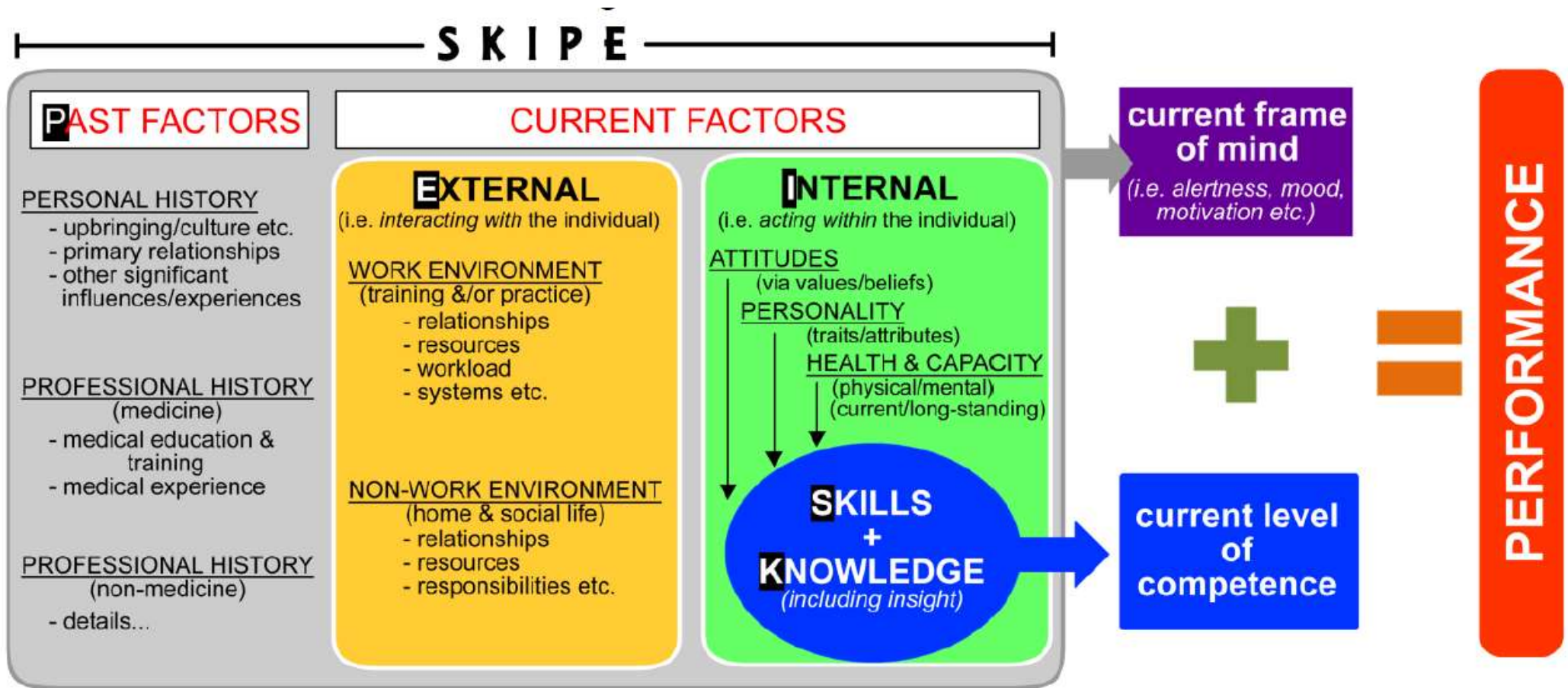
RDM-p category	The Evidence	Our reasoning/things we want to explore
M	Problems at home	Problems at home usually imply a difficulty in managing one's life.
M	Seems unhappy	Being unhappy usually means being unable to manage one's life and health. A poor work-life balance almost always leads to unhappiness. Maybe she's unable to 'track' her own performance or health issues; an inability to 'track' is a management problem.
(M) p	Unenthusiastic	Someone who appears unenthusiastic about their work which involves dealing with people is likely to have a negative impact on others. It could also mean the doctor has a poor attitude in terms of their approach to work. Both of these are a professionalism issue. But it could also be a management issue – maybe there's so much else going on in their life. Failure to manage their life leads to stress and stress dampens enthusiasm.
R p	Doctor-centred consultations	A doctor-centred consultation says something about the doctor-patient relationship and possibly about the attitude of the doctor. Attitudinal problems always relate to professionalism .
R D p	Poor patient feedback and complaints	Poor patient feedback usually signals a relationship problem, but can also suggest a diagnostic problem (relating to perceived errors of judgment, missed cues etc.). It might also indicate that the attitude of the doctor needs looking at (professionalism).
M p	Difficulty accepting negative feedback	If a person finds it difficult to accept well-intentioned feedback, they may need to look at the value or respect they give to the opinions of more experienced colleagues

Map all observations to the RDMp domains

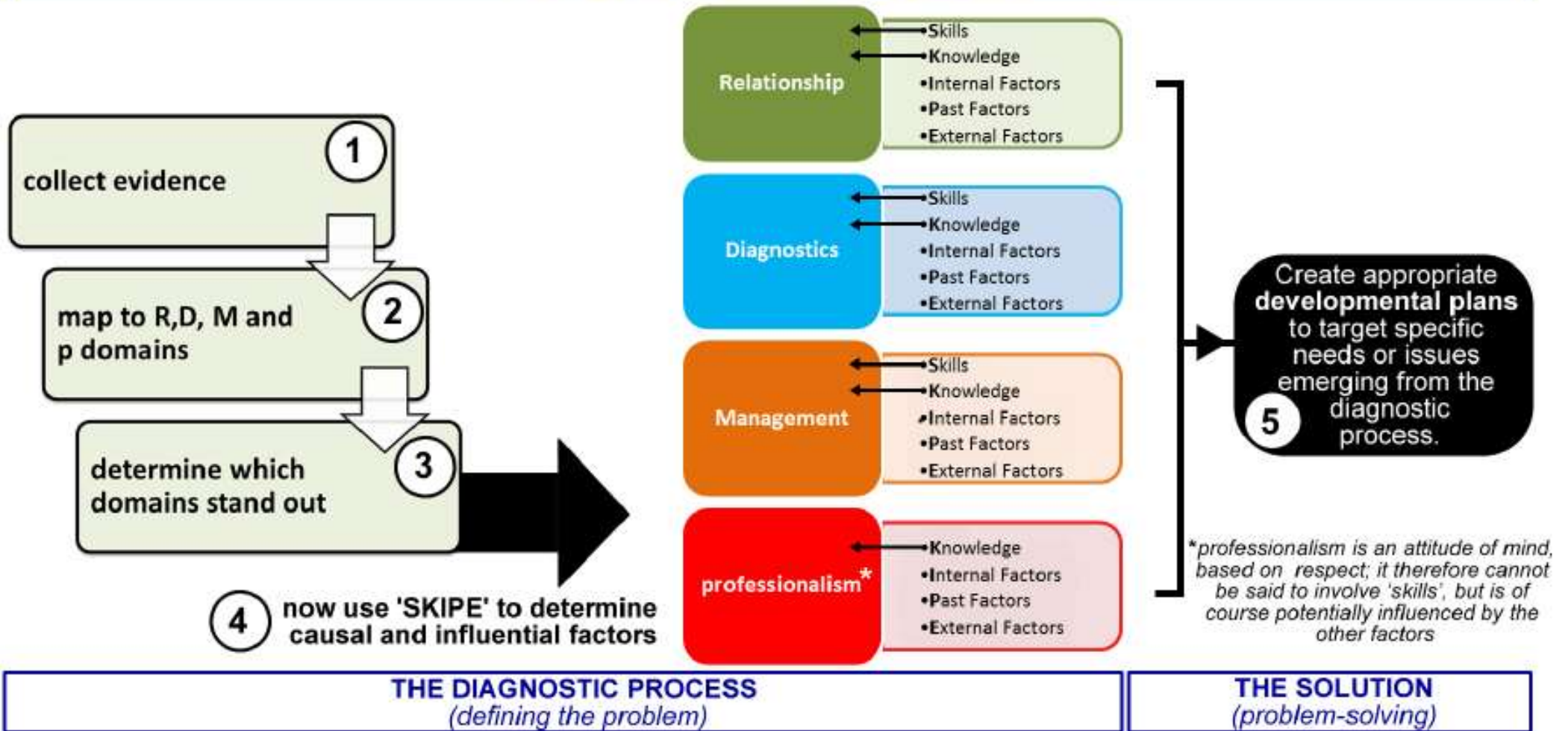
Mark with a + or a –
(or leave -ve blank – less messy)

(Acknowledgements:
Ramesh Meehay, Tim Norfolk)

Tim Norfolk's SKIPE model



THE RDM-p APPROACH IN A NUTSHELL



Why I like this approach....

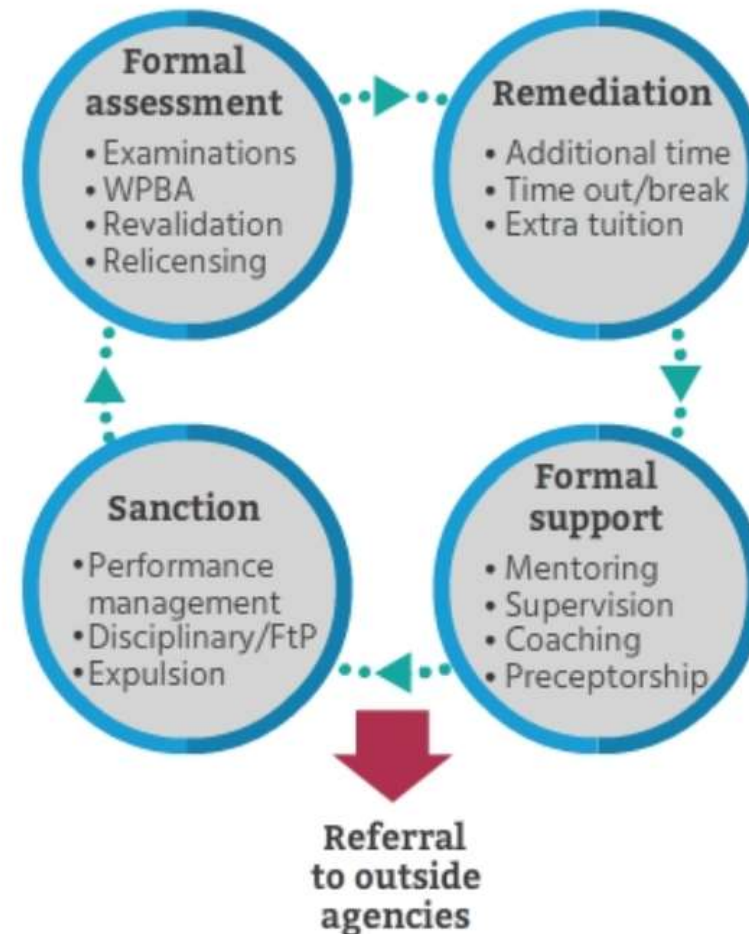
- Encourages a discussion that is a) **person-centred**; b) **systematic & thorough**; c) **fair and respectful**
- RDMp
 - A bit like clinical practice – investigate and document symptoms and signs first, then piece it together for a differential and underlying causes/contributory factors
 - Focusses you on the performance issues – based on observation and evidence which can be discussed with the trainee, not inference or assumption or causes
 - Creates a reliable evidence-based entry point for a discussion
 - Can enable you to feed in positive influences and strengths too – can use for all supervisions!
 - Can focus interventions on the RDMp domains
- SKIPE
 - Encourages you to think about causal factors and influences
 - SKIPE can only be done with the trainee – you are required to involve the trainee from this stage; you can ask trainees to think about how they feel about the observations, then focus on causes/influences
 - Separating SK from IPE initially allows us to consider whether this is a gap in learning or a failure to apply knowledge and skills; and then what has influenced this e.g. why have K&S not been acquired or applied?

C. Deciding on an intervention

- Acknowledge potential problems early
- Recognise your anxieties – but don't be stopped by them
- Don't try to manage it on your own... ask for advice from TPD, SES FD, other ES/CS
- Keep good records (*"If it isn't written down it hasn't happened"*)
- Do *something* (sensible!)
- Involve the trainees so that they are aware – principle of 'no surprises'
- Refer for support as programme or external as needed, documenting events and meetings clearly

Professional Development framework

to identify what help or support a learner may need at the different stages throughout their training and career.





Other than basic counselling skills, such as active listening, clarifying and reflecting, it is not the role of a workplace mentor or supervisor to try to help people with personal issues or deep rooted problems.

This is when the supervisor or mentor needs to know about referral mechanisms and who can provide additional support where needed.

