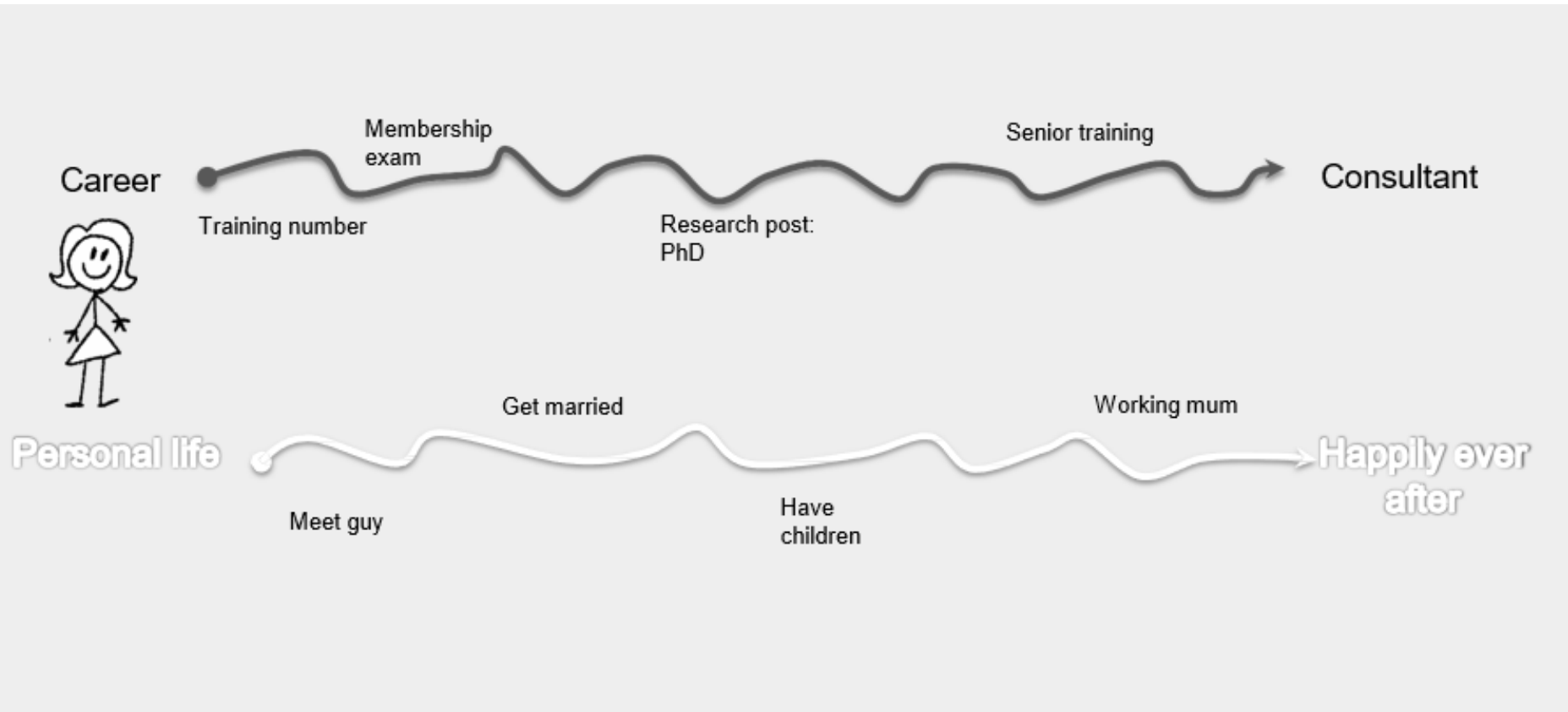


Professional Support and Well-being Service

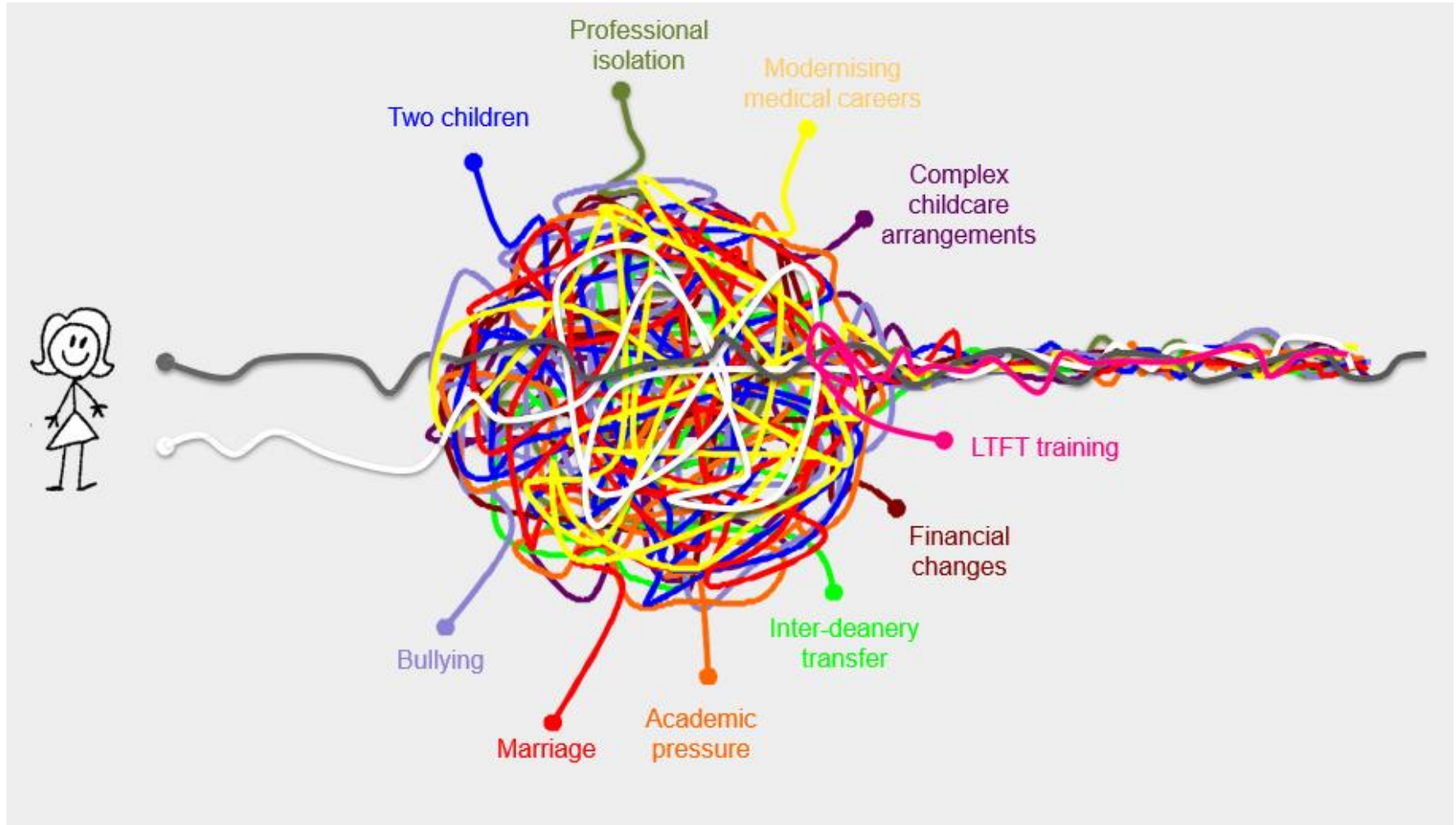


Developing people
for health and
healthcare

Life for a Trainee can be tough ...



Life for a Trainee can be tough ...



Life for a Trainee can be tough ...

In the words of Adam Kay

“ You sail the ship. A ship that’s enormous and on fire and that no one has really taught you how to sail. You’re bleeped by ward after ward, nurse after nurse”.

“You trail behind like a hypnotised duckling”

“The bad news was I’d slept through my alarm but the good news was I’d woken to find myself in my car in the hospital’s car park. It turns out I’d fallen asleep in my car after finishing my Christmas Eve shift.”

Aims of the Professional Support & Well-being Service

Well-being

Supporting Educators and Trainees to be as effective as possible in their roles.

