Professional Support and Well-being Service

Anna Stockburn, PSW Manager

Developing people for health and healthcare
www.hee.nhs.uk
Aims and Objectives

• How to recognise a trainee in difficulty.
• Initial management of a trainee in difficulty – what you can do locally.
• Understanding of the extended role of the PSW and possible interventions offered to support a trainee in difficulty.
Meet the Team

Clinical Leads

Dr Ian Barton
Complex Cases Clinical Lead/
Deputy Postgraduate Dean

Professor Vijay Nayar
PSW Clinical Lead/
Deputy Postgraduate Dean

Dr Nisha Nathwani
PSW Operational Lead/
Clinical Case Manager

Professional Support & Well-being Admin Team

Mrs Susan Woodroffe
Revalidation, Assessment & Performance Manager

Miss Anna Stockburn
PSW Manager

Miss Rebecca Winchester
Non-Clinical Case Manager

Miss Leanne Morgan
PSW Administrator

Vacant
Non-Clinical Case manager

Clinical Case Managers

Mr Michael Crabtree

Dr Francesca Crawley

Dr Chris O’Loughlin
Transformation

Professional Support Unit (PSU)

Professional Support and Well-being Service (PSW)
Aims of the PSW

Professional Support
Providing fast access to specialist support and on-going case management.

Well-being
Supporting Educators and Trainees to be as effective as possible in their roles.
Overview of referrals since the PSW (formally PSU) started

Total number of referrals to the PSW
2011/12 – 2018/19

- 2011-12: 3
- 2012-13: 28
- 2013-14: 28
- 2014-15: 84
- 2015-16: 79
- 2016-17: 165
- 2017-18: 238
- 2018-19: 289

Total number of referrals
Trainees in Difficulty

Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors?
Trainees in Difficulty

Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors?

No…
Trainees in Difficulty

Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors?

No…
Seriously… You’d have heard about it
What are your experiences?
The 3 C’s

- Conduct (behaviour)
- Capability (competence)
- Capacity (health)
Main Reason for a PSW Referral
2018 - 2019

- Health & Social Issues: 33%
- Repeated exam failure: 35%
- Clinical Performance, Knowledge and Skills: 12%
- Engagement with Education & Training: 3%
- Significant Life event: 6%
- Environmental Issues: 2%
- Communication, Team Working & Time Management: 2%
- Conduct, capability, probity: 1%
- Professional Behaviours & Attitude: 3%
- Training environment/Support issues: 3%
Performance

Diagnose

Document

Do something

Workload
Psychological Factors
Life events
Sleep Loss
Family Pressure
Training and Education
Health Issues
Cultural factors
Early Warning Signs

The “disappearing act”: not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.

Low work rate: slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.

“Ward rage”: bursts of temper; shouting matches; real or imagined slights.

Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate ‘whistle blowing’.

“Bypass syndrome”: junior colleagues or nurses find ways to avoid seeking the doctor’s opinion or help.

Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

Insight failure: rejection of constructive criticism; defensiveness; counter-challenge.

Acknowledgement: Elizabeth Paice, former PG Dean in London.
Why aren’t these issues tackled earlier?

– Time!
– Fear of confrontation
– Fear of retaliation
– Denial
– Lack of confidence in skills
– Cultural issues
– Lack of “evidence”
– Desire to rescue or protect
– Avoidance
– Frustration
– Helplessness
Approximately 5% of all Trainees are Referred

Referrals by Grade

Number of Trainees

Training Grade

FY1 | FY2 | CT1 | CT2 | CT3 | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | ST7 | ST8

Referrals by Grade
How dangerous is dangerous?

What is the risk to:
– Patients?
– Self?
– Team?
– Organisation?
Scale of concern: examples of TiD

**High**
- involvement in serious untoward incident(s)
- repeated complaints from patients, relatives or healthcare professionals
- serious disciplinary issues
- poor performance in the workplace, clinically, managerially or inter-personally.
- failure to engage in educational process
- erratic behaviour or issues around bullying or harassment
- adverse progress review outcomes (e.g. ARCP outcome 3)

**Intermediate**
- repeated exam failure
- continued failure to complete work based assessments
- problems with generic skills such as team working or professionalism
- health/disability matters requiring specialist help
- repeatedly arriving late or low attendance
- repeated delay in acquiring areas of professional competence