Professional Support and Well-Being Service Support Services Available

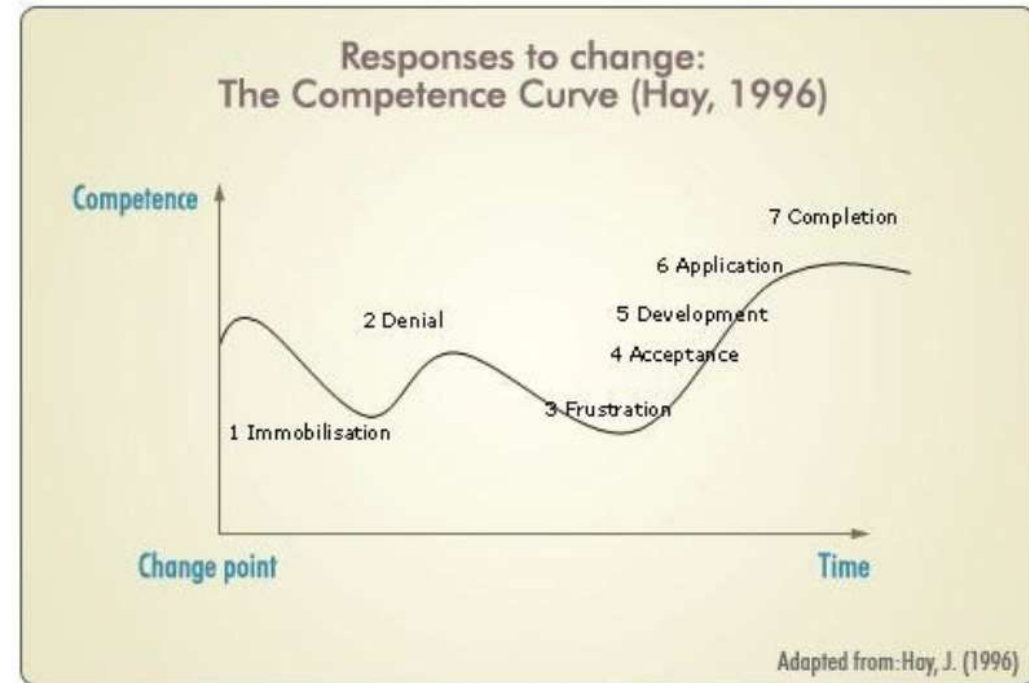
Exam Support	High Level Occupational Health
Careers Support	Emotional Intelligence Testing
Psychological Support	Signposting to other External Services
Communication Skills Support	Trainer Support
Screening, diagnosis and follow on support for Neuro-diverse Conditions	

<https://heeo.e.hee.nhs.uk/psw/east-england-professional-support-and-well-being-service>

<https://heeo.e.hee.nhs.uk/psw/about-us>

Hay's model of the Competence Curve

- As a teacher or supervisor, it is important to be alert to signs of difficulty and ready to provide specific targeted input as the trainee moves into stages of acceptance and development.
- McKimm suggests routinely building in 10 minutes of 'talk time' at the beginning or end of a supervision session or discussion, where the learner is invited to talk about any personal issues that may be causing concern. This approach provides the learner with permission to raise issues with you and acknowledges the interplay between 'work' and 'life'.



Some options for Intervention

- Additional time
- Further assessment and monitoring
- One-on-one discussions
- Enhanced teaching and learning opportunities
- A reduced workload
- A change in rotation, venue or supervisor
- Peer or mentor support
- A remedial program, with defined goals, objectives and strategies
- Counselling or therapy
- A leave of absence
- Probation, suspension or dismissal



Learning needs analysis & development plans

Which tools and strategies might I use to help the learner to internalise appropriate learning objectives and to engage them in the process of addressing development needs?

- Personal development plans, if used effectively, can help learners recognise gaps in their experience, skills or knowledge and be used to set goals for future development.
- Teachers and supervisors can help the struggling learner to identify the underdeveloped areas in their learning portfolio while encouraging them to take increasing responsibility.
- Facilitating 'developmental conversations' which highlight the possibilities for further personal growth and understanding through a consideration of new ideas and ways of addressing areas of difficulty are vital.

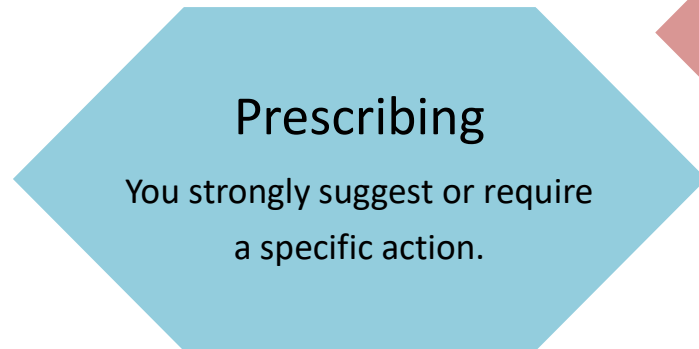
Maximising learning opportunities

- **Identifying learning opportunities**
 - Learners in difficulty with training progression may need help in identifying the learning opportunities that arise in the workplace, and encouragement to value and seize the opportunities for learning they offer.
- **Limiting (or not limiting) trainees' learning opportunities**
 - Limiting trainees' learning opportunities may compound the difficulties they are experiencing.
 - Mentors and supervisors can help by identifying ways of enabling learning, making learning opportunities explicit, and using briefing and debriefing to help the trainee appreciate the value of these opportunities.
 - Learners in difficulty need more experience rather than less, if they are to make progress. The role of 'safety netting' becomes increasingly important.

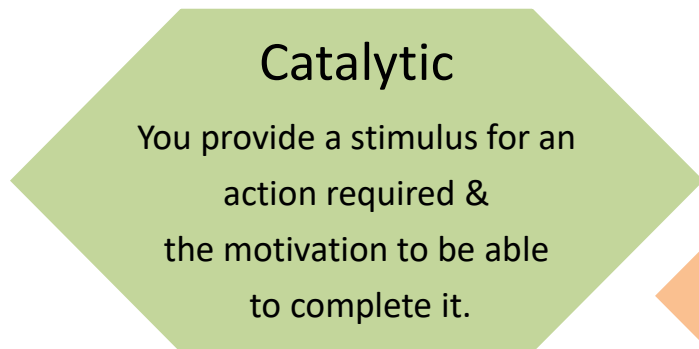
Common difficulties and some potential interventions

Area of difficulty	Approaches to identification	Possible educational interventions
Communication skills	Feedback from patients, carers, colleagues Mini-CEX, OSCE, multi-source feedback Observation	Specific feedback and guidance Video recording with self-review Formal training
Reasoning	Case-based discussion, clinical teaching (on rounds, after meetings, etc.) Over-reliance on investigations Errors in interpretation	Developing knowledge base Use Socratic questioning techniques in teaching/supervision Data interpretation (results of investigations, etc.) Informal case-based discussion with a focus on rationale for choices made, along with consideration of alternative options
Insight into performance	Multi-source feedback Self-ratings Evidence in feedback (capacity to self-evaluate) and supervision sessions	Encourage independent review of performance in all feedback sessions Encourage learner to self-rate assessments before sharing your ratings – then discuss difference in perceptions (with evidence to back up) Develop competence through increased opportunities to practise (being able to recognise a competent performance is a key step to developing insight) Regular feedback, with specific supporting examples and guidance
Team working	Multi-source feedback, feedback from colleagues and observed behaviour	Shadowing team members to develop awareness of their roles and contributions Case-based discussion to explore who else to involve in patient management (and why) Specific feedback, guidance and goal setting

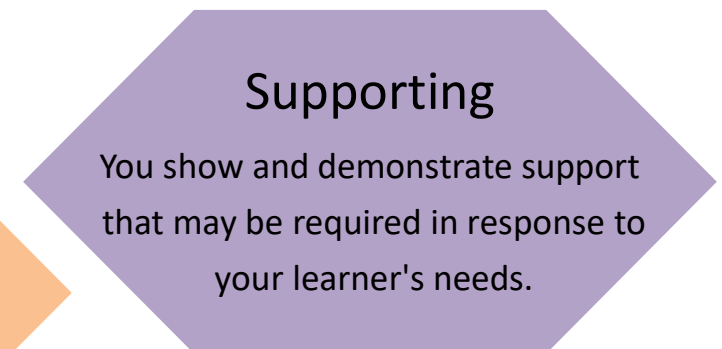
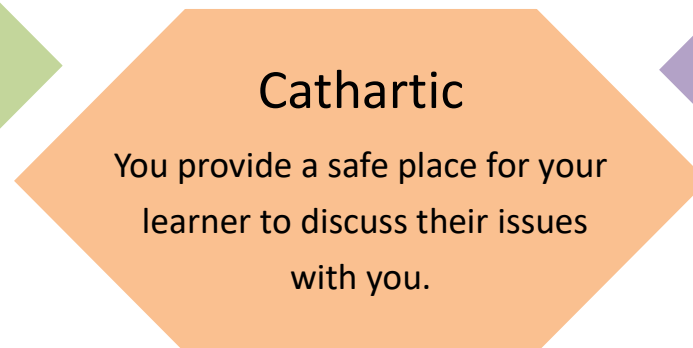
Heron's (1976) model of “Six categories of interventions”



Mentor-led or ‘authoritative’



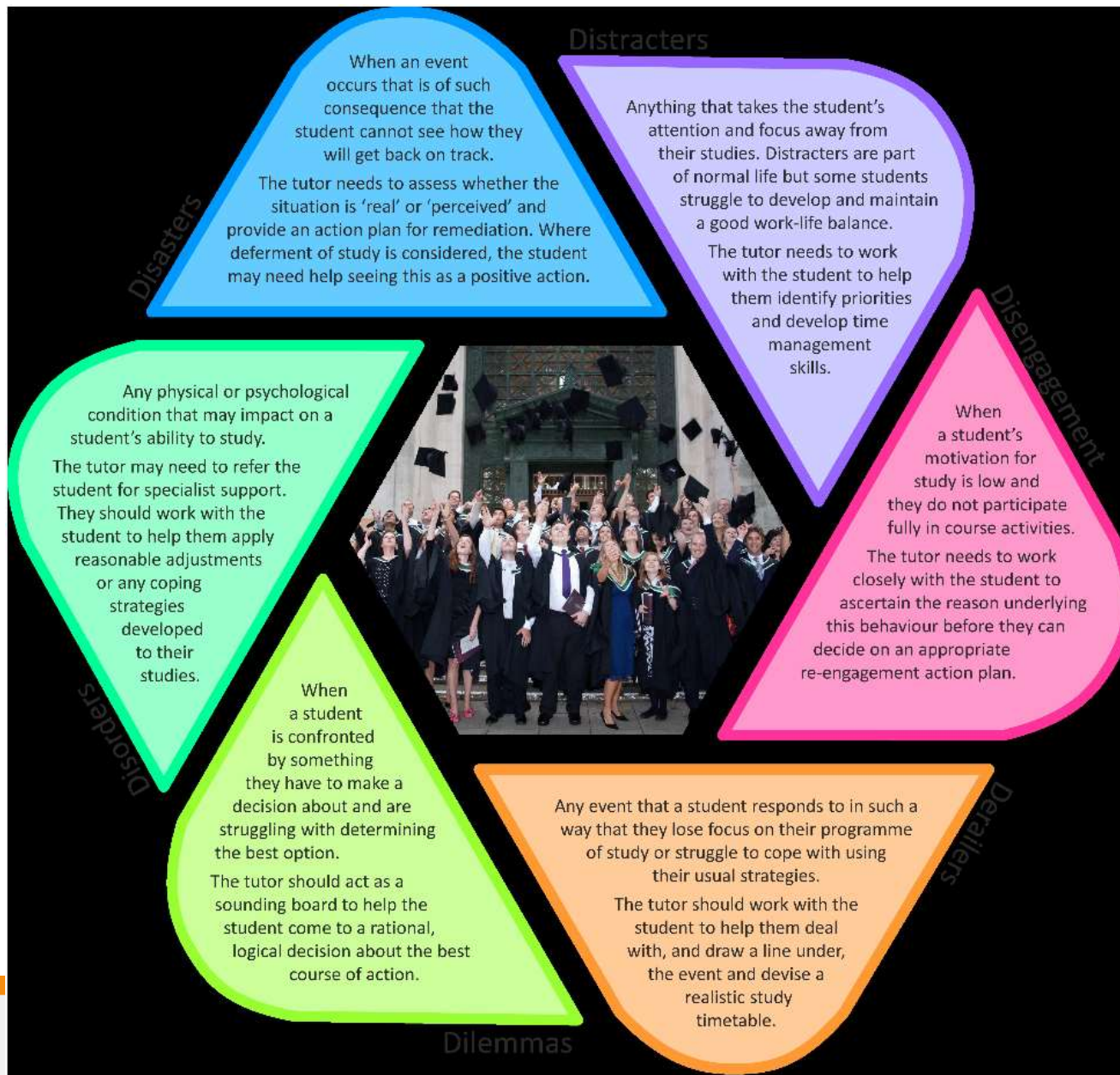
Mentee-led or ‘facilitative’



Swansea 6D model: reframing the issue

“A diagnostic and remedial conversational framework”

The 6 Ds	What it means for trainees
Disorder	A medical or psychological condition which may impact on ability to work and/or study. Whilst many disorders are disabilities (including specific learning disabilities, physical and sensory impairments) it also includes other health issues, such as long/short term conditions and mental health problems.
Dilemma	When they are struggling to make a choice about a difficult decision.
Distracter	Anything that takes their attention and focus away from clinical work and training; ranging from relatively low level, short term or with little impact, to something that has longer term and/or more serious impact. e.g. family commitments.
Derailer	An event or situation is perceived as highly pressured; they respond by losing focus on their training programme or struggle to cope using their usual strategies
Disengagement	When enthusiasm and motivation is low and/or there is reduced participation in work activities e.g. not fully contributing to team work or engaging in initiatives.
Disaster	An event perceived to be of such negative consequence that they cannot see how they will recover or get back on track.



- The 6Ds provide a simple framework to use in a range of professional conversations.
- The framework takes a coaching or mentoring approach, drawing from the GROW model, which stresses the importance of mentees being able to define their 'current reality' before they can set realistic goals and action plans.
- The 6D framework can be used to help:
 - (1) identify problems early, define the 'reality' and set and manage expectations
 - (2) explain and make sense of a situation
 - (3) reframe a situation

Pen portraits

Reflect on any sessions you have had with learners in a support role.

Use the 6D's table to 'diagnose' and support the learner.

Afterwards, reflect on how well this worked and whether it could be improved.