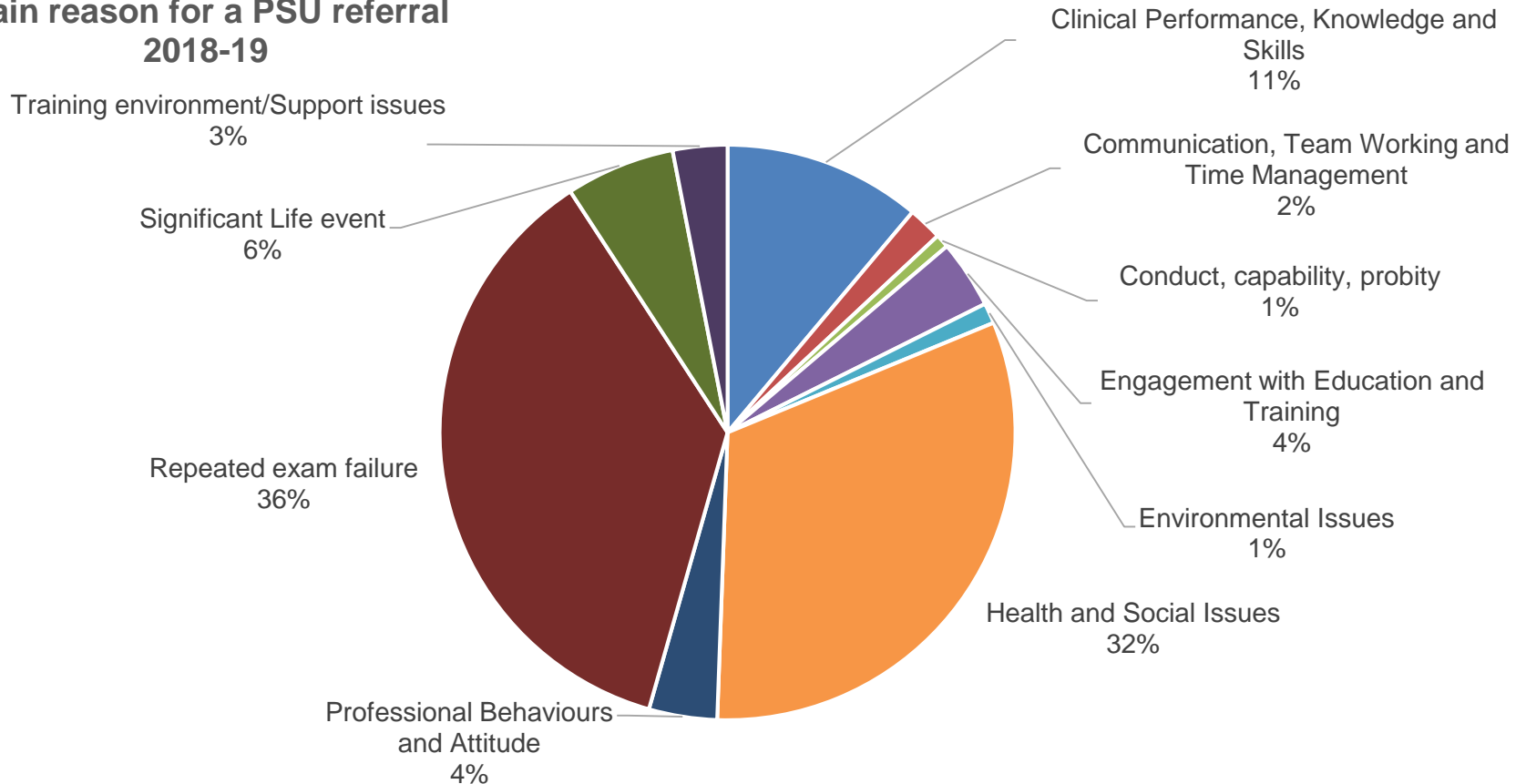
Professional Support

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

PSU referrals