**Low**
- non-attendance at educational programme
- some incidents of arriving late
- unavailable on occasions when required
- some absent portfolio documents
- some gaps in knowledge or skills
- reported minor non-clinical skills gaps
- occasional miscommunication

TiD=trainee in difficulty

HEE EoE Professional Support Unit (2018)
Diagnose

Poor performance is a symptom not a diagnosis
Diagnose

Symptoms
Knowledge
Skills
Attitudes
Diagnose

Trainee factors
- Health
- Life stresses
- Sleep
- “Personality”
- Cultural factors
- Expectations

Symptoms
- Knowledge
- Skills
- Attitudes
Diagnose

- Environment
  - Workload
  - Rotas
  - Lack of feedback
  - Wrong level of expertise

- Trainee factors
  - Health
  - Life stresses
  - Sleep
  - “Personality”
  - Cultural factors
  - Expectations

- Symptoms
  - Knowledge
  - Skills
  - Attitudes
Diagnose

Trainer
- Bullying
- Disorganised
- Burnt-out
- Absent

Environment
- Workload
- Rotas
- Lack of feedback
- Wrong level of expertise

Trainee factors
- Health
- Life stresses
- Sleep
- “Personality”
- Cultural factors
- Expectations

Symptoms
- Knowledge
- Skills
- Attitudes

Health Education England
How?

...you need information

For **symptoms**: Usually from observation
  Significant Incidents
  Documented reports
How?

...you need information

For causes:
- Talk to the trainee
- Talk to the supervisors
- May need more specialist help
  - eg Occ Health
- Assessments eg for dyslexia
The complicated bits...

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

➢ Talk to HR & Deanery
What is an ideal intervention?

• **S**pecific: appropriate and sensible for the identified problem

• **M**easurable: makes a difference that can be quantified

• **A**chievable: based on investment of resources

• **R**elevant: focused and suits the individual

• **T**ime: on when intervention will be achieved, based on clear guidance
Intervention

**Trainee factors**
- Manage health
- Address issues
- Clear expectation
- Feedback
- Mentoring
- Coaching

**Environment**
- Change
- Improve
- Reduce workload
- Protected time

**Symptoms**
- Knowledge
- Skills
- Attitudes

**Trainer**
- Talk
- Change
- Train
- Protected time
Rule 1 of Doing Things Right...

Don’t try it on your own, ask for advice from:
- Other ES/CS
- Colleagues
- College Tutor
- DME
- Trust/HR
- TPD/HOS
- PSW
- Referred or can self-refer for exam failure
- Weekly Triage meetings
- Meeting with Clinical or Non-Clinical Case Manager
- Mutually agreed action plan
- Certain cases are raised at our Complex Case Advisory Group
- Separation of Policies (PSW and TID)
## Support Services Available

<table>
<thead>
<tr>
<th>Exam Support</th>
<th>High Level Occupational Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careers Support</td>
<td>Emotional Intelligence Testing</td>
</tr>
<tr>
<td>Psychological Support</td>
<td>Signposting to other External Services</td>
</tr>
<tr>
<td>Communication Skills Support</td>
<td>Trainer Support</td>
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<tr>
<td>Screening, diagnosis and follow on support for Neuro-diverse Conditions</td>
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</tbody>
</table>
Support Services Accessed in EoE

When considered together, Exam Support receives the highest number of referrals (Approx. 111 for 2018-2019)
Rule 2 of Doing Things Right...

Keep good records
When writing:

- 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
Rule 3 of Doing Things Right...

Do something (sensible...)
Rule 4 of Doing Things Right...

Recognise your anxieties…
but don’t be stopped by them
Best practice

Document everything (Eportfolio)

Emails – respect confidentiality.

Action plan - Shared

Seek advice and help – you’re not alone

Professional / supportive tone

If you are worried, talk! Pick up the phone and ask for advice
PSW update

- Timing of Referrals and Intervention
- Other self-referral pathways (Significant Incidents)
- Mental Health and Suicidal Ideation
- Communication Skills strategy
- Trainee **Well-being** - Coaching and Mentoring, Resilience
- Differential Attainment and monitoring data
- Trainer Support
• All referrals and queries should be sent to PSW.eoe@hee.nhs.uk

• or call (01223) 597736 / 596905 / 596953

• PSW website https://heeeoe.hee.nhs.uk/PSW
Animation

That means you.