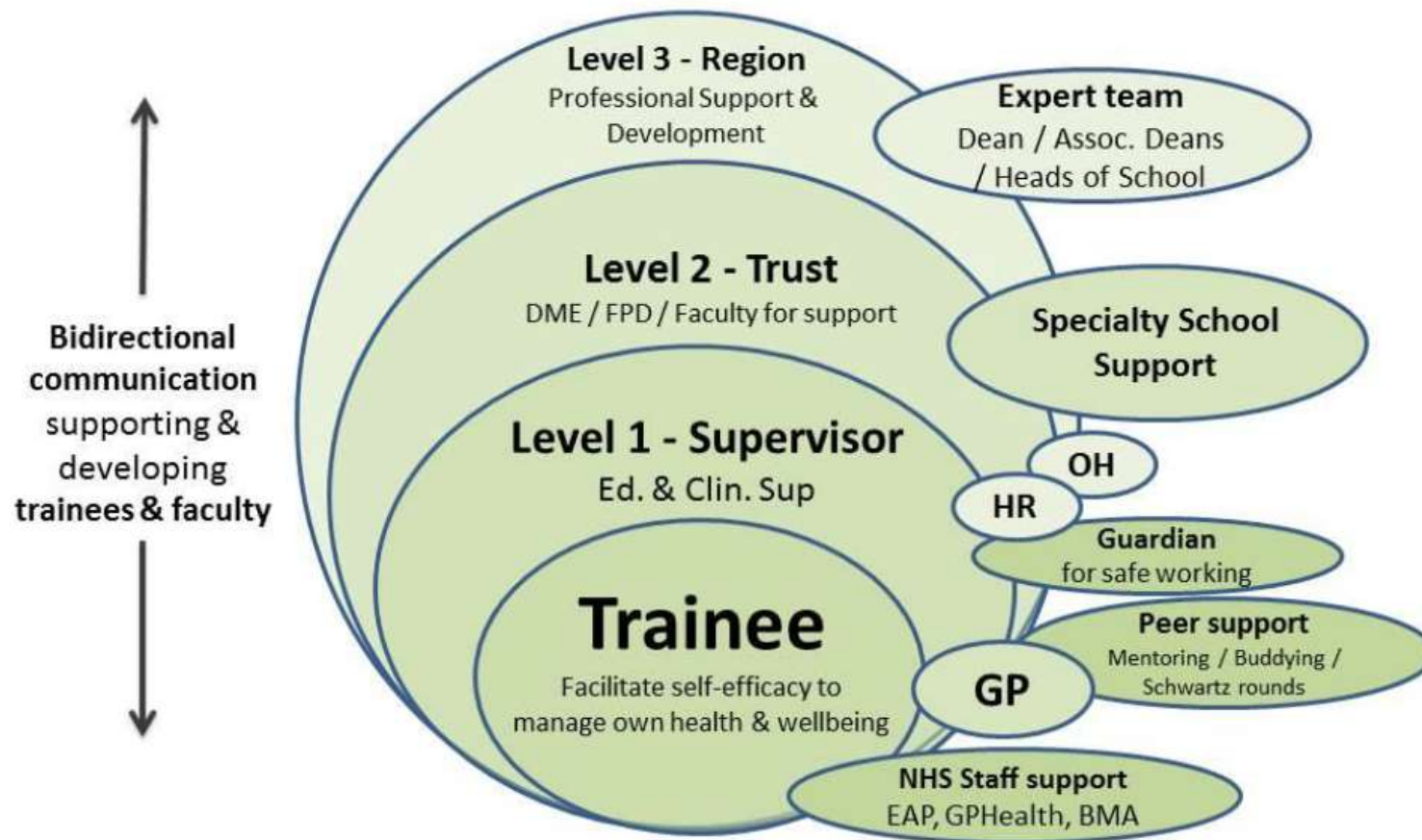
D. Preventing difficulties

Effective Educational supervision can help to prevent poor performance

- Clarity of purpose/role with clear objectives
- Clear induction programme
- Mentoring
- Regular review of progress with effective feedback
- Encourage reflective practice
- 360-degree appraisal
- Early identification of difficulty

Promote and publicise policies & support available

- **Identify staff roles and responsibilities**
 - Learners need to know who they can approach in times of trouble. Uncertainty can cause more harm than original difficulty and can also lead to delays in them seeking a solution.
- **Communicate guidance widely and remind frequently**
 - Learners need reminding often and in different ways how they can access support systems within their organisation.
- **Embed guidance and support in the curriculum or programme, especially at times of vulnerability and transition**
- **Be prepared (and know how to) shift from support to sanction**



Ensuring a positive learning environment

- **It is important to ensure that the workplace enables learners at all stages to feel that they are part of a team.**
 - This involves all members of the healthcare and support team conveying positive messages so that the workplace culture and support mechanisms welcome, involve and value the regular influx of new learners.

Think about learners who seem to struggle in your specialty or workplace.

- What characteristics (if any) do they seem to have in common?
- What strategies might you be able to put in place to support their transition?
- What interventions or strategies could you put in place to increase a sense of supportive work environment?

Pen portraits

Work in groups of 3 – review the ‘Registrar in Difficulty’ pen portraits
Choose 3 examples and discuss how you might approach this problem

Allocate roles : one ‘trainer’, one ‘registrar’, one ‘observer’

Choose one of the portraits to role play.

Discuss afterwards your observations and challenges.

In summary:

The role of the supervisor or educator

- Raise concerns; manage safety; maintain confidentiality where appropriate
- Diagnosis and treatment: e.g. RDM-p; SKIPE; 6Ds
 - The difference we can make as educators
- Accurate, objective, comprehensive record keeping
- Referral
 - Health issues (GP, Occ Health)
 - Disciplinary mechanisms
 - Involve HR / TPDs / Head of School / HEE
- Key educational interventions – design, deliver, measure outcomes, give feedback
- What not to do
 - You're not the trainee's doctor or their counsellor
- Mentoring
 - Works best when sought by juniors

References & resources

1. HEEoE Policy 'Managing Trainees in Difficulty': https://heeo.e.hee.nhs.uk/sites/default/files/hee_eoe_tid_policy_v2.4.pdf
2. eLfH emodule: 'Supporting Learners', available at: <https://educatorhub.e-lfh.org.uk/MyElearning>
3. HEEoE Autumn seminar materials on 'Trainees in Difficulty' and 'Supporting trainers of trainees in difficulty', available at: <https://heeo.e.hee.nhs.uk/faculty-educators/autumn-seminar>
4. McKimm J, Vogan CL, Roberts C, et al. 'The Swansea 6D model: a diagnostic and conversational framework for supervisors, mentors and doctors in training' Postgraduate Medical Journal 2019;95:482-486.
5. AMEE Guide 76 (2013) – 'The problem learner: whose problem is it?' Steinart, Y. *Medical Teacher*. 34(4). e1035-e1045 and Steinert, 2008 'The problem junior: whose problem is it?' *BMJ*, Vol.336,pp.150-153)
6. Mahey, R. "Bradford VTS scheme RDM-p Manual." Excellent guide through using RDM-p and SKIPE, available at: https://www.pennine-gp-training.co.uk/res/the_rdm-p_manual.pdf
7. Norfolk, Tim and Siriwardena, A. Niroshan (2013) 'A comprehensive model for diagnosing the causes of individual medical performance problems: skills, knowledge, internal, past and external factors (SKIPE).' *Quality in Primary Care*, 21 (5). pp. 315-323. ISSN 1479-1072.
8. The National Association of Clinical Tutors (NACT) 'Supporting Trainees: A guide for Supervisors', 2018. Available at: <http://www.nact.org.uk/documents/national-documents/>
9. Vogan, CL et al. 'Twelve tips for providing effective student support in undergraduate medical education' *Medical Teacher*. 2014. 36(6). 480-485.

St Helens and Knowsley NHS Trust Lead Employer East of England Public Health Educators - 6th November 2019

Anne Potter – HR Service Manager

Beverley Griffiths – Employment Services Team Leader



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Who are we?

- Lead Employer for c, 9500 specialty trainees:
 - HEE NW – All specialties since October 2018.
 - HEE WM GP, Histopathology, Public Health and Sports Exercise
 - HE EoE GP and Public Health
 - HEE EM GP
 - LASE Palliative Medicine
 - GP Targeted Training
 - HEE Thames Valley GP



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The Lead Employer Team

● Employment Services

Suzanne Lea – Head of Employment Services
suzanne.lea@sthk.nhs.uk

Chloe Foo - Employment Service Manager
chloe.foo@sthk.nhs.uk
0151 290 4380

Employment Services Team
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● Payroll Services

leademployerpayroll@sthk.nhs.uk
leademployerexpenses@sthk.nhs.uk
leademployer.pensions@sthk.nhs.uk

● HR Case Management

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Hayley Proudlove – HR Business Partner
hayley.proudlove2@sthk.nhs.uk
0151 290 4512

Anne Potter – HR Service Manager
anne.potter@sthk.nhs.uk
0151 290 4245

LeadEmployer Case Management Team
leademployer.casemanagement@sthk.nhs.uk
0151 290 4677

● Occupational Health

well.being@sthk.nhs.uk / 0151 430 1985



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Who does what?

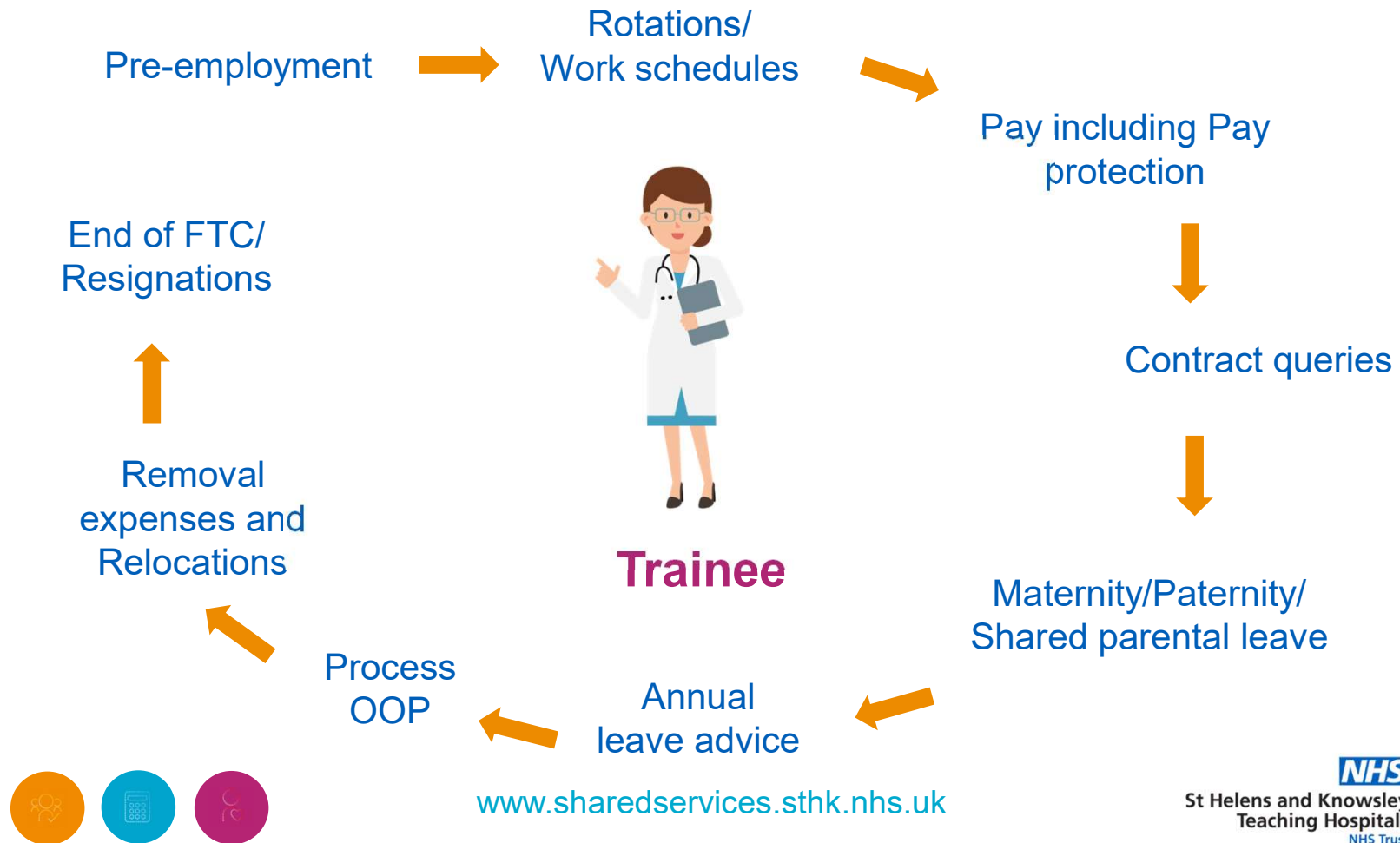
Employment Services Team

- Pre-employment checks
- Issue contracts
- Process maternity / paternity / adoption / shared parental leave
- Process excess mileage / removal of expenses
- Process work schedule changes
- Answer generic employment-based queries



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Employment Services: Start to finish training programme



Who does what?

HR Advisory Case Management

HR Advisory Team

Email address: leademployer.casemanagement.sthk.nhs.uk

Telephone: 0151 290 4677

- Provide HR advice and support
- Process occupational health referrals
- Provide guidance about key HR policies including attendance management, conduct, grievance, dignity at work.
- Manage long term sickness cases in line with Trust policy.
- Link in with HEE regarding the on-going management and support of trainees.



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Who does what?