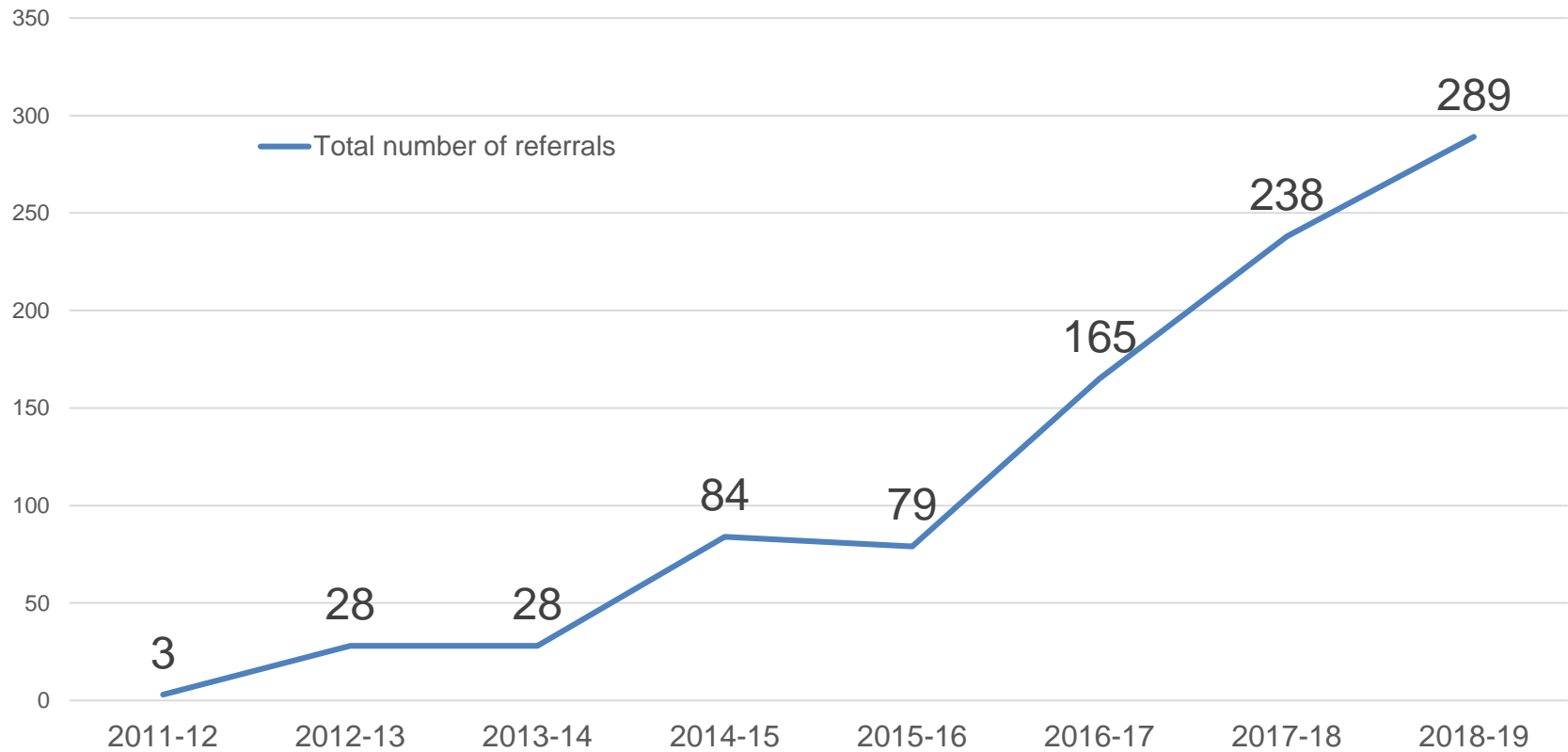
- For 2017-2018, 232 referrals received; a 50% increase from 2016-17.
- PSU for 2018-19 so far has received new 289 referrals.

