

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)**

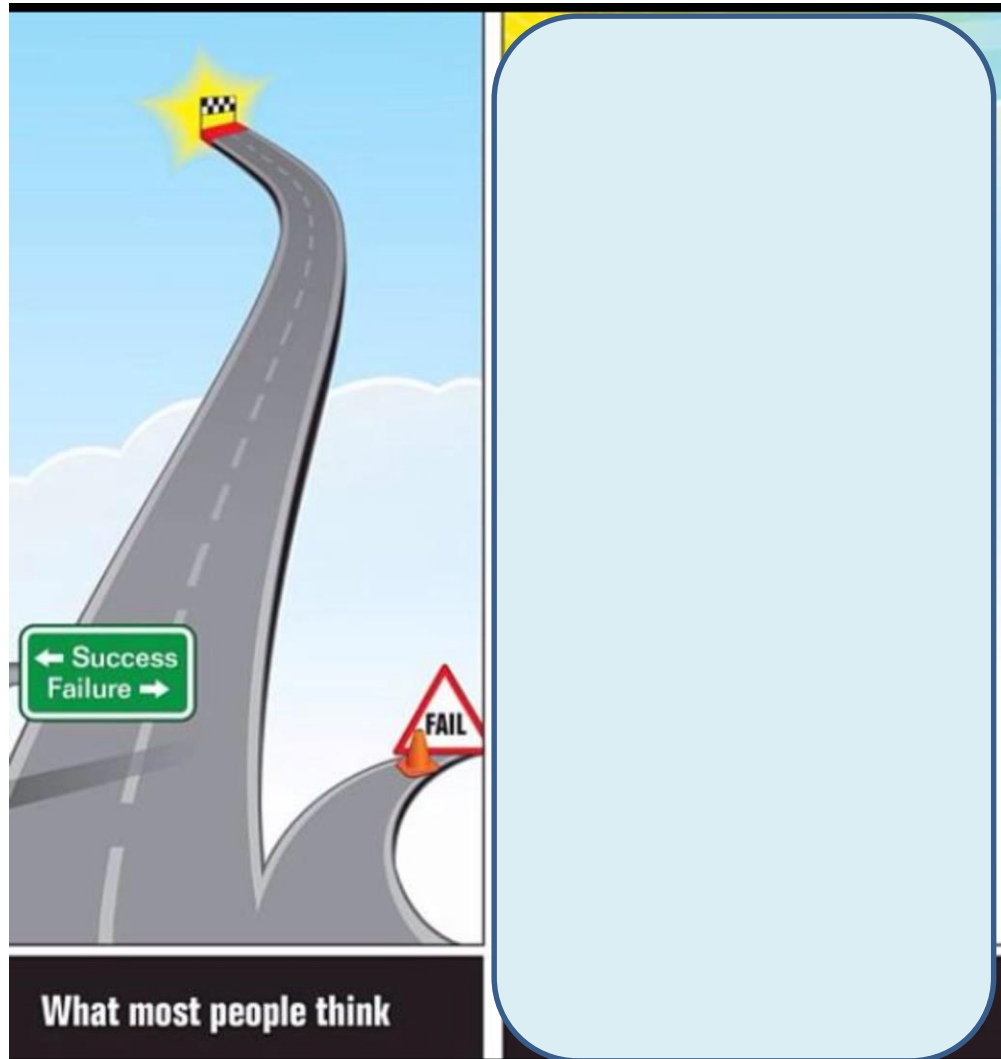
Aims of the PSW

Professional Support

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

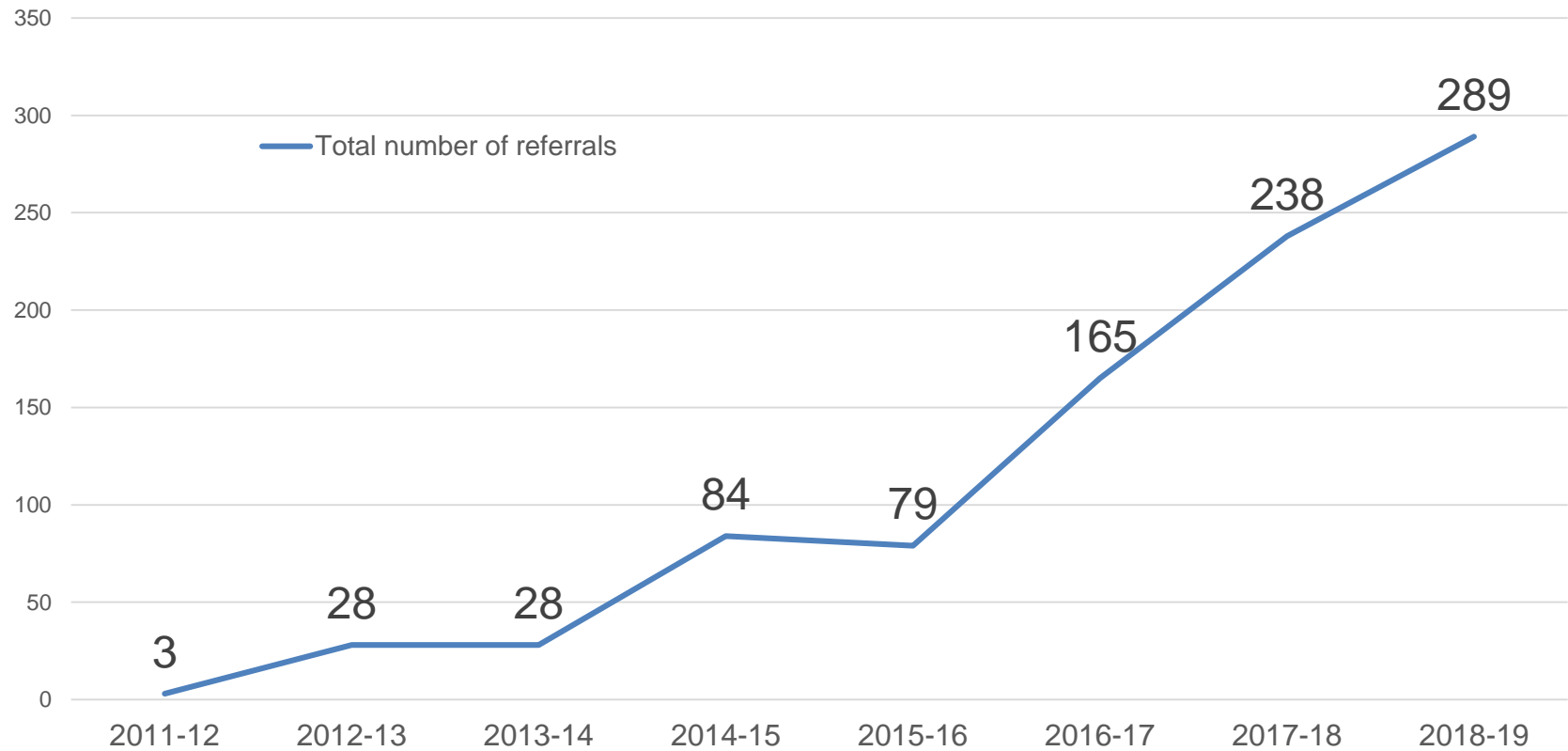
Well-being

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