Absence Support Team

Paul Jones and Jennifer Prosser

Email address: LeadEmployer.CaseManagement@sthk.nhs.uk

Telephone: 0151 290 4677

- Provide support to Host Trust, HEE & Trainees regarding Lead Employer's attendance management policy.
- Provide support to Host Trust (including GP practices & Hospice) regarding input of sickness absence to ESR.
- Run weekly sickness reports to identify open ended absences, trainees absent due to stress and MSK and absences where RTW interviews have not been completed. Such matters are escalated to HR Advisor / HR Manager as required.
- Advise trainees on when they are to enter into half/no pay whilst on sick leave.
- Request updates from trainees in relation to return to work interviews, open ended absence and fit notes.



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Role of Health Education England

- Oversee the education for Specialty Trainees
- Recruitment
- Approves and provides post & programme details to the Lead Employer Service
- Provides details of rotation placements to the Lead Employer Service.
- Notifies issues emerging from the ARCP or college exams and reviews or other factors which impact on Certificate of Completion of Training (CCT) dates to the Lead Employer Service.
- Deals with “Out of Programme” requests.
- Deals with requests for and manages “Less than full Time Training” (LTFT).
- Manages Inter-Deanery transfers (IDTs).
- Manages all study leave requests and expenditure.



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Role of Host Organisations

NHS Trusts / Local Authorities/ Hospices and any other approved training placements are the Host Organisation location where the trainee works and carries out their training.

- Provides training placement as normal
- Provides and invites trainee to local induction
- Produces, issues and monitors contract complaint rotas / work schedules. Liaise with Guardian as required.
- Provide 'day to day supervision' in line with LE Policies e.g.
 - Absence e.g. reporting, self certificates, RTW interviews.
 - Grievance – conduct local investigation
 - Disciplinary – conduct local investigation
 - Maternity/Paternity/Special Leave etc.
 - Expenses
- Communicates with Lead Employer regarding employment matters e.g. health, absence, grievance, disciplinary issues, use of ESR etc.



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Attendance Management

- Reporting procedure
- Self certificates / Fit notes
- Return to Work Toolkit
- Occupational Health Referrals
- Long Term Sickness – over 4 weeks
- Welfare meetings
- Reasonable adjustments / restrictions including phased RTW
- Support services e.g. EAP / NHS Practitioner Health Service / Access to Work
- LE reporting mechanisms



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Attendance Management

Absences of up to Seven Calendar Days Duration

- The employee will personally ring/report the sickness to their line managers (or nominated person) on or prior to the first full day of absence and before the shift is due to start (or within the first hour if this is not practically possible). Within this initial call the employee will provide details of the reason for absence and likely return date.
- **All durations of sickness absence should be recorded onto ESR by the Host.** This will enable the Lead Employer Organisation to monitor levels of absence. If you are having difficulty accessing ESR please contact ESR.Helpdesk@sthk.nhs.uk.
- On **return to work** the employee is responsible for completing and submitting a **self-certificate and return to work interview** which can be obtained from the Attendance Management Toolkit on the Trust website <https://sharedservices.sthk.nhs.uk/lead-employer/policies-and-forms/>. The manager must enter the date of return to work interview on ESR and a copy of the self-cert & RTW interview should be sent to lead.employer@sthk.nhs.uk.



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Attendance Management

Absences of over Seven Calendar Days Duration

- If a period of sickness spans more than 7 calendar days the trainee is required to provide a **GP FIT note**. The Trainee should ensure a FIT note is submitted to you no later than 72 hours following the eighth day of absence. On receipt of the FIT note a copy should be scanned to the Lead Employer at leademployer.casemanagement@sthk.nhs.uk.
- Where a Fit note is extended, the employee must notify their Line Manager of the details **prior to their previously expected date of return**. Subsequent FIT note certificates must be submitted within 24 hours of expiry of the previous FIT note.
- The LE Case Management team will notify HWWB if an employee has been absent for 5 days or more with a stress related absence. For MSK related absence, LE Case Management will send a PhysioMed referral letter after 5 days of absence.
- On return to work after more than seven calendar day's sickness absence, a self-certificate must be completed and the return to work interview date should be entered into ESR. Copies should be sent to LE.



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Attendance Management

Long Term Absence

- **This type of sickness absence relates to episodes of 4 weeks or more** where there is no immediate prospect of a return to work. Again, a FIT note should be submitted to you and leademployer.casemanagement@sthk.nhs.uk and any subsequent fit notes should be submitted within 24 hours of the expiry of the previous note.
- **The LE HR Advisor will proactively oversee each long term sick case (in conjunction with the Host) by arranging regular welfare telephone calls** (e.g. every 2 weeks) and will process a referral to HWWB. The HR Advisor will keep in regular contact with the host throughout the absence to inform them of any updates.
- In order to enable the employee to return to work earlier than would otherwise be the case, the LE HR Advisor on the advice of HWWB will contact the host to inform them of **any short-term reasonable adjustments**. The HR Advisor and host will monitor progress and ensure a return to full duties normally up to 4 weeks with a maximum of 6 weeks. Any adjustments spanning more than 3 months will be classed as long-term and a contractual change will need to be considered.
- When an employee is returning to work from a period of absence, **a phased return will only be given where it is essential**. Annual leave should be used to aid any phased return subject to the requirements of the Working Time Regulations being met. If a phased return is recommended, the HR Advisor should be advised by HWWB and will inform the host & HEE as soon as practically possible.



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Attendance Management

Stages & Levels/Attendance Management Triggers

- The LE HR Advisor will receive regular reports (every 2 weeks) detailing every episode of absence for each trainee in the region. They will then analyse the report and record which **trainees have met a trigger point; 3 absences or more in 12 months, 2 absences totalling over 10 days or 2 absences in a 13 week period. N.B. special leave or pregnancy related absence will not count towards the triggers.**
- The HR Advisor will then make a judgement on whether or not the trainee should be managed under the **Stage process (no underlying medical condition) or Level process (a significant underlying medical condition has been identified)**. For further information please refer to the Attendance Management Policy.
- The HR Administrator will then inform the trainee and the host that the review meeting needs to be carried out within **two weeks**.
- The host reviewing the employee's absence will make a decision whether to take **formal action** i.e. progress the employee onto a Stage or Level, based on the information provided to them at the formal review meeting. It must be noted by the employee that once they have been placed on the Procedure they will be closely monitored by the Lead Employer for the next 12 months from the last Stage/Level undertaken.
- **Once complete, all relevant documents should be returned to leademployer.casemanagement@sthk.nhs.uk.**



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Work schedules

- A work schedule is produced by the host organisation setting out the
 - Intended learning outcomes
 - Scheduled duties of the doctor including time for quality improvement/research/patient safety/formal study (other than study leave)
 - Number and distribution of hours contracted and pay for those hours.
- All trainees should be issued with a generic work schedule by the Lead Employer at least 8 weeks before starting post.
- Host Organisations must send the work schedule to the Lead Employer to meet this deadline NB Failure to do so may lead to a breach of the code of practice/contract – potentially a short term loss of pay
- Personalised work schedule is agreed by the Educational Supervisor with trainee on commencement - based on learning needs and the opportunities within the placement.



Exception Reporting

- Informs host/employer when work varies significantly and/or regularly from the agreed work schedule e.g. hours, education, support
- Report sent by trainee within 14 days (7 if claim for pay) to Educational Supervisor + Guardian (hours) or Director of Medical Education (training)
- Where an immediate and substantive risk to the safety arises this should be raised immediately (orally)
- Can lead to a work scheduling review
- National guidance has been issued (refer to NHS Employers website)



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Guardians of Safe Working

- Ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation
- Lead Employer has appointed a Guardian covering Public Health Trainees and other smaller hosts - Peter Arthur
- Responsibilities include:
 - Acting as the champion of safe working hours for doctors
 - Providing assurances to doctors/employers that doctors are safely rostered
 - Receiving copies of exception reports in respect of safe working hours
 - Escalating issues in relation to working hours to an executive director
 - Requiring intervention to mitigate any identified risk
 - Requiring a work schedule review to be undertaken
 - Intervening in any instance where the safety is compromised
 - Distributing monies received as a consequence of financial penalties
- Junior Doctor Forums – hosted via Skype by Dr Peter Arthur



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Annual Leave

Entitlements

- Each trainee has an entitlement to annual leave and public holidays. These entitlements will vary dependent upon certain factors which are explained below.
- Trainees on the minimum first and second incremental points are entitled to 5 weeks (25 days) annual leave per year increasing to 6 weeks (30 days) from the third incremental point and higher. In addition each trainee has 2 statutory days therefore Annual Leave Entitlement will be either 27 days or 32 days (prorated for part time employees)
- Bank Holidays Entitlement – this will depend on the number of bank holidays which fall in the year. There are normally 8 per year, however this may change and will be calculated accordingly. Bank holiday entitlement for part time trainees will be prorated.

Annual Leave Year

The leave year for trainees will run from the 1st Wednesday in August (commencement of August changeover) and will end on the Tuesday immediately prior to the August changeover.



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Annual Leave for LTFT Trainees

- Annual Leave for less than full time Specialty Registrars should be calculated on a pro-rata basis. So for example, a less than full time trainee working 60% of a full time rota should receive 60% of the full time entitlements of annual leave, plus 60% of the entitlement to Bank Holidays. Bank holiday hours should only be deducted if this is the trainees normal working day.

EG= 27 days entitlement /40 hours x 24 (60%) hours = 16 days annual leave
32 days entitlement /40 hours x 32 (80%) hours = 26 days annual leave

8 Bank Holidays /40 hours x 24 (60%) = 5 days

8 Bank Holidays /40 hours x 32 (80%) = 6 days

Any agreed carry over of annual leave should be calculated in the same way

EG = 5 days carry over / 40 hours x 24 (60%) = 3 days

5 days carry over / 40 hours x 32 (80%) = 4 days



Special Leave

Special leave - exceptional leave that may be granted to an employee in certain special circumstances.

- Special leave includes leave or time off for the following:
 - Jury service
 - Dependents leave
 - Carers Leave
 - Emergency Domestic Leave
 - Parental Leave
 - Bereavement Leave
 - Civic Duties
 - Public Duties
 - Armed Forces Reserves

- Time off for Medical Appointments
- Time off for Fertility Treatment
- Time off for Religious/Cultural Observance
- Time off for Interviews if in redeployment situation/within NHS.



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NHS

St Helens and Knowsley
Teaching Hospitals
NHS Trust

Special Leave

➤ Time off for Medical Appointments

Appointments for GP and dentist visits etc are often presumed to be an entitlement by some staff, this is not the case. Staff should make appointments in their own time at the start or end of the working day to ensure minimum disruption to the department, and any time taken must then be worked.

For a hospital out-patient appointment then time off with pay would normally be agreed for the duration of the appointment. No travel time will be allowed. The staff member will need to have their appointment letter/card eg with hospital, date and time etc and show this if requested to their manager.

➤ Time off for Fertility Treatment

It is recognised that treatment of infertility can be a distressing and lengthy process. A member of staff undergoing IVF treatment will be able to request up to 22.5 total hours per annum (pro rata for part time staff – see Appendix 3) and this may be taken in either full/half days or a shorter number of hours to accommodate appointments/treatment. These hours are additional to other paid Special Leave.

➤ Time off for Religious/Cultural Observance

Employees may request time off or a temporary change to their working hours for a religious or cultural occasion. Where practicable these requests should be granted and must be taken as either annual or unpaid leave.



Expenses

- When a trainee commences in post for the first placement the trainee cannot claim excess mileage
- When trainees are set up, we ask for their approving manager details on the form (new user form).
- This should be someone with the authority who can verify and approve the claims they are making online. (this is usually a Consultant or Manager they are working with)
- A trainee should request an updated user form when the trainee moves placement