**Main reason for a PSU referral
2018-19**

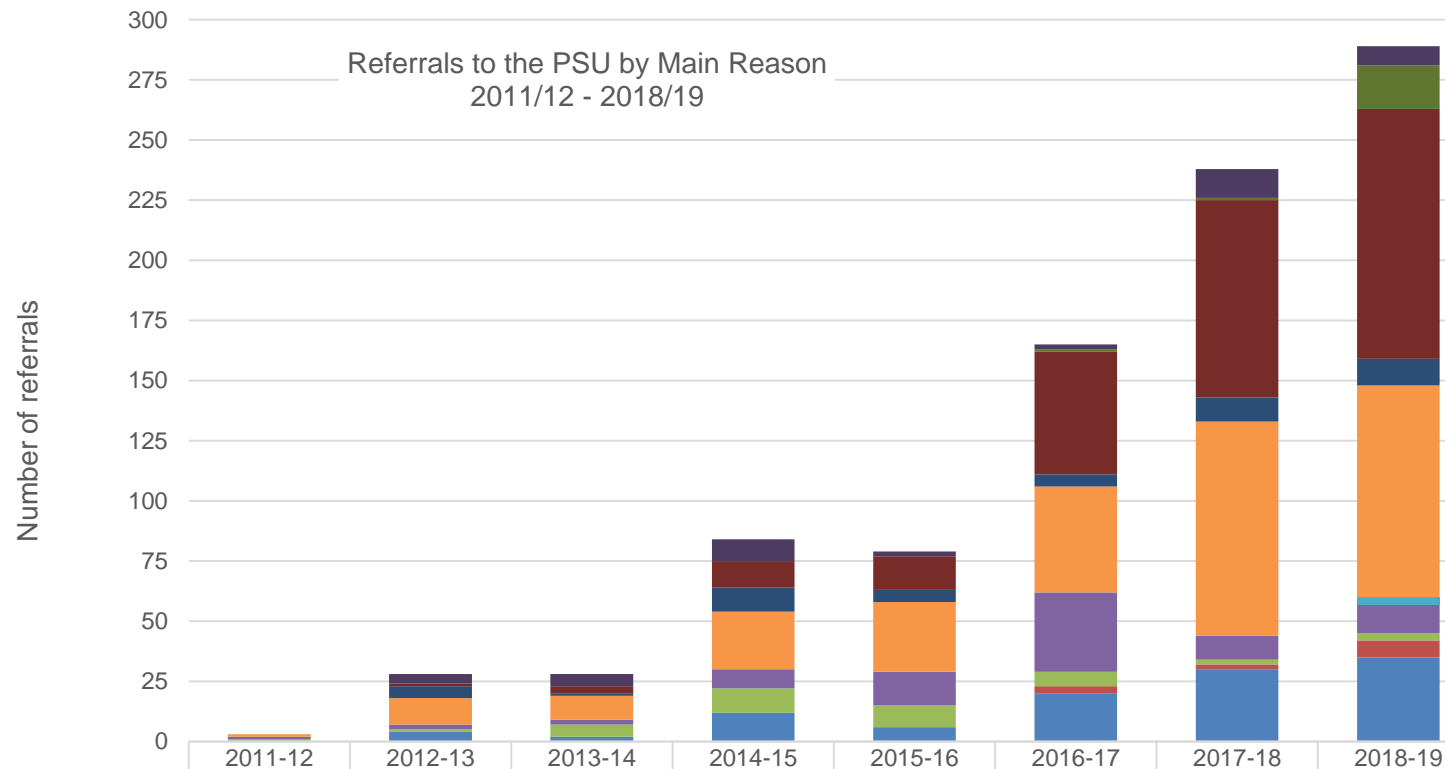


Overview of referrals since the PSU started

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



Overview of referrals since the PSU started



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
■ Training environment/Support issues	0	4	5	9	2	2	12	8
■ Significant Life event	0	0	0	0	0	1	1	18
■ Repeated exam failure	0	1	3	11	14	51	82	104
■ Professional Behaviours & Attitude	0	5	1	10	5	5	10	11
■ Health & Social Issues	1	11	10	24	29	44	89	88
■ Environmental Issues	0	0	0	0	0	0	0	3
■ Engagement with Education & Training	1	2	2	8	14	33	10	12
■ Conduct, capability, probity	1	1	5	10	9	6	2	3
■ Communication, Team Working & Time Management	0	0	0	0	0	3	2	7
■ Clinical Performance, Knowledge and Skills	0	4	2	12	6	20	30	35

Areas of Concern

Clinical Performance and Progression

(clinical mistakes, critical incidents, lack of knowledge and skills)

Communication

(patients/ families, team members, poor time keeping, lack of accessibility)

Life Events

(stress, anxiety, family and personal problems and bereavement)

Attitudes and Behaviours

(defensive reactions, volatile behaviour, attitude problems, anger, probity, GMC, convictions and cautions)

Sickness and Ill Health

(acute or chronic illness, frequent periods of leave, over or under motivated, reasonable adjustments)

Environmental Issues

(organisational, workload, bullying and harassment)

Lack of Engagement with the Training Programme

(exam failure and anxiety, lack of engagement with ePortfolio, adverse ARCP outcomes)

Personal Case Study

How were you alerted to the possible difficulties the trainee had?

