IBTPHEM
Intercollegiate Board for Training in Pre-Hospital Emergency Medicine

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Aide Memoire for PHEM CS/ES/TPDs encountering a trainee requiring extra support

It is common for many people to experience a period of difficulty at some point during a professional career. As such, this might occur during a sub-specialty training period in PHEM.

People who are struggling may be reluctant to reach out for help, if there is a perception of stigma associated with this. Trainers may also be reluctant to face the issues due to fear of complaints against people who are raising concerns. Therefore there is a risk of letting difficulties continue, which helps nobody and often makes them harder to resolve.

However, early recognition of problems, appropriate intervention with effective feedback and support for both the PHEM trainee* and trainer are most likely to be successful. Given the relative time pressures on the PHEM training programmes, early recognition is essential. Problems are likely to get harder to solve and rectify the longer they continue, and this is more likely to lead to dissatisfaction and complaint.

Each LEP/Deanery will have in place processes for supporting PHEM trainees and trainers alike. **This document is not intended to replace those. Indeed it is crucial that the trainer is familiar with, and follows local and national guidelines, including the "Reference Guide for Postgraduate Foundation and Specialty Training in the UK - (The Gold Guide)' produced by COPMed.** There are lots of other sources information freely available on the internet that the trainer might also find informative and helpful.

The intention of this document is to give colleagues a short introduction to this topic, in a practical step-by-step format. We aim to achieve this by posing thought-provoking questions alongside practical advice. It also aims to consider some of the specific challenges of PHEM sub-specialty training - such as having a base specialty training programme in a different region to the PHEM sub-specialty training. It is not exhaustive, as each situation will be unique and it is crucial that local guidelines and protocols are followed.

Finally we strongly encourage colleagues to seek advice if they are unsure of how best to handle a situation. Other PHEM trainers, schools and deanery staff will be able to help offer advice locally. The IBTPHEM Chairs may also be able to offer advice if required, especially regarding specifics of the PHEM training programme, examinations etc. Involving colleagues early, locally and if required nationally, may prove to be a significant help in resolving issues.

Step 1 - Recognising Concerns

Reflect on:

- How are concerns raised in your organisation in a confidential way?
- Does your organisational culture feel a safe place to raise concerns? Equally, if people have concerns raised against them, will they feel 'safe' and that these will be addressed in a fair and supportive way
- Do you have regular educational meetings to discuss PHEM trainee progress? (Eg FEGS, ES meetings and how are these documented?)
- What is the concern? Is it a performance issue, professional conduct issue, health problem, a combination of things or something different?

Step 2 - Initial response to concerns being raised

Ask yourself: *Is the concern fair and objective?*

Ask yourself: *Could the concern be wholly are partly attributed to bias* (either conscious or unconscious) on behalf of the person reporting, or by the person listening to the concern?

Ask yourself: *Is the concern part of a story/rumour mill and becoming self-perpetuating, or are multiple people identifying a genuine concern independently?*

Ask yourself: *Has the concern been documented? Are colleagues willing to do this in an appropriate way?*

You should:

- Identify the nature of the concerns being raised (is it a clinical capability or progress issue, is it a professional conduct matter, is it a health issue, a combination of things, or something else entirely?)
- Look yourself for warning signs (eg lack of engagement, frequent sickness, outbursts etc)
- Gather objective evidence (eg WPBAs, PHEMnet portfolio review, patient feedback, Datix reports)
- Consider escalation of these concerns early (eg to the PHEM ES and/or PHEM TPD) depending on your role.
- Consider if there is an immediate patient safety issue and take steps to ensure patient safety is maintained
- Document any steps you have taken so you can refer back to this if required at a later date.