www.sharedservices.sthk.nhs.uk

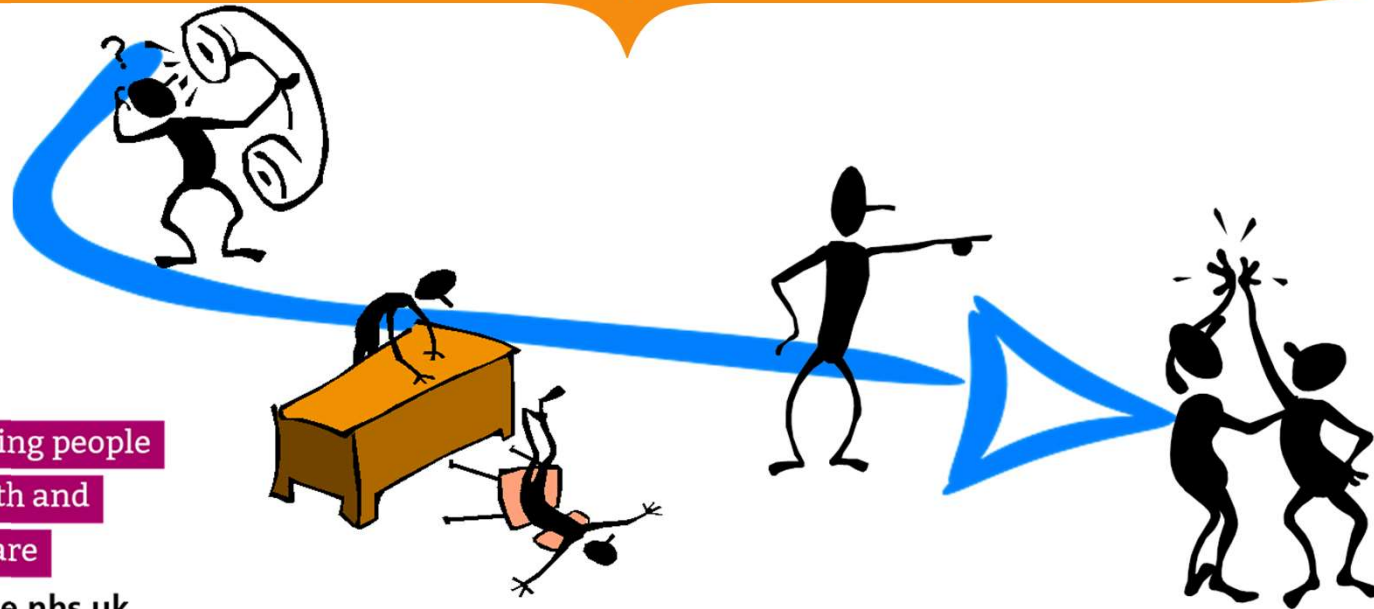
Any questions



www.sharedservices.sthk.nhs.uk

Effective Feedback & Having Difficult Conversations

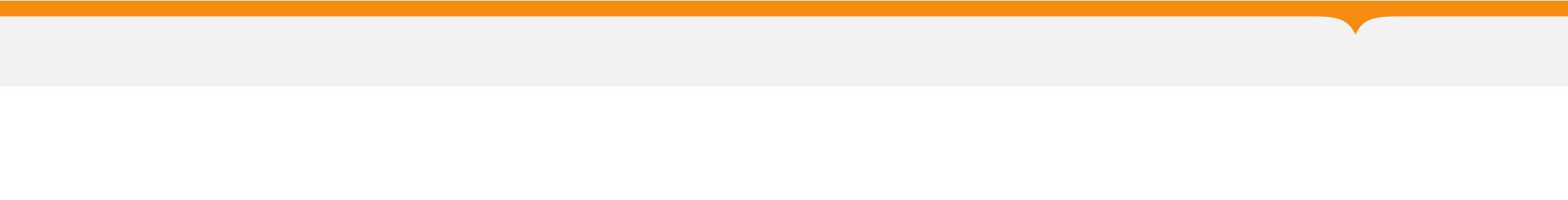
Vijay Nayar
Nov 2019



Developing people
for health and
healthcare

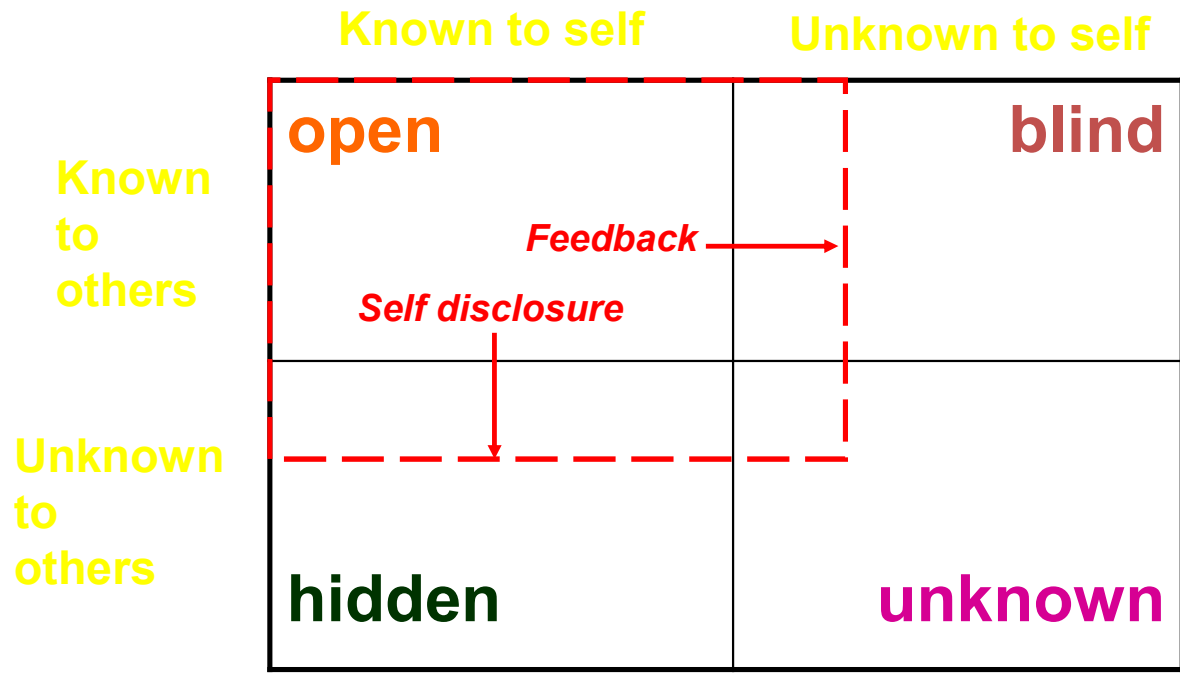
www.hee.nhs.uk

Difficult conversations

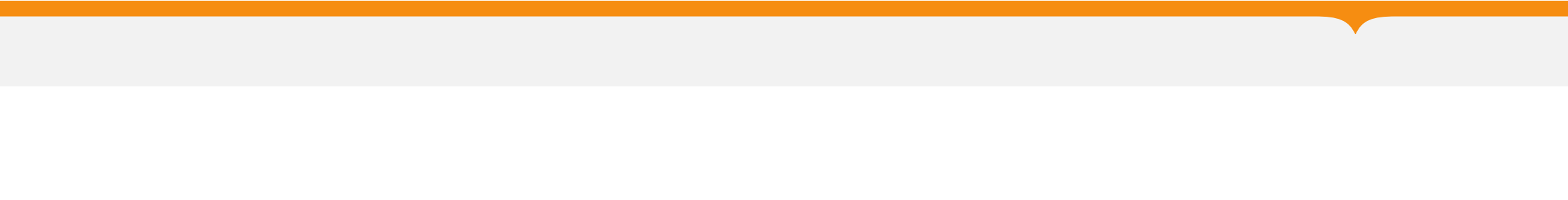
- Function of feedback
 - Effective feedback
 - Difficult conversations
- 

Functions of feedback

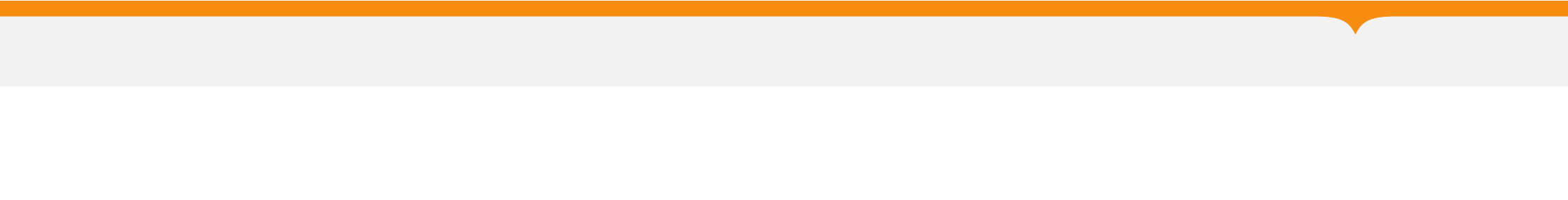
- “How am I doing?”
- Motivate
- Reinforce effective behaviour
- Encouragement to change
- Developing self esteem
- Increase insight, capability self awareness and effectiveness – *reflective practice*
- Sharing expectations



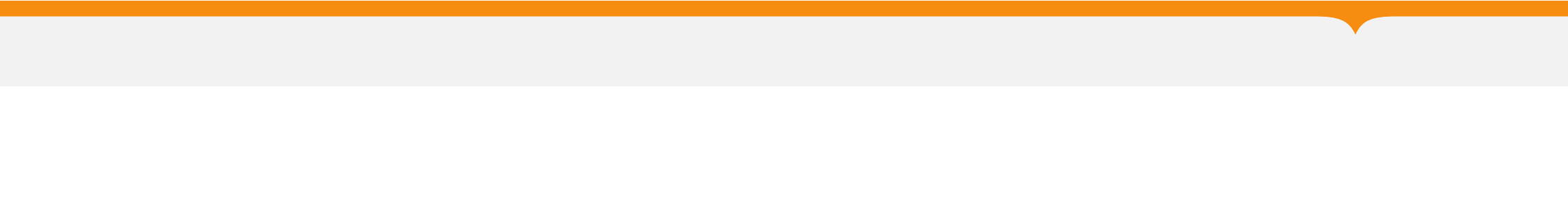
Features of Poor Feedback

- Public humiliation
 - Comments on personality
 - No two way discussion
 - Lack of personal interest
 - Too general
 - Too little too late
- 

Features of Effective Feedback

- Supportive-focus on the positive
 - Involve the learner-encourage self-evaluation
 - Mutual respect
 - Constructive
 - Balanced
 - Specific Praise or criticism
 - A genuine desire to help
 - Allow time
- 

Effective feedback

- **Meaningful** ➤ Descriptive of the behaviour not the personality
 - **Accurate** ➤ Give specific examples
 - **Timely** ➤ Given as close to the event as possible
 - **Encouraging** ➤ Sensitive to the needs of the receiver
 - **Reflective** ➤ Directed towards behaviour that can be changed
- 

Strategy

- Ask
- Listen
- Respond

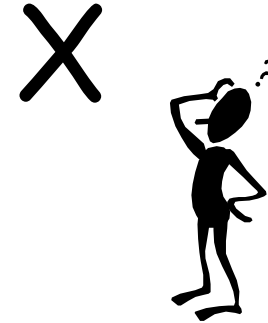
not just telling



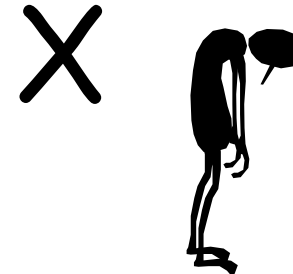
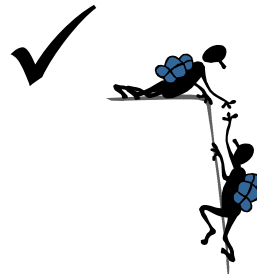
**Feedback that
preserves or
enhances learner's
self respect**

**Feedback that
reduces learner's
self respect**

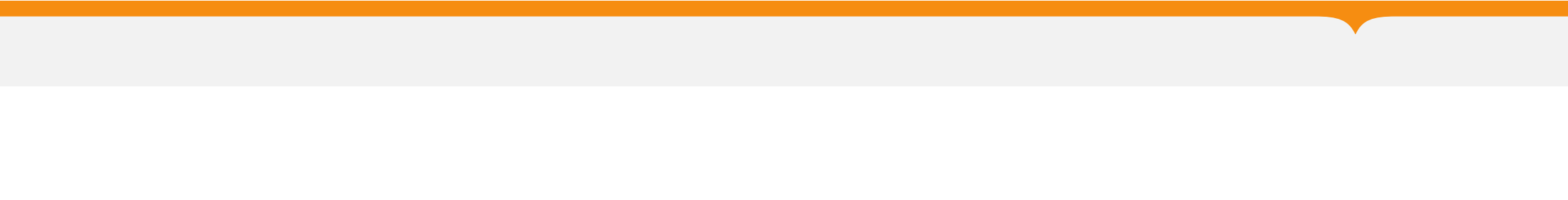
**Feedback about
good
performance**



**Feedback about
performance that
needs to be
improved**



Difficult conversations

- What kinds of conversations do you find most difficult?
 - What makes them seem difficult?
 - Thinking about a 'difficult' conversation you have had recently.....
 - what happened
 - what did you do
 - what did you feel
- 

Workplace Conflict

Task related

- Cognitive in nature
 - Perception of disagreement about content of decisions
 - Differences in viewpoints, ideas and opinions
- *'improve group performance in specific situations, such as in the evaluation of potential problems in non-routine tasks'*

Relationship related

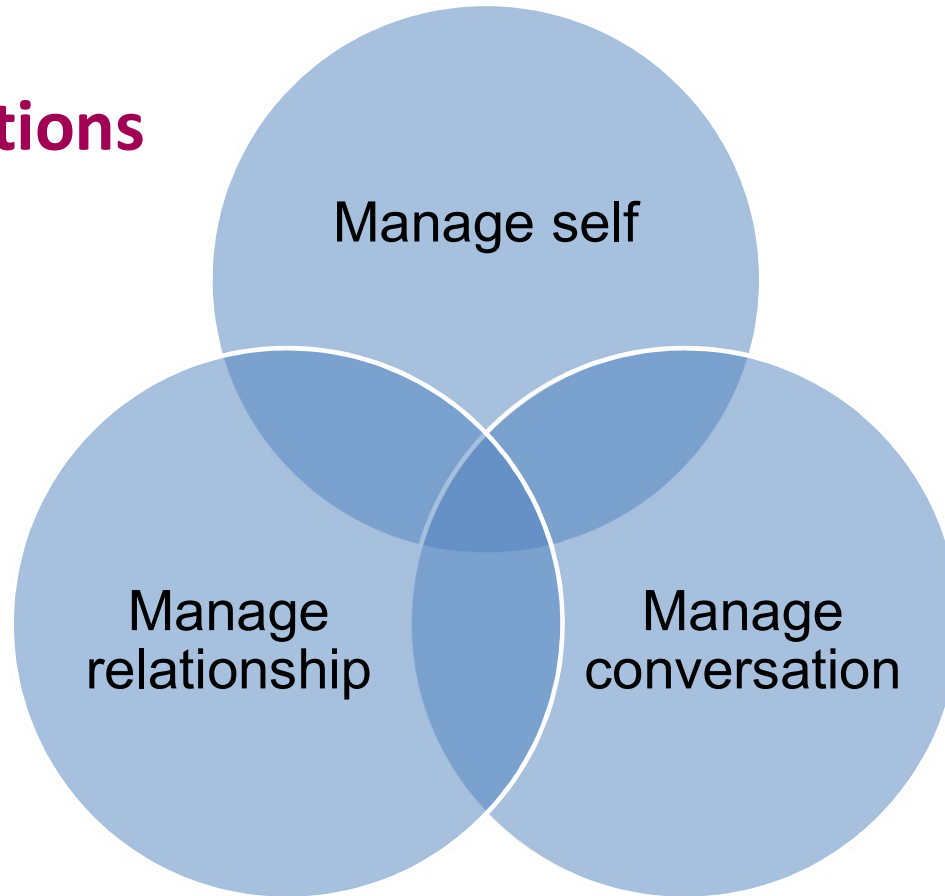
- Emotional in nature
 - Perception of inter-personal incompatibility
 - Includes tension, annoyance and animosity
- *'has profoundly negative effects on both team performance and team member satisfaction'*

Difficult conversations

Think about the way in which you 'break bad news'

- How do you manage these situations?
- What skills do you do use?