Was it an isolated instance or were you aware of a repeating pattern of concerns?

What information did you need to help the trainee (e.g. observations, workplace-based assessments, reported concerns from others in the team)?

What solutions did you find /
What was the outcome

Step 1: Being aware there is a problem

- Difficult relationships with colleagues
- Social and communication skills
- Ineffective management of stress and emotions
- Poor organisation
- Lack of clinical leadership / complex clinical decision making

Recognising Early Warning Signs

The 'Disappearing Act'

Low work rate

'Ward Rage'

Rigidity

'Bypass Syndrome'

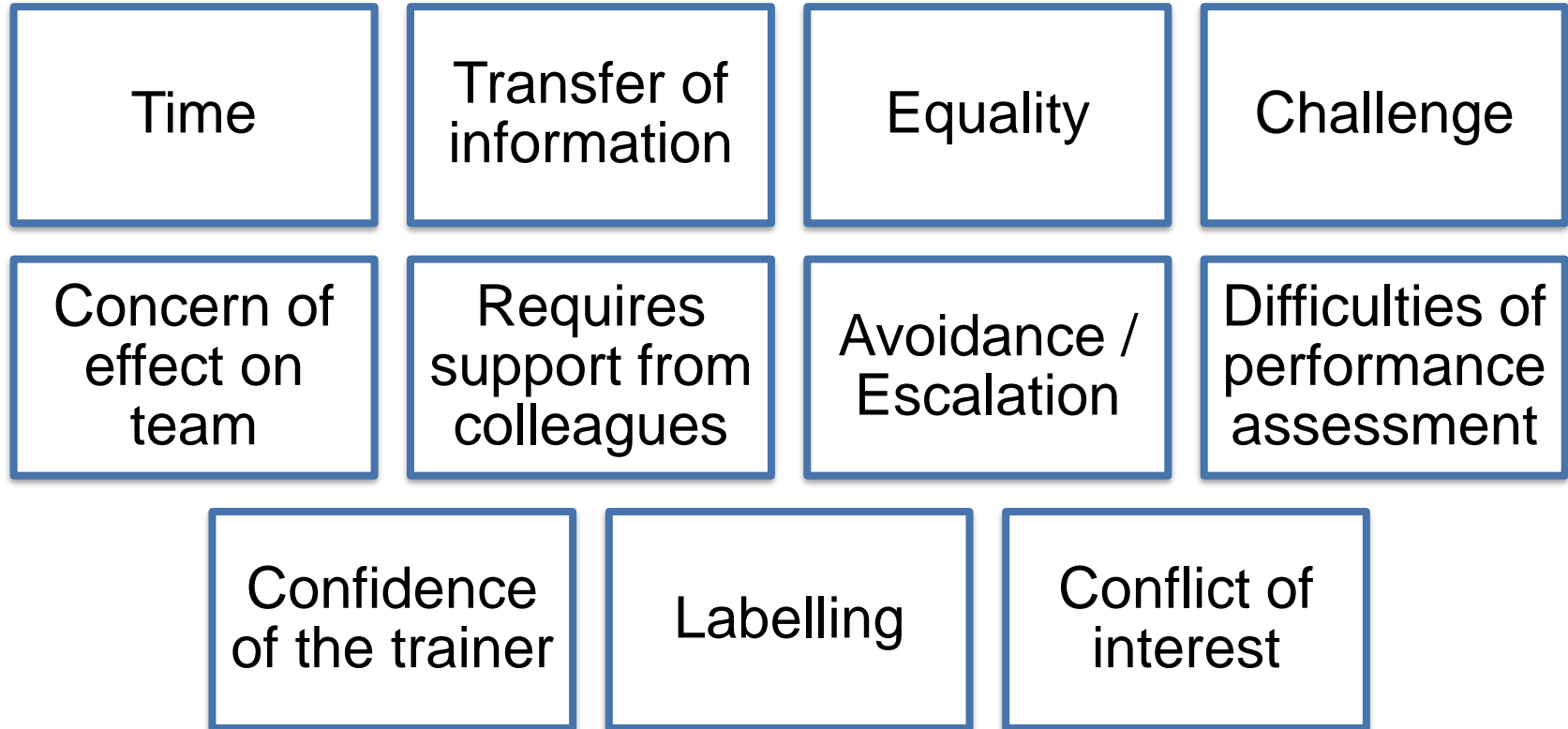
Career problems

Insight failure

Step 2: Preparing to 'tackle' the issue

What are the barriers?