Step 3 - Supervisor/TPD Meeting with the PHEM trainee

Schedule a meeting at a suitable time once step 2 has been completed. Remember, earlier interventions will help solve the majority of problems. With regards to the meeting itself:

- Ensure the meeting space is private and uninterrupted.
- Be supportive, use active listening and discuss the specific concerns being raised.
- Explore any underlying causes, and any confounding issues. If serious, check for suicidal thoughts by asking directly about this.
- Agree on 'the problem'
- Create a support plan, and also set some SMART goals (specific, measurable, achievable, relevant and time bound)
- Signpost to resources (eg Professional Support Unit, Practitioner/Occupational Health Services/own GP, counselling, mentoring, specific training courses/workshops/ podcasts/SOPs)
- Adjust training if required (eg avoid night shifts, increase supervision levels, allocate to busiest platform to increase experience)
- Document this meeting - keep formal records of meetings, actions and conversations in a contemporaneous way. Consider using PHEMnet/FEGs/ES meeting templates to record this in a transparent way. Remember - any written documents are disclosable.
- Arrange further meetings to review progress. This might be more ES meetings, increasing frequency of FEG reports or training team meetings to discuss progress.
- Consider the time required to achieve this - will this have implications for extending a training Phase (eg Phase 1B), or examination sittings - see next Step 4
- Discuss other people that they might wish to have as support (eg wellbeing lead, personal network etc). Sometimes having someone a little further 'removed/ independent' may be useful. They may wish to attend future meetings to support the PHEM trainee.

Step 4 - Review progress

Hopefully with the interventions above the PHEM trainee will be able 'to get back on track'.

However, if they are still struggling, further support and interventions may be needed. This may be in the form of repeating the actions described in Step 3 above, but thought should be given to how long this will take.

- Begin to consider if the difficulties are going to lead to the trainee failing behind on key transition points (eg Phase 1A to Phase 1B, Phase 1B to Phase 2). If this is possible, then an extension to training time may be required. Because of the time pressure, and the processes that need to be followed, **alerting the TPD and the Deanery at the earliest possible stage is essential if an extension to training may be required.** It is easier to plan for this early and stand it down, rather than to identify the issue late.

- Also consider if this trainee is from another region, is the parent deanery aware of the issue? It may be crucial to inform their ES/TPD in their home deanery.

- Joint meetings between the base deanery/base specialty educational team and PHEM deanery/LEP and PHEM educational team can help inform next steps, especially if an extension to PHEM training time is recommended. It may also help determine if the difficulties being encountered are new, or part of a pattern being carried from one placement to another.

- Consider, and do not be afraid to ask the trainee, if they actually want to continue sub-specialty training. Some people may prefer to return to focussing on a single specialty, thereby removing some of the stress of continued demands to progress in an area they are struggling with. Due to perceived stigma and the level of personal investment to get to this stage, the PHEM trainee may feel reluctant to offer this as an option and may be grateful for a 'return to base specialty' option being openly suggested and discussed.

- Again, documentation of any meetings/conversations/agreed action plans etc is crucial and where appropriate, should be shared with the PHEM trainee.

Step 5 - involving the IBTPHEM team

The majority of this process should be administered at the local level, following local/ regional and national guidelines as appropriate. However informing the national team will be very useful in circumstances where:

- Failing to progress as expected may lead to the need to delay National Summative Assessments 1 and/or 2 (DIMC/FIMC). If so, informing the IBTPHEM Examinations Chair will enable them to assist in planning (eg moving ring fenced examination places as required).

- TAP panel dates may need to be adjusted/delayed - informing the IBTPHEM training committee chair will help alert the national team to the issues, and also allow them to adjust previously planned TAP dates as required.

- The IBTPHEM team may also be able to offer help/suggestions/guidance on how best to support the trainee.

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Step 6 - outcome

Hopefully with the additional support being put in place, the PHEM trainee manages to get themselves back on track. If so, it is very important to clearly acknowledge and commend this. Getting over challenges takes resilience and getting a trainee back on track will no doubt have involved additional effort by the trainee themselves and anyone who has supported them in this. It should be viewed as a success.

Unfortunately, there may be times when despite everyone's best efforts, progress is still not being made or issues are still not being resolved. At this stage, difficult decisions may have to be taken to decide whether further help/support can be reasonably offered, or whether a better option is to return the trainee to base specialty training. If this is being considered, it is essential to involve senior staff within the local deanery/school, local PHEM training team and also inform the IBTPHEM Training Committee Chair.

We hope this aide memorie is useful in helping PHEM training colleagues in all regions. Any suggestions to include in later versions are welcomed.

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* in this document we have used the term 'PHEM Trainee' as it most closely aligns with other documents/groups etc. The term 'PHEM Resident Doctor' would be equally applicable and can be used instead if preferred.

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