Difficult conversations





Critical

*expressing adverse
comments or
judgments*

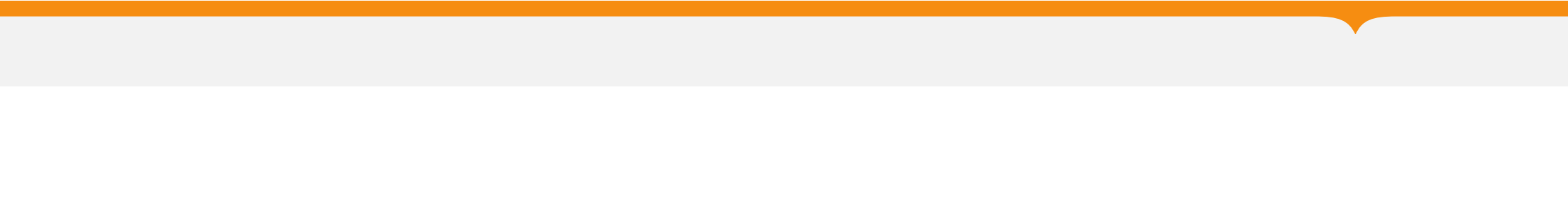
Critique

*detailed analysis
and assessment of
observations*

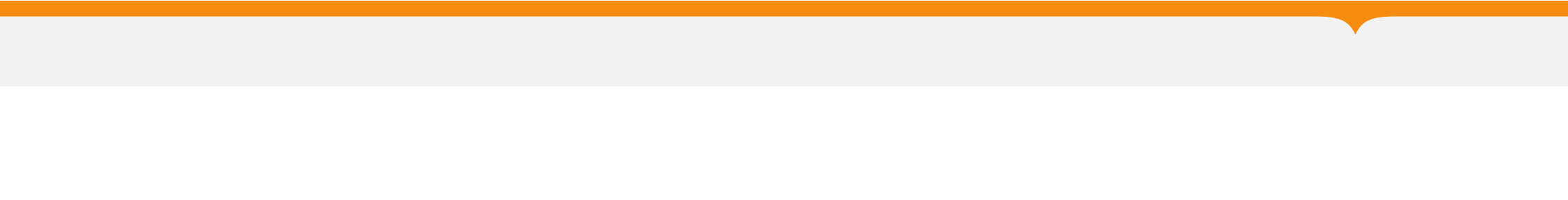
Criticism

*disapproval of someone
based on perceived faults or
mistakes*

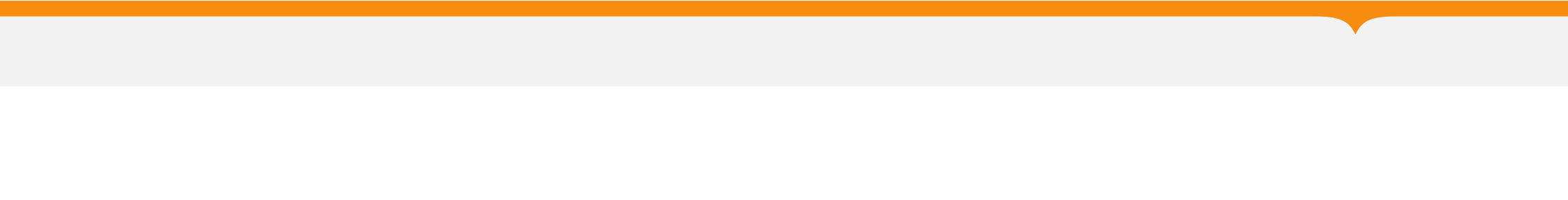
Strategy

- Define your issue and purpose for having the conversation
 - Express your motivation to find a positive way forward
 - Describe effects of the behaviour (without judgement or criticism)
 - Describe the behaviour you'd like to see changed
- 

Strategy

- Create a collaborative role by inviting them to respond to what you have just said
 - Don't make assumptions about motivations and reasons – listen as well as tell
 - Tone should be as 'neutral' as possible
 - Generate options and agree on next steps
- 

Strategy

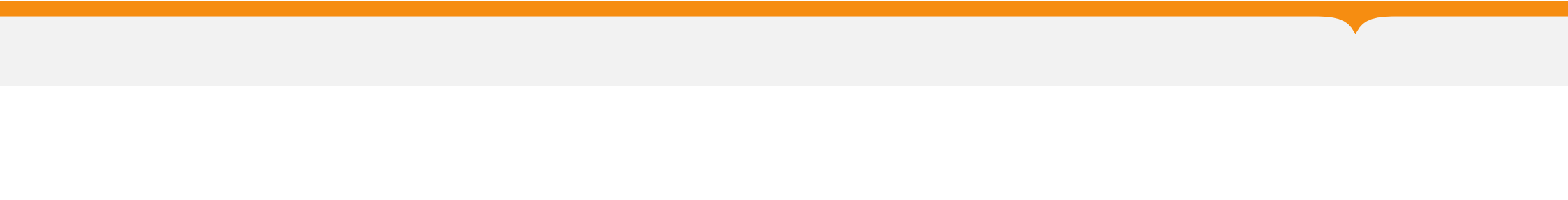
- Define your issue and purpose for having the conversation
 - Express your motivation to find a positive way forward
 - Describe effects of the behaviour (without judgment or criticism)
 - Describe the behaviour you'd like to see changed
- 

Principles

- Time and place, don't ambush
- Be clear about concern
- Describe effect of the behaviour
- Be clear about your objective
- Let them tell their story



Principles

- Active listening
 - Open, reflective, facilitating, and closed questions
 - Provide insight into strengths and limitations
 - Help trainees to resolve difficulties by
 - listening and asking
 - not telling and providing solutions
- 

Principles

- Manage emotions and provide emotional support
- A pause has a calming effect
- Preserve the relationship
- Be fair and consistent
- Address defensiveness openly and sincerely
- High support and high challenge



Challenge vs Support

high challenge



low challenge

stress and resistance low morale self-protection opting out fear, caution low creativity/risk taking	increase motivation excitement increase commitment problem sharing and solving enhance resilience
boredom no commitment absenteeism stagnation loss of self-respect	poor motivation little chance of change low sense of achievement sterile, safe debate collusion

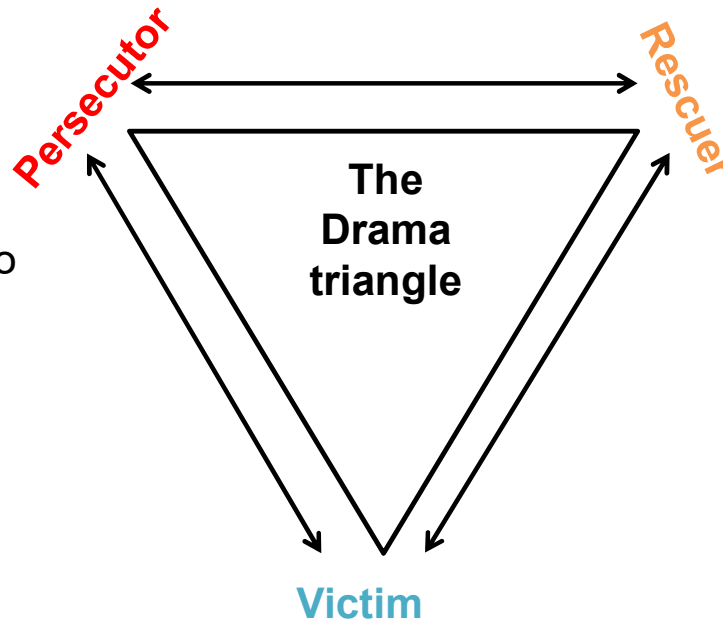
low support



high support

It's all your fault!

Critical, blaming,
controlling, superior
Act in own interests
Part of their goal is to
punish
Often Critical Parent



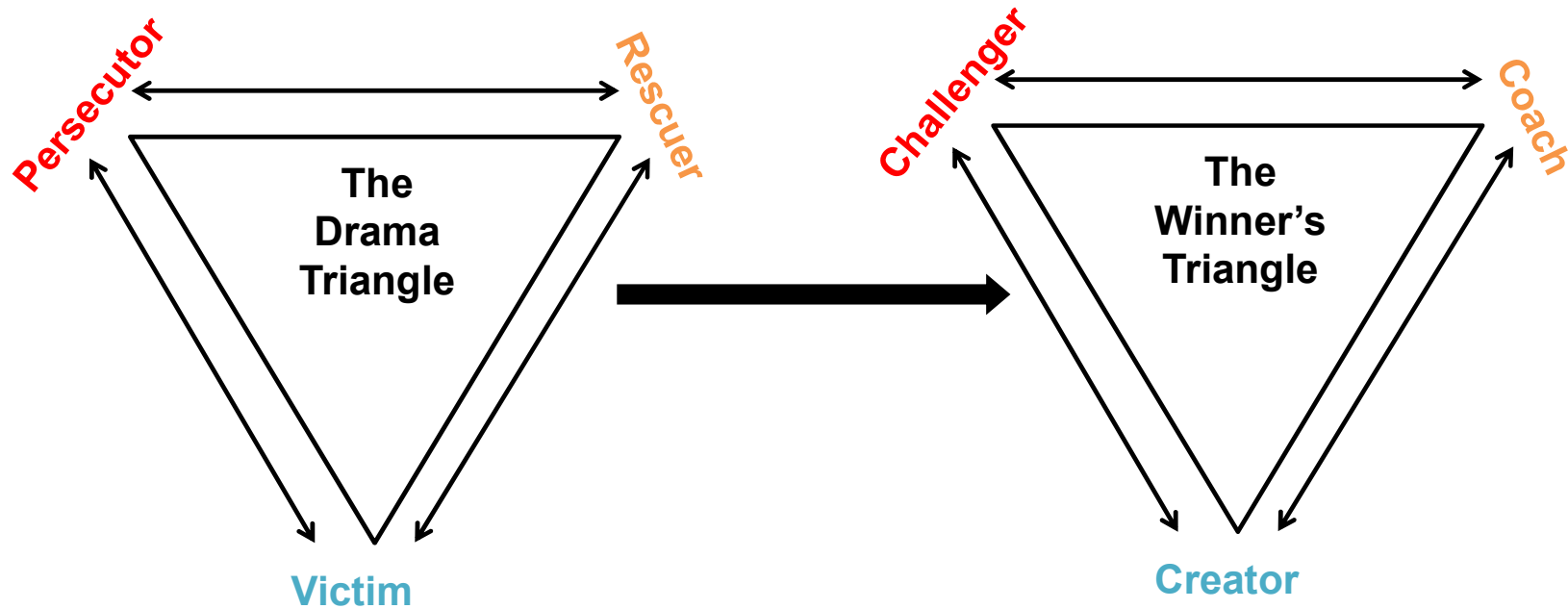
Poor you!

Let me help.
Reality – concern for the
victim
Characteristics:
Take over the thinking and
problem solving
Do more than their share
Do things they don't want
to do
Often Nurturing Parent

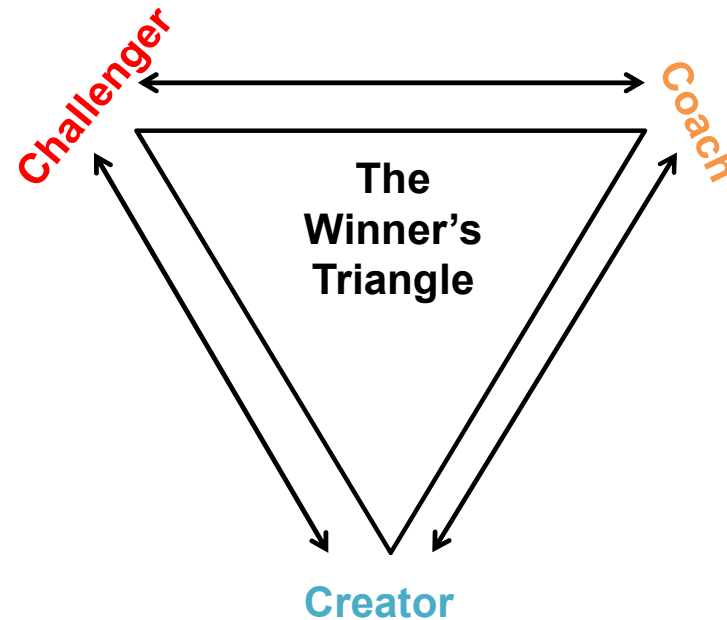
Poor me!