Step 2: Preparing to 'tackle' the issue.



Barriers

- Fear of confrontation
- Fear of retaliation
- Denial
- Lack of confidence in skills
- Lack of “evidence”
- Desire to rescue or protect
- Avoidance
- Frustration
- Helplessness

Steinert, 2008

“The problem junior: whose problem is it?” BMJ, Vol.336,pp. 150-153)

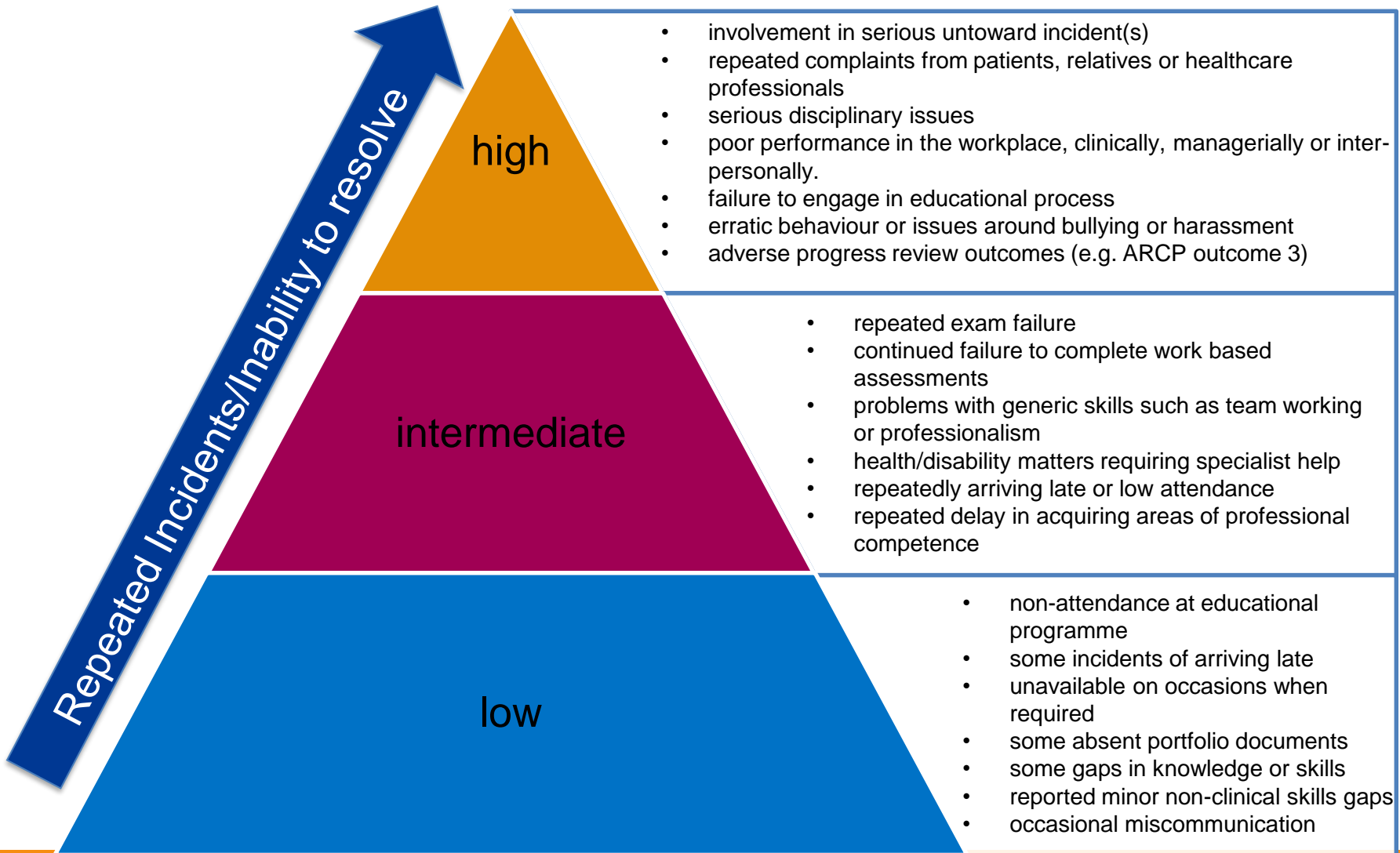
Well-being support services

Neuro-diverse conditions	Exam Support Workshops
Self-Referral for Serious or Traumatic Incidents in the Workplace	Communication Skills Workshops
Coaching and Mentoring Programme	Careers Support – expanding and developing
Cultural Safety / differential attainment	Masterclasses for Educators