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 ?

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No...

Trainees in Difficulty

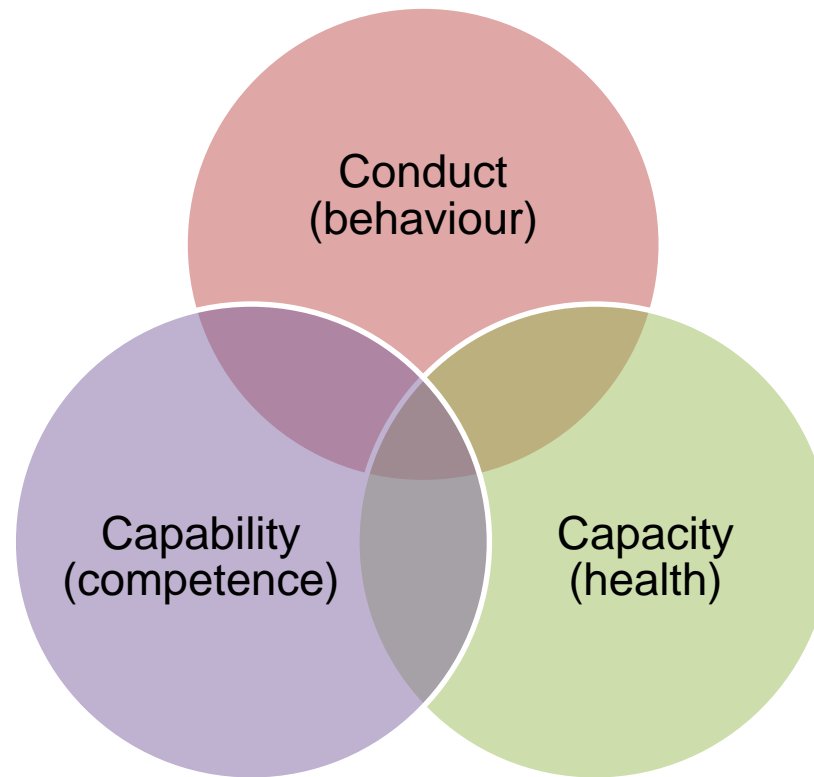
Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors ?

No...

