Healthcare professionals experiencing difficulty

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Rationale: Researched and resourced in doctors, but the primary care team is ever-expanding! The RCGP now defines GPs as consultants of primary care- supervision is also a key part of this role.

Opinion: How do you benchmark a role you aren't familiar with/ haven't trained to do yourself? Was supervision/ identifying difficulty part of your core training?

Difficulty: "An individual requiring additional support to overcome problem(s) *that threaten completion of their training programme*" (HEE, 2018)

Aims of this session: 4 step approach

Pictures taken from the following pages: https://www.jic.ac.uk/blog/why-roots-are-the-route-to-sustainable-agriculture/ https://www.onegreenplanet.org/lifestyle/7-things-to-do-with-broken-plant-pots/ https://esprit-kintsugi.com/en/quest-ce-que-le-kintsugi/ https://www.thesill.com/blog/drink-up

My experience from base profession

In practice

Case 1:
- Difficulty moving beyond 30 minute appointments after 3 months/4 patients per clinic
- Running late, leaving late, time off
- Appearing stressed

Case 2:

- Incomplete approach/ debrief requiring extra work/ re-review of the patient

- Difficulties with triaged minor illness

As a mentor for other practice's HCPs

"Working across 3 practices… I have to login from home to recheck each patient every night"

"Most of my clinic is complex patients… I feel overwhelmed"

What this leads to…

Overwhelmed HCPs that leave work late on a daily basis
Supervisor unhappiness: mismatch between HCP offering and practice need
Stress for clinical supervisory team, self-doubt, lack of trust in HCP's abilities
…No additional support for clinical supervisor generally available…

Recognition of difficulty

Examples of indicators:
- Incomplete approach to the patient/ incomplete synthesis or application of knowledge
- Debriefs creating significant extra work for one or both parties
- Frequent and valid patient/staff complaints
- Paice's seven signs[1]: The disappearing act, low work rate, ward rage, rigidity, bypass syndrome, career problems, insight failure

What's the problem[2] & whose problem is it[3]?

Reflection for supervisor:
- What is the specific issue, does the HCP have insight into this?

1- You: is this a fair judgment for a HCP at their current level of experience?

2- Them: Training issue? Is the workload allocated to the HCP appropriate to their level of experience (review guidance around this)

3- Systems: Can the HCP access equipment/ systems? Is supervision accessible when required?

Arrange a timely meeting

Ensure the right time, place and 'key players' are present & the meeting is documented

Discussion points:
- Frank but supportive discussion around concerns, be objective
- Listen to their perspective
- Enquire into lack of clinical exposure to area of weakness?
- Screen for person-specific issues (diagnosed/ undiagnosed physical health, mental health, neurodiversity, learning difficulties, burnout, cultural or language barriers[4]
- Ascertain support network & coping mechanisms

Remediation planning

Create and document a mutually agreed action plan following SMART principles[5], share with HCP, agree timeframe for next review

Identify and source the right tools for remediation[6] e.g. CBDs, observed consultations

Consider requesting external support locally or nationally- what is available will depend upon the specific role ?referral to own HCPs

If Fitness to Practise concerns, escalate to professional body

Recommendations

1 Someone beyond the clinical supervisor with knowledge and experience of the role to support and advise (triangulation akin to ES)

2 Preceptorships and mentorship for those in newer roles with more experienced in those roles: peer support and occupation-specific advice

3 Adequate financial reimbursement to properly fund what is required from clinical supervision

4 Peer support between those supervising newer/ non-doctor roles to enhance understanding and share good practice

References: 1 Paice E, Orton V Early signs of the trainee in difficulty; Hospital Medicine 2014 (65)4 https://doi.org/10.12968/hosp.2004.65.4.12739 2 McGraw R, Verma S. The trainee in difficulty. CJEM. 2001 Jul;3(3):205-8. doi: 10.1017/s148180350000556x 3 Steinert Y (2013) The "problem" learner: Whose problem is it? AMEE Guide No. 76, Medical Teacher, 35:4, e1035-e1045, DOI: 10.3109/0142159X.2013.774082 4 Borkett-Jones H, Morris C. Managing the trainee in difficulty. Br J Hosp Med (Lond). 2010 May;71(5):286-9. doi: 10.12968/hmed.2010.71.5.47911 5 Sowden D, Hinshaw K. The trainee in difficulty: a viewpoint from the UK. The Obstetrician & Gynaecologist 2011;13:239–246. 6 Patterson F, Knight A, Stewart F & MacLeod S (2013) How best to assist struggling trainees? Developing an evidence based framework to guide support interventions, Education for Primary Care, 24:5, 330-339, DOI: 10.1080/14739879.2013.11494197 **Wider reference list available upon request**