Powerless, helpless, stuck
Act as if they don't have the resources to solve their
problem
Don't think in an Adult way to solve their problem

From the Drama Triangle to the Winner's Triangle



Ask for what they want
Says no to what they don't want
Gives feedback and initiates negotiation
Makes changes in order to get their needs met
Do not punish
Skills: assertion skills



Do not do the thinking
Do not take over unless asked (and they want to)
Do not do more than their share
Do not do things they don't want to
Skills: listening and self awareness

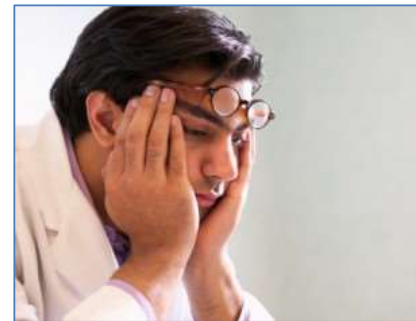
Can problem solve and think in an Adult way
Aware of their feelings and uses them as information
Skills: problem solving, self awareness

Defensive reactions to feedback

- Blaming and excuses - "It's not my fault because..."
- Denial - "I can't see any problem with that"
- Rationalisation - "I've had a particularly bad week" "Doesn't everyone do this?"
- Anger - "I've had enough of this"

Dealing with defensiveness

- Name and explore resistance – ‘You seem bothered by this. Help me understand why’
- Keep the focus positive – ‘Let’s recap your strengths and see if we can build on any of these to help address this problem’
- Try to convince the trainee to own one part of the problem – ‘So you would accept that on that occasion you did lose your temper’



Dealing with defensiveness

- Acknowledge emotions – ‘Do you need some time to think about this?’
- Keep responsibility where it belongs – ‘What will you do to address this?’
- If recipient is in denial: reiterate the facts, describe the behaviour

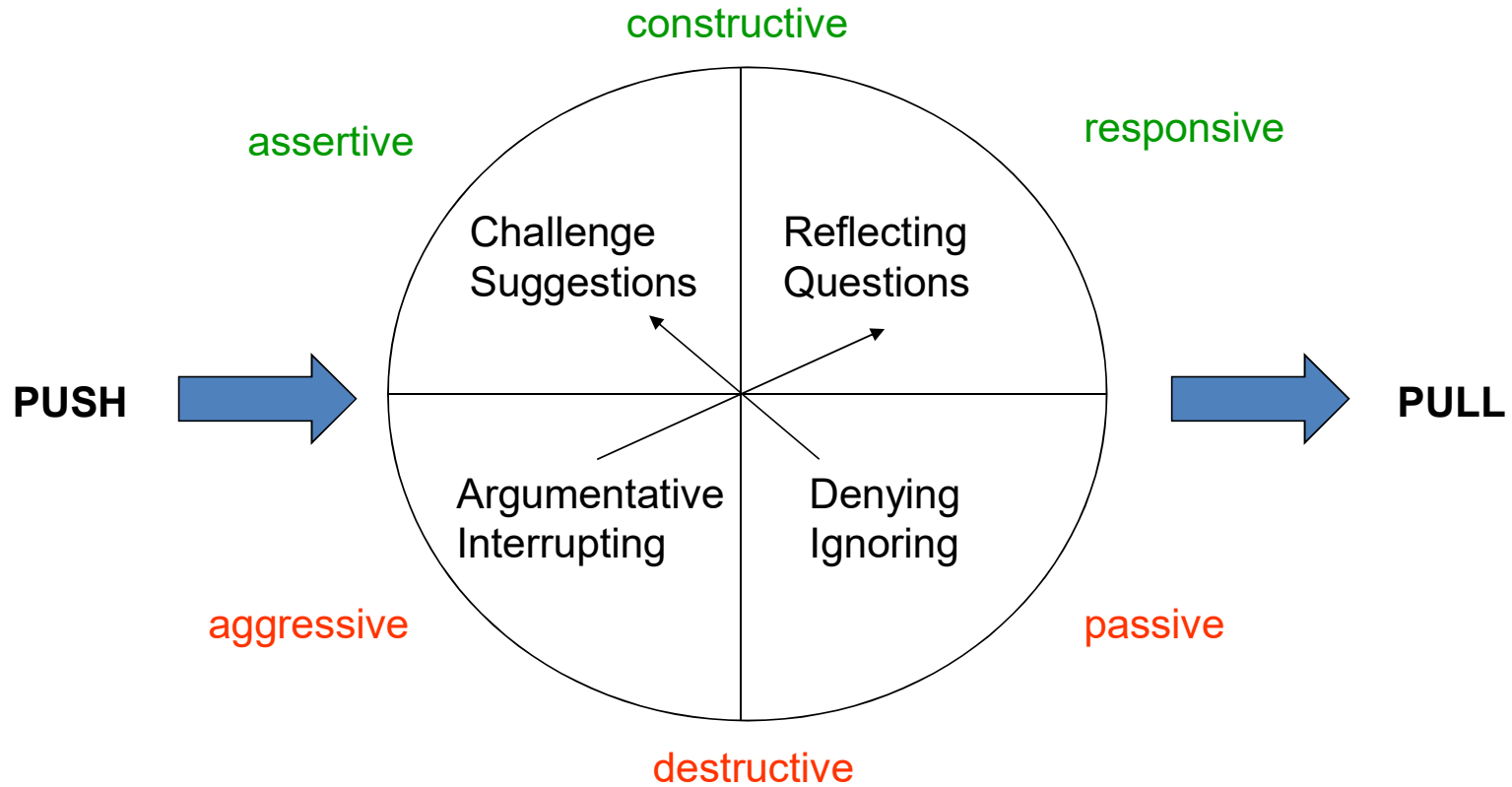


We can also be defensive...

- Obligation - "I'm duty-bound to tell you this"
- Moral high ground - "It's for your own good"
- Burying and fudging - Taking a long time to get to the point and covering many irrelevancies
- Minimising - "Don't worry, it's not such a big deal. Everyone does it at some time"
- Colluding - "You're probably right, perhaps I am overreacting"

Influencing behaviour

Trainer behaviour



Trainee behaviour

Key principles

When the challenge increases, so must the support

Emotional bank balance - withdrawals cannot be sustained without credits in place first

It does not allow either party to downplay strengths or to duck difficult issues

Next steps



- Think about what we have covered today
- Identify one or more changes to your current practice you are likely to test out

Session 5

Educator workshop – ‘reflective teams’

- *A practical learning intervention based on supporting trainees in difficulty and handling challenging conversations*

In summary

- 1) The facilitator helps the group to decide which case to discuss
- 2) The presenter outlines the case uninterrupted
- 3) The group asks the presenter questions of clarification
- 4) What would the presenter like the group to think about?
- 5) The case presenter moves out of eye contact with the group
- 6) The group discusses ideas and reflections
- 7) The presenter rejoins the group

Pen portraits

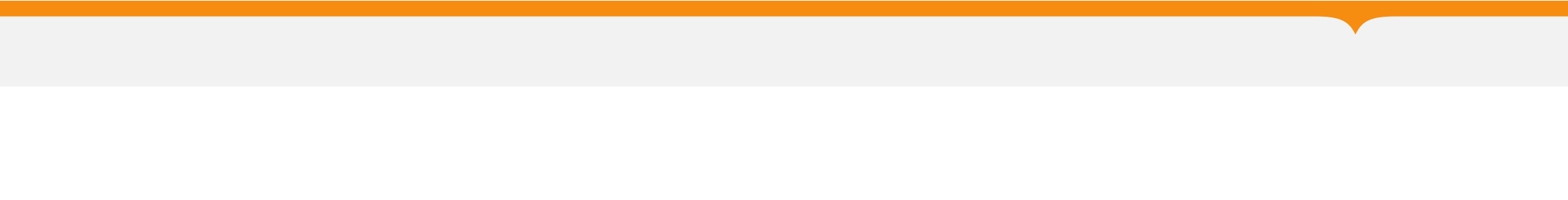
Use the principles of a reflective team.

One person will present a case of managing a difficult situation with a trainee and the team will engage in a reflective team discussion.

Use a real-life (anonymised and/or amended) case where possible or you can develop a situation prompted by the pen portraits if you wish to explore a scenario.

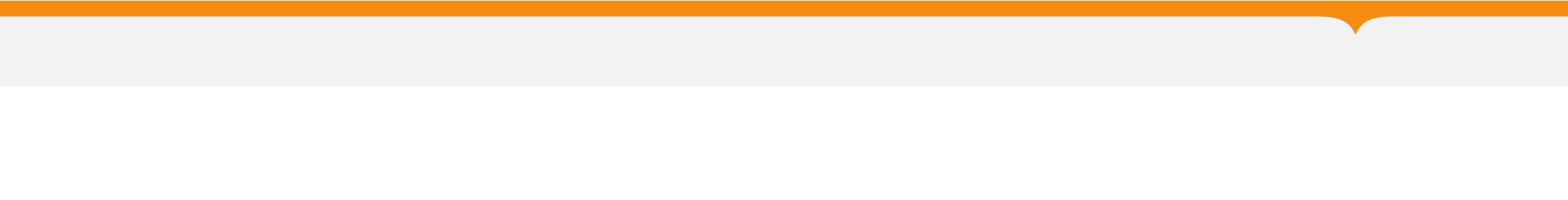
Back together at the end for a facilitated group discussion on a) lessons learned and b) how you found the reflective team approach.

Questions

- How did you find that experience?
 - Key learning you'd like to share about approaches?
 - How was the 'reflective team' – usefulness as an exercise?
- 

Session 6

Review of the day & action planning

- *What has worked well today and what would you like to see in the future?*
 - *What actions have we identified for the Programme team and for Educational Supervisors?*
 - *What next?*
- 

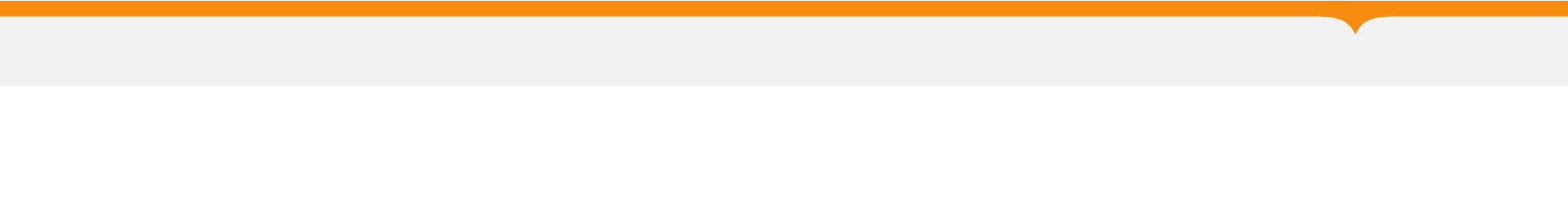
Opportunities for Supervisor development

HEEoE resources available

- <https://heeo.e.hee.nhs.uk/faculty-educators/tiered-approach>
 1. eLfH modules – * recommended e-modules for both ES/CS and additional ones for ES (mapped to each of 7 domains)
 2. HEE Contact days – one day courses at acute trusts
 3. HEI courses
 - 1 day courses at UEA & N&NUH
 - 3 day course at Madingley
 4. Spring symposium - 18 & 19 March
Autumn seminars – 15,16 & 17 Sept



Dates for 2020

- Spring Symposium – 18 & 19 March
 - Professional Development Day – Wed 20 May - Cambridge
 - Autumn seminars – 15, 16 & 17 Sept
 - Professional Development Day – Wed 4 Nov - Cambridge
- 

1. E-modules

- HEEoE have recommended eLfH Educator Hub modules
- See handout for details

Theme	Topic	Professional Development Domain						
		1	2	3	4	5	6	7
		1	2	3	4	5	6	7
Recommended by HEEoE for Clinical and Educational Supervisors / Only required for Educational Supervisors								
Supervision & mentoring	Supervision	x		x		x	x	
	Supporting Educational and Clinical Supervisors	x						x
	Diversity, Equal Opportunities and Human Rights		x					
	Supporting learners		x	x		x	x	
	<i>Supervision of Less than Full Time Trainees</i>					x	x	x
	Assessing Educational Needs			x		x	x	
	<i>Setting Learning Objectives</i>			x		x		
	Effective Feedback				x			
	<i>Careers Support</i>						x	x
Assessment	<i>Appraisal</i>					x	x	
	Workplace and Practice Based Assessments				x			
	Video: case based discussion (CBD)				x			
	<i>Video: multi-source feedback (MSF)</i>				x			
	Video: GP - clinical supervisor report					x		
	Reflection and reflective practice				x	x		

eLfH – Educator Training Resources (ETR)

The screenshot displays the eLfH (e-Learning for Health) interface. At the top, there is a blue navigation bar with the eLfH logo on the left, a search bar in the center, and the NHS Health Education England logo on the right. Below the navigation bar, a welcome message reads "Welcome Kirsteen | Log Out". To the right of the welcome message are links for "Home", "My e-Learning", "My Account", and "My Activity", along with a star icon and a notification icon with the number "0".

Below the navigation bar, there is a section for "Panel view" and a link to "My e-Learning | Full catalogue". The main content area is titled "My e-Learning > Educator Training Resources (ETR)". On the left side, there is a sidebar menu with various categories, including "Complaints Handling (CPL)", "Data Security Awareness (NHSD)", "Dementia (DEM)", "Domestic Violence and Abuse (DVA)", "Educator Training Resources (ETR)", "Harm Free Care (HFC)", and "Health Economics and Prioritisation in Public Health (HEC)". The "Educator Training Resources (ETR)" category is expanded, showing a list of seven modules.