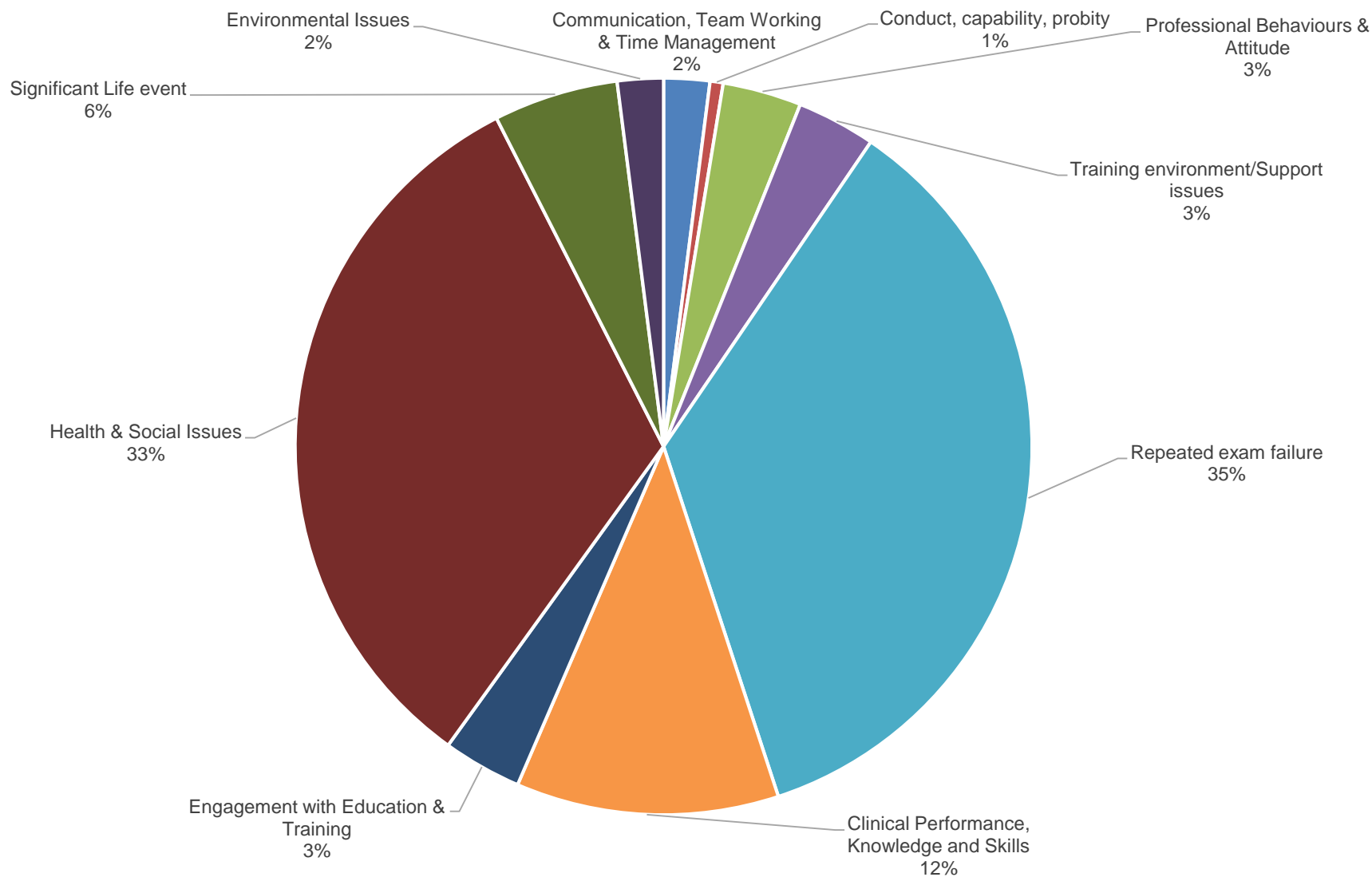
Seriously... You'd have heard about it

What are your experiences?

The 3 C's



Main Reason for a PSW Referral 2018 - 2019



Performance

An iceberg floating in the ocean. The tip of the iceberg is above the water line, and the much larger base is submerged. The word 'Performance' is written in white above the tip. On the left side, three terms are listed vertically: 'Diagnose', 'Document', and 'Do something'. On the right side, a list of factors is listed vertically: 'Workload', 'Psychological Factors', 'Life events', 'Sleep Loss', 'Family Pressure', 'Training and Education', 'Health Issues', and 'Cultural factors'. The background is a blue sky and ocean.

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.

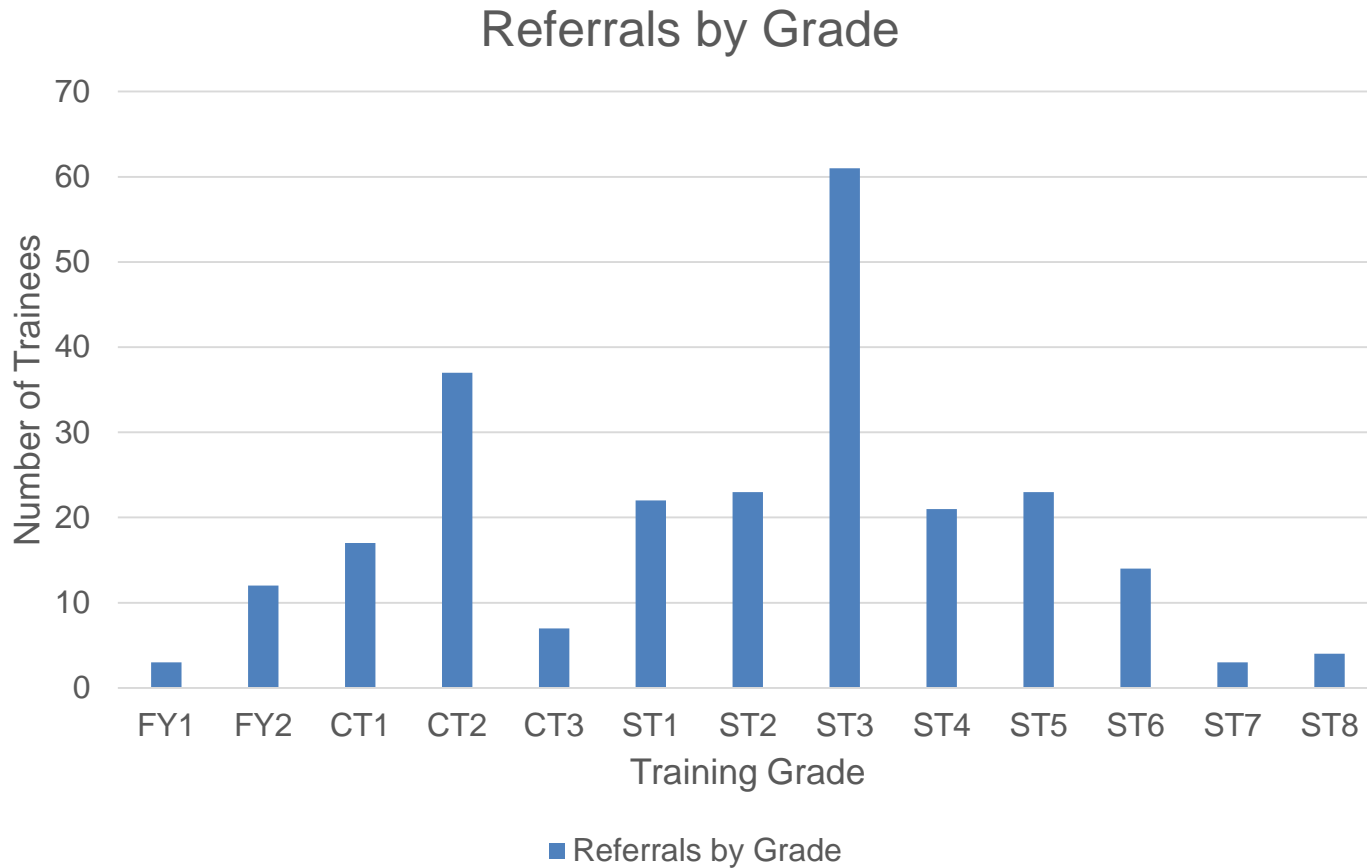
Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