In addition to this:

For GPs: Access to *FourteenFish* LTFT/OOP advice

Scale of concern: examples of TiD



Case Study 1

Trainee referred to the Professional Support and Well-being service following their resignation:

- Trainee has resigned from the GP programme, subsequently retracted their resignation and then resigned again.
- Following the second resignation, the trainee failed to turn up to work and did not communicate plans with all relevant parties resulting in an overpayment of salary.
- Colleagues have raised concerns regarding difficult personal circumstances but it is unclear what these circumstances are.

Case Study 1: Outcomes

The trainee was seen by a Case Manager and disclosed financial difficulties and a number of close family deaths.

The PSW offered / signposted to:

- Charitable financial support
- Psychological support and
- Bereavement counselling

Case Study 2

Trainee referred to the Professional Support and Well-being service with issues identified in a number of areas:

- involved in a number of complaints from both colleagues and patients
- history taking is repeatedly poor
- failure to respond when on-call
- repeatedly failed membership exams
- frequently off sick
- slow to complete tasks
- has shouted at secretaries and ES
- lack of engagement with peers and teaching opportunities
- denies knowledge of complaints
- suggests no contributing factors
- has worked as a Trust grade doctor for 15 years before commencing CMT training
- feels inappropriately supported and persecuted by trainers and Trust Management.

Case Study 2: Outcomes

The trainee was seen by a Case Manager. During the meeting, they struggled to make eye contact, avoided answering questions and referred only to good ARCP outcomes. The trainee denied knowledge of the concerns and complaints raised and suggested that there were no external factors at play.

The PSW offered to:

- Facilitate a remedial training placement
- Seek further information from the Trust regarding any patient and colleague complaints (via the exception reporting route)

The PSW also referred the trainee to:

- Occupational health
- Communication Skills coaching

What is your role?

Role	Low level concerns	Intermediate level concerns	High level concerns
Educational Supervisor	<ul style="list-style-type: none"> • Meet the trainee • Liaise with the Clinical Supervisor • 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 PSU 	<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 PSU 	<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 PSU

What is your role?

Role	Low level concerns	Intermediate level concerns	High level concerns
<p>Foundation/ Training Programme Director (FTPD/TPD)</p>	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage • Be available to give advice and guidance to ES/CS and the trainee if appropriate • Provide continuity between departments, School, HEE EoE for trainees moving to different locations 	<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 • Notify HEE EoE of concerns and attend a case conference if required • Ensure a referral has been made to the PSU 	<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 • Attend a case conference as required • Provide pastoral support for the trainee • Ensure a referral has been made to the PSU

What is your role?

Role	Low level concerns	Intermediate level concerns	High level concerns
<p>Director of Medical Education (DME)</p>	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage. However, there should be some awareness of those TID and be available for advice. DME may wish to be involved in the dialogue surrounding the trainee where there are adjustments being put in place to accommodate the trainee's training needs. 	<ul style="list-style-type: none"> Informed of ongoing concerns with TID's performance In consultation with the Postgraduate Dean to consider GMC referral. If allegations are of criminal nature, the police must be informed. To consider suspension from practice or initiate disciplinary procedure.

Professional Support services

Psychological Support	Specialised Occupational Health
1:1 Careers Support	Emotional Intelligence Testing
1:1 Exam Support	1:1 Communication Skills support
Assigned Case Manager and regular follow up meetings	Psychiatric Service

Best practice

Document everything

Respect Confidentiality:
Be careful who the
email is copied to but
make sure you include
relevant people

Agree next steps with
trainee and include
them wherever possible
in discussions

Seek advice and help –
you are not alone

Professional /
supportive tone

Questions??



- All referrals or queries are sent to psu.eoe@hee.nhs.uk or call (01223) 597736 / 596905 / 596953
- PSU website <https://heeoee.hee.nhs.uk/psu>