The main content area displays a list of seven modules, each with a title, last accessed date, and icons for favorites, search, and information:

- 01 - Ensuring Safe and Effective Patient Care Through Training**
Last accessed: 31 May 2019
- 02 - Establishing and Maintaining an Environment for Learning**
Last accessed: 31 May 2019
- 03 - Teaching and Facilitating Learning**
Last accessed: 31 May 2019
- 04 - Enhancing Learning Through Assessment**
Last accessed: 31 May 2019
- 05 - Supporting and Monitoring Educational Progress**
Last accessed: 31 May 2019
- 06 - Guiding Personal and Professional Development**
Last accessed: 31 May 2019
- 07 - Continuing Professional Development as an Educator**
Last accessed: 31 May 2019

2. HEE Contact days

5 sites offering one day courses for Tiers 2 & 3

- Core content will cover:
 - Trainee in difficulty;
 - Induction, including educational contract;
 - SuppoRTT;
 - Clinical/Educational supervisors report;
 - Educational Hierarchy
- See website for details of dates:

<https://heeoee.hee.nhs.uk/faculty-educators/tiered-approach/tier-2-clinical-supervisor/tier-2-hee-contact-days>

3. HEI (Higher Education Institutes)

For Clinical Supervisors (Tier 2)

- Core content - required to fulfil nationally agreed standards for medical educators:
 - Reflection
 - Planning teaching and educational conversations
 - Teaching skills/knowledge
 - Feedback
 - Peer-peer learning
- See website for details of dates:

<https://heeo.e.hee.nhs.uk/faculty-educators/tiered-approach/tier-2-clinical-supervisor/e-learning-clinical-supervisor-e>

HEI opportunities for further study

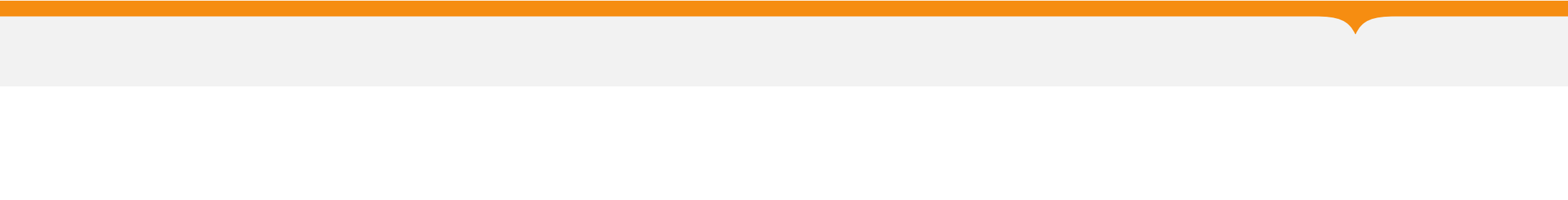
- IFME (Integrated Foundations of Medical Education) – for those who also teach medical undergraduates:
<https://www.medschl.cam.ac.uk/education/integrated-foundations-of-medical-education-ifme-programme/>
- Foundation programme for Clinical Educators (Madingley, Uni of Cam):
<http://www.ice.cam.ac.uk/course/foundation-programme-clinical-educators>
- PG certificates and PG Diplomas in Medical Education e.g.
 - *UEA – PG Cert, PG Diploma & Master of Clinical Education*
 - *University of Cambridge, PG Cert & PG Diploma in Medical Education*
 - *Anglia Ruskin - Postgraduate Certificates 8-month Course; MSc in Medical and Healthcare Education*

Development & Networking Events

- **Spring Symposium & Autumn Seminar**
 - Previous days resources available online
 - Useful presentations e.g. Trainees in Difficult, Giving effective Feedback
 - Useful mixing with Clinical colleagues
- **Mentoring Courses and Events**
- **Bursaries**
 - Applications in March 2020
 - 2 yrs experience and 1 yr teaching req'd
 - Need letter of support from TPD



For PH supervisors

- ARCP paperwork day – Tues 24th March; ARCP 23rd April (submissions due 9th April) – to provide some shared learning and support for ESs
 - Clinical supervisor applications – drop in sessions TBA
 - Clinical supervisor introduction day
 - Training location QA – telephone call for training location leads
- 

A reminder...

Flipchart available throughout the day – please add any future topics or learning needs you would like covered in future PDDs or for future FD resources or support



PLEASE complete the online questionnaire:

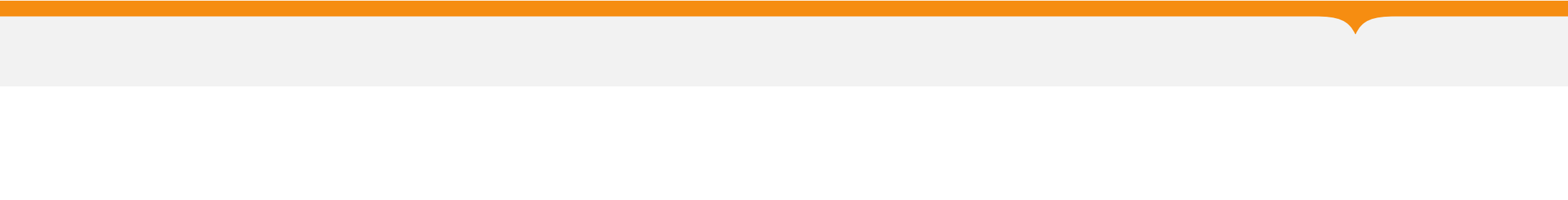
<https://healtheducationyh.onlinesurveys.ac.uk/supervisor-survey>

Quick feedback please!

1) **The good stuff!**

- What was good?
- What would you like to see more of?

2) **What could we do better?**

- What didn't you like?
 - What should we improve?
- 

Thank you for your attention!

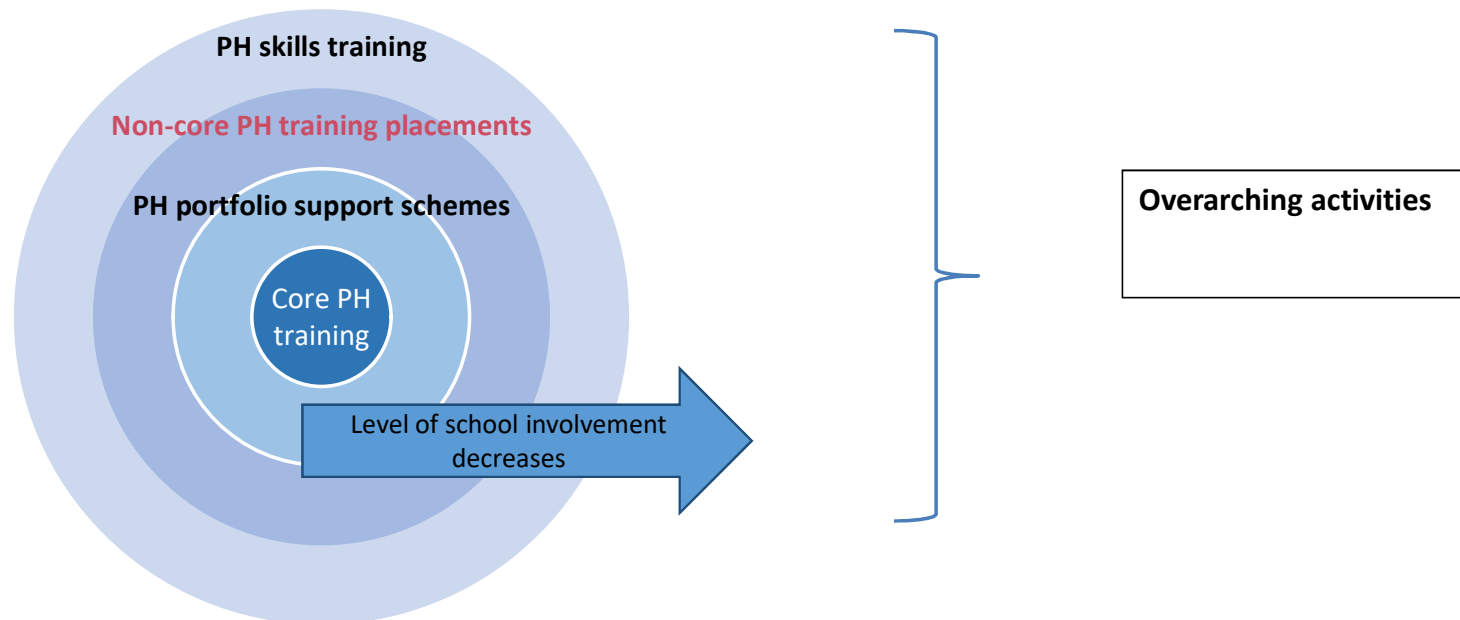
Safe journey home

Non-core PH education – school objectives

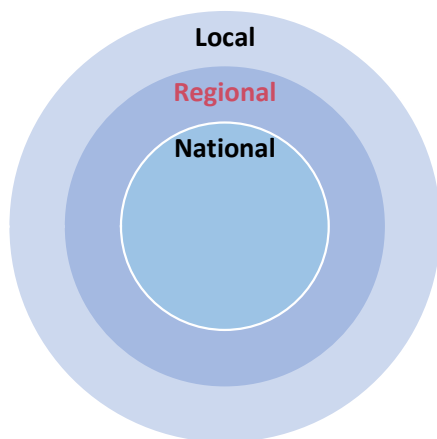
- To take advantage of current opportunities to improve the visibility of PH education
- To contribute to system leadership across clinical and population health areas through relevant use of trainee resource at a country/ICS/STP level
- To further develop the educational model in the school of public health to encompass a multidisciplinary cohort of learners experiencing PH placements and maximise the potential learning such a cohort could bring
- To enable the development of collaborative system leadership skills in the future workforce
- To contribute to workforce planning

Non-core PH education

Conceptual model for levels of educational support within a workforce development context



Proposed model for delivery of non core PH training placements



National role

- Define curriculum and provide some curated learning support materials
- Define training numbers for GPs and PHM fellows

Regional role (School of PH)

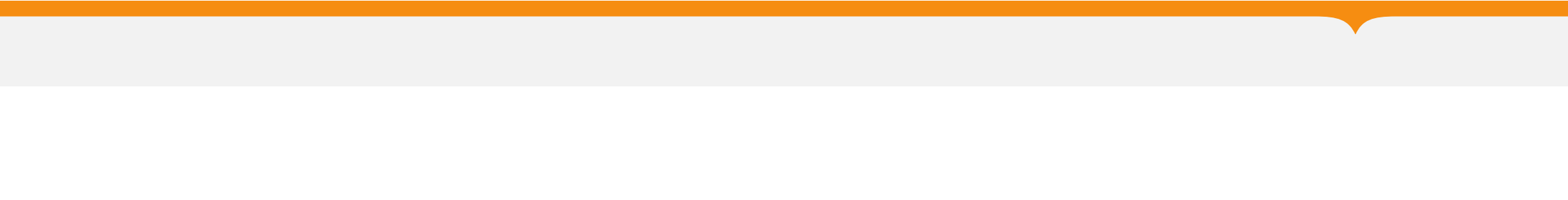
- Coordinate recruitment where necessary (PHM and GP placements)
- Provide educator development
- Deliver/commission/coordinate core educational sessions
- Accredite supervisors

Local role

- Provide placement support, supervision and educational support

GP placements

OBJECTIVES

- Enable GP trainees to gain relevant population health GP learning outcomes
 - Enable GP trainees to experience population health work areas using the PH LOs as a basis for development
 - Enable GP and PH trainees to learn collaboratively
 - Enable GP and PH educators to develop collaboratively and share skills
- 

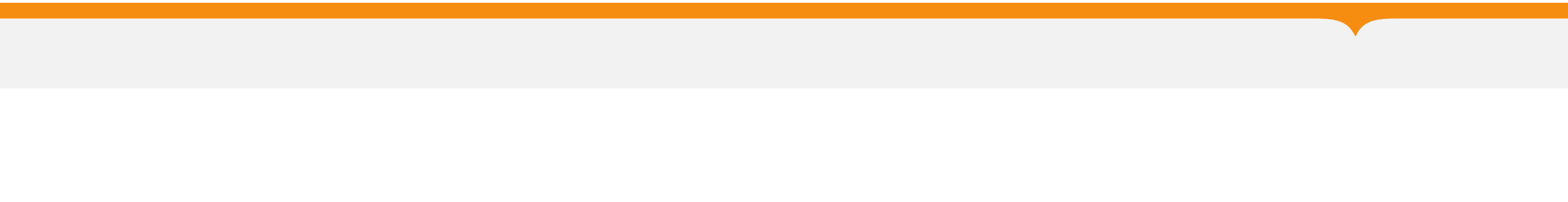
GP placements

- Current – Norfolk CC
- New – Central Herts
- Current & new – Cambridge
- New – Ipswich

- In demand from GP scheme – Great Yarmouth and Peterborough

- Offers from Essex, Thurrock, Beds, Luton (in discussion or on hold)

Population Health Fellows

- Opportunity open for further 2 weeks
 - No update on current applications (1 location from EoE, ?candidates) – national selection
 - 12 month, part time, local placement
 - Some national education
 - Intend to bring population health back into the local system
- 

Practicalities

Fixed points (GP specific but transferable?)

- Placements are GP funded training posts so will be filled by GP trainees. There is no option for dual registration which is not permitted by the GMC
- The GP training scheme will provide formal educational supervision, PH locations must provide clinical supervision
- PH placements will be subject to the school of PH quality assurance processes
- Those providing PH supervisors must be accredited as PH clinical or educational supervisors
- Locations should support the evaluation of the initiative to determine value and sustainability
- The school will provide Central educational support for trainees as a package developed to meet the needs of the trainees and locations, to free up local capacity where centralisation makes sense
- The school will provide educator development and support
- Locations will be approved jointly by the schools of PH and GP

Practicalities

Local discussions

- Number of trainee/slots/placements
- Duration
- Full or part time
- Main location (must be GMC PH accredited) and any associated locations
- General areas of work experience eg commissioning, health promotion
- Any specific learning outcomes or areas likely in the next 12 months eg mental health, Cancer networks, screening programmes, clinical strategies, knife crime, digital health care etc etc
- Accredited named Clinical supervisor capacity available
- Additional named supervisor capacity required to be accredited by Feb
- Identify where any associated locations will need GMC approval as either GP or PH

For discussion

- Involvement of locations other than those with GPs/Fellows
 - Evaluation criteria
 - Content for central educational sessions for trainees
 - Support for supervisors
- 