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

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

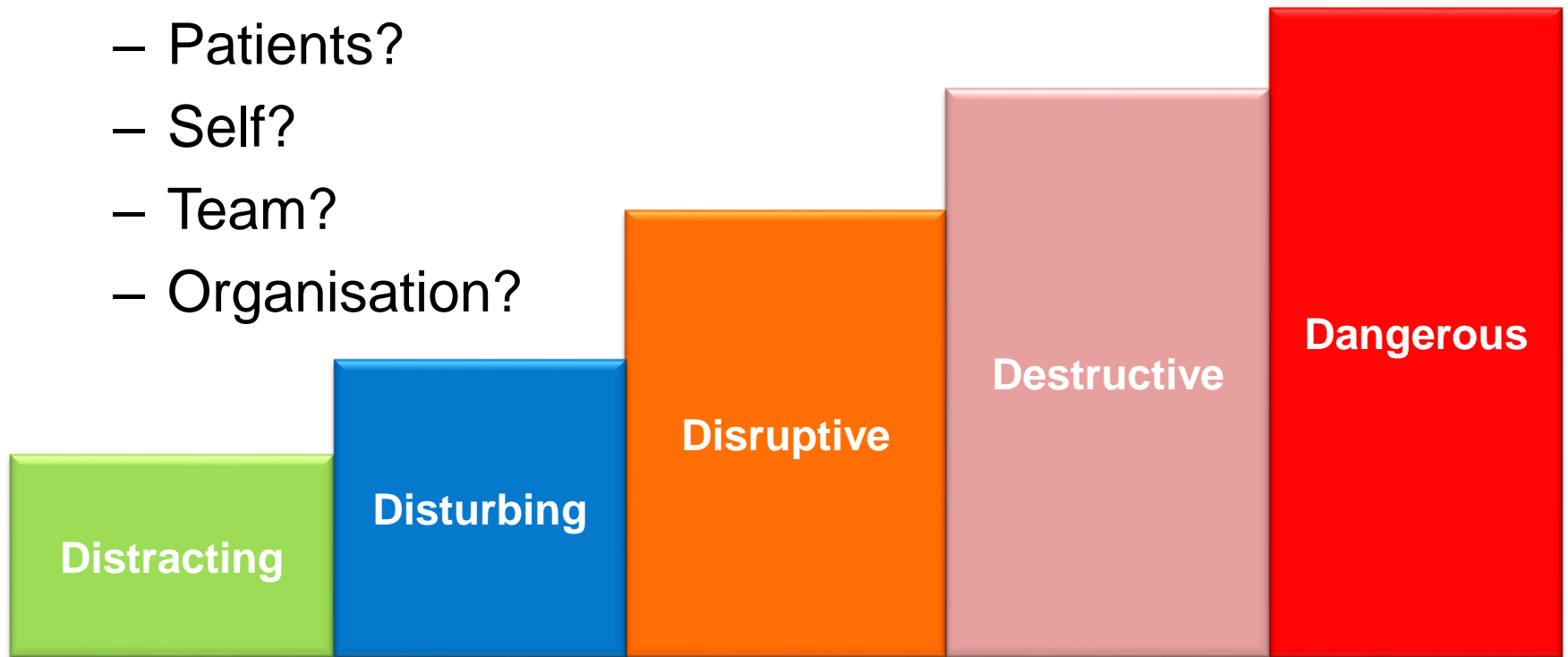
Approximately 5% of all Trainees are Referred



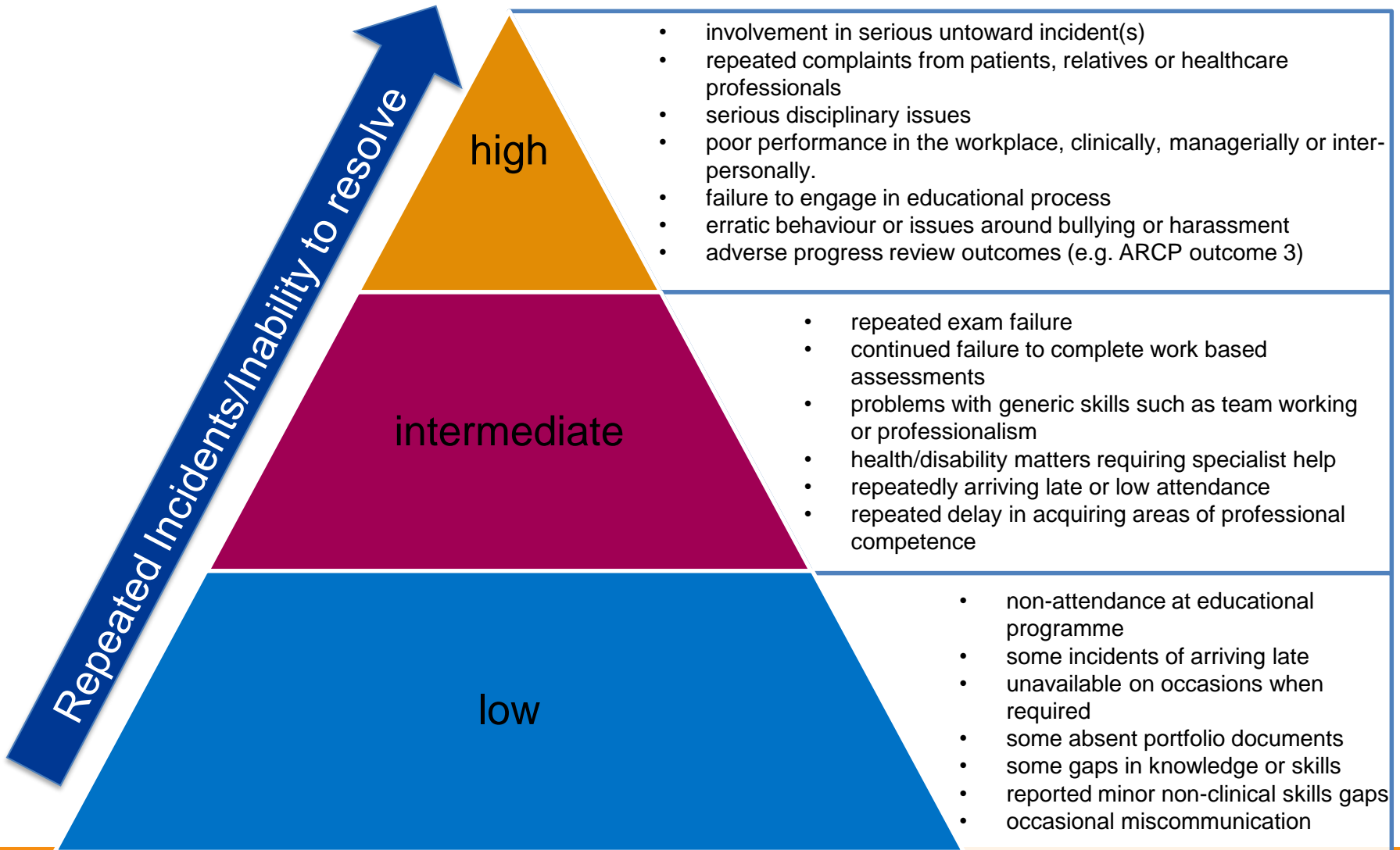
How dangerous is dangerous ?

What is the risk to:

- Patients?
- Self?
- Team?
- Organisation?



Scale of concern: examples of TiD



Diagnose

Poor performance is a symptom not a diagnosis

Diagnose

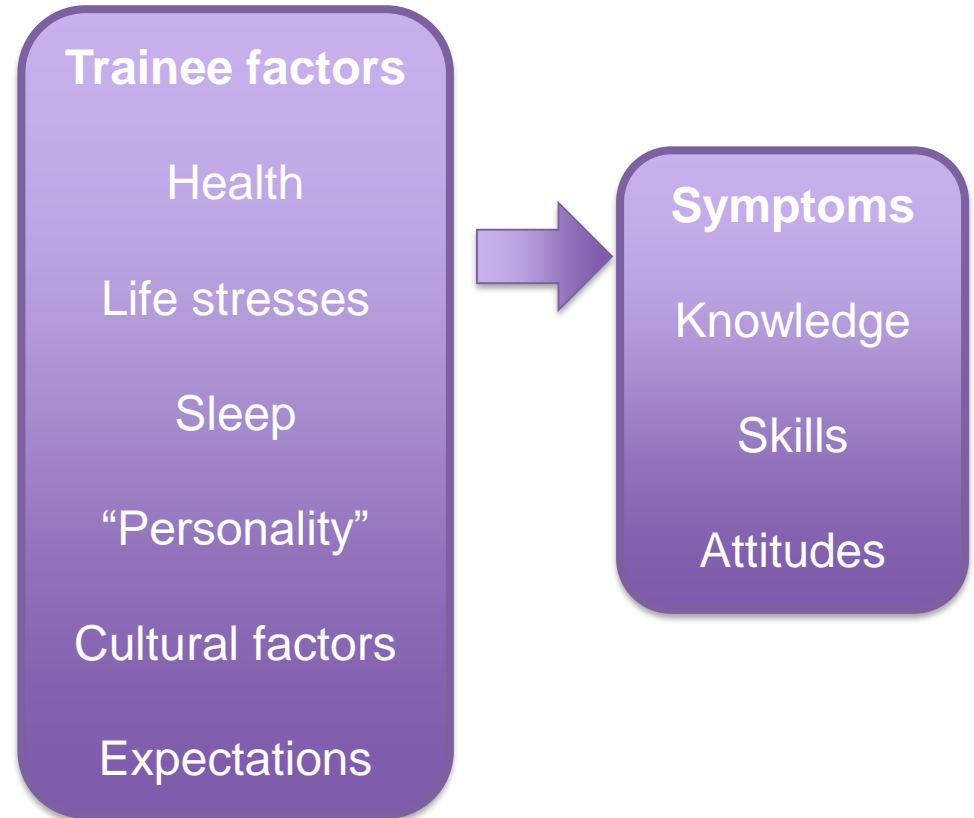
Symptoms

Knowledge

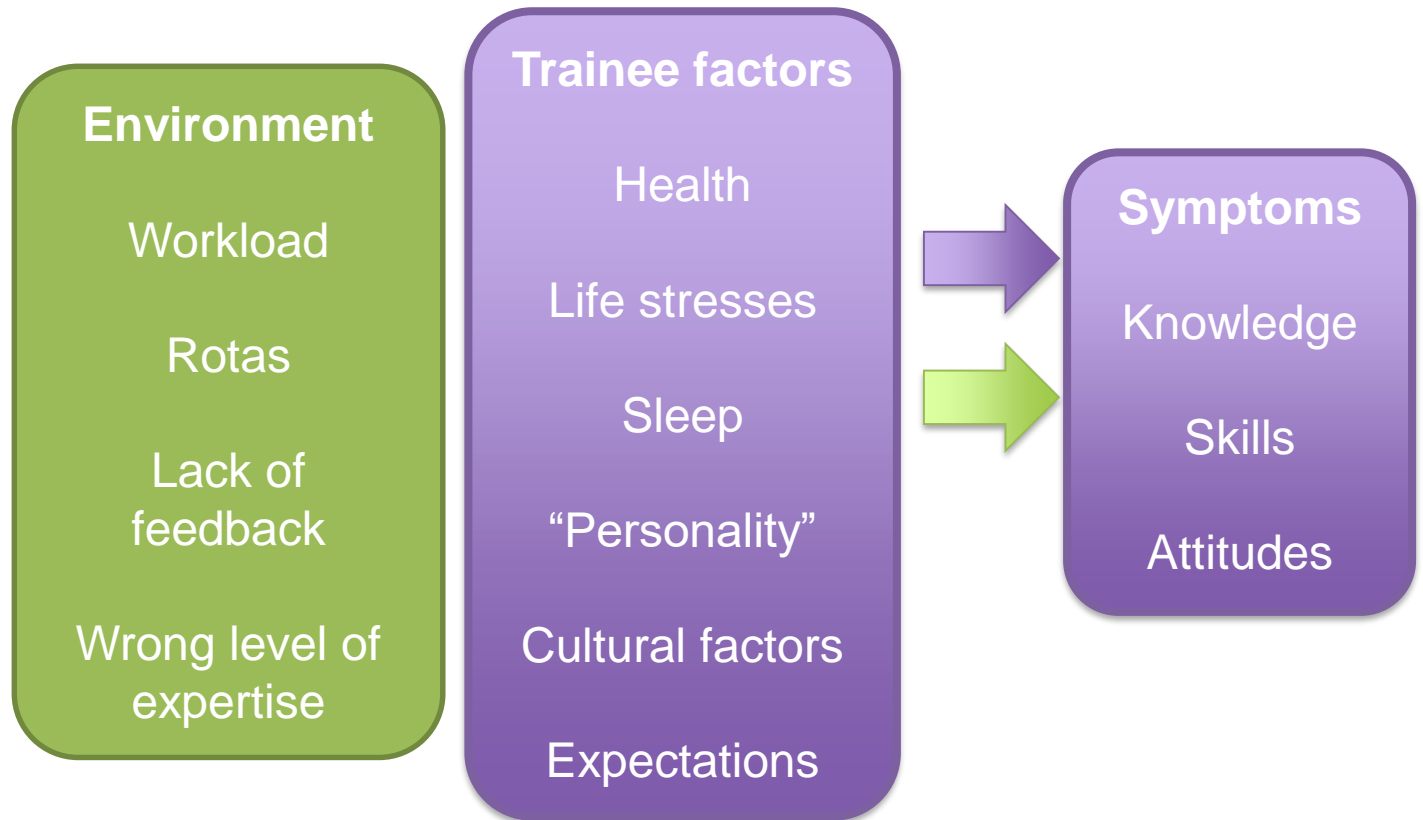
Skills

Attitudes

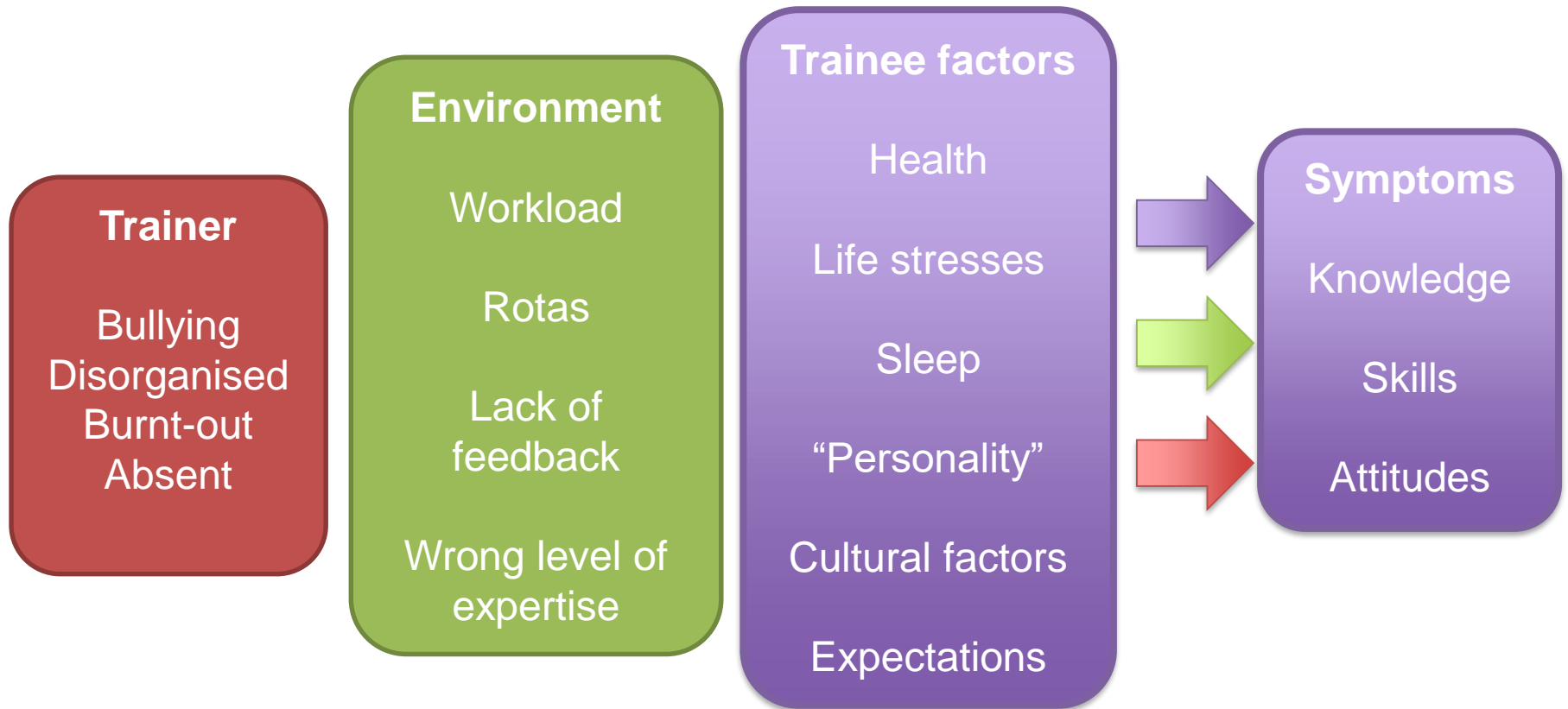
Diagnose



Diagnose



Diagnose



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...

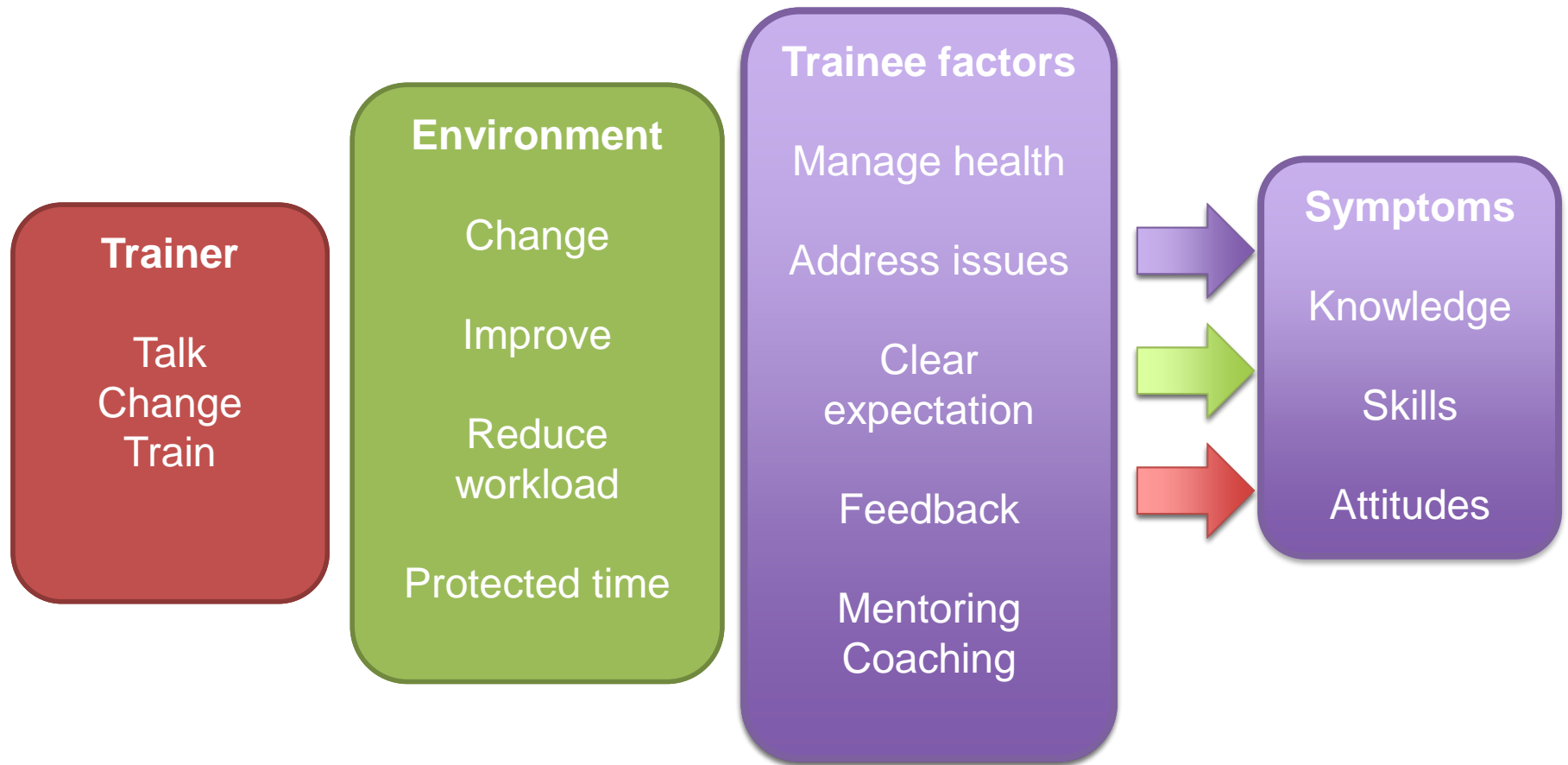
- Human Resources & Employment Law
- Discrimination / Equality considerations
- Health and Safety
- Litigation and Tribunals
- Confidentiality
- Bullying / Harassment issues

➤ **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 achievedbased:
clear guidance

Intervention



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

PSW

- Referred or can self-refer for exam failure
- Weekly Triage meetings
- Meeting with Clinical or Non-Clinical Case Manager
- Mutually agreed action plan

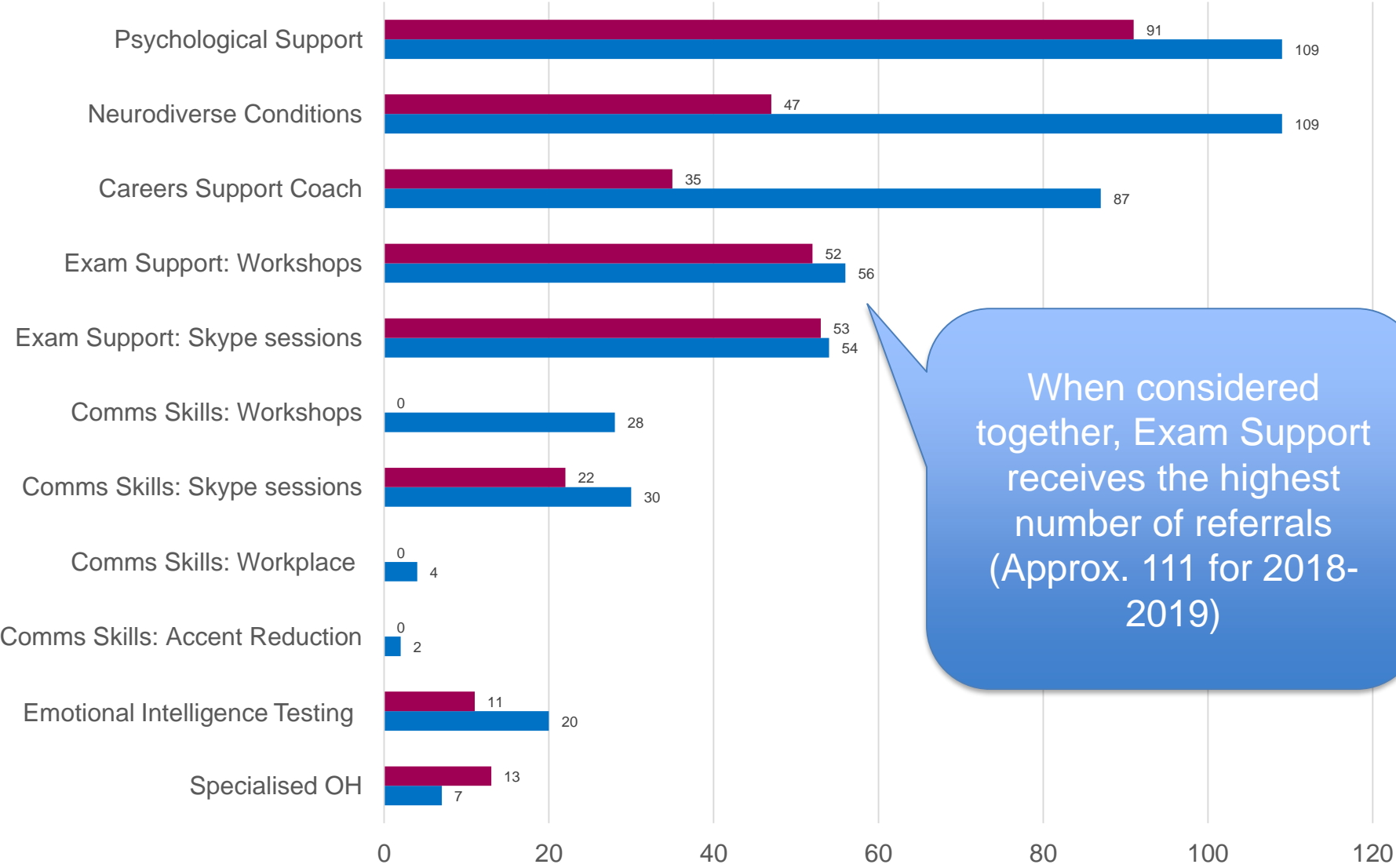
- Certain cases are raised at our Complex Case Advisory Group
- Separation of Policies (PSW and TID)

Support Services Available

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	

Support Services Accessed in EoE

2017-18 2018-19



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://heeoee.hee.nhs.uk/PSW>

Animation

