Welcome to the latest edition of the Wessex Professional Support Unit Newsletter. We will update you on events and developments made over the last few months.

A record year for the PSU-

Wessex PSU has received a record number of new cases during the current financial year. To date 126 new cases have been received by the PSU. We would like to thank our Case Managers and Virtual Support Group for their ongoing support and expertise.

Supporting a trainee with Asperger’s to write reflectively

Our expert resource for the diagnosis of Asperger’s: Dr Stefan Gleeson recently wrote the following helpful advice about how an educator might support someone with Asperger’s develop their ability to write reflectively which can prove difficult for a number of reasons that Stefan covers:

1. In Asperger’s there is a challenge with regard to generalisation. Therefore, when we invite trainees to write an e-reflection on a specific case, to be illustrative of more generic cases, they may well struggle to see the links that a specific case will have in relation to other cases, which in their minds, will be seen as quite different. The way round this is to encourage them that there will be links that they might not see at first, but to start with a particular case (clinical patient case or teaching experience) is a good start. The next step would then be to ask them to consider an aspect of the case that they might find interesting, challenging, or a puzzle they wish to research further. A useful model known as the ‘debrief model’ will be discussed in our next newsletter.

2. Secondly, people with Asperger’s struggle with non-specific instructions. Any general directives (write a reflection) need to be followed by specifics (on what exactly) otherwise the trainee will have no idea how to begin. Indeed beginning anything is tricky for them; they struggle with initiating conversations for example, as their minds struggle to find an anchor/ something to latch onto to begin a set of activities/ conversations/ tasks. Checking that the
trainee knows what to do can be helpful at first, for example “talk me through the tasks you understand you need to carry out.” Or “what is it you need to establish?” etc. Checklists can be helpful – from preferred and differential diagnoses to investigations to treatment plans. After a while the trainee will anticipate you asking them to talk instructions through to check they have understood and will hopefully be doing it themselves, without the supervisor having to do this forever. This is at any rate the aim and it can be worth being explicit about this.

3. I cannot emphasise enough how much they do love structure/ specifics. So rather than say, please write a reflection or be more reflective, they will benefit from the following (which is taken from an example to do with a patient case interaction to be reflected on rather than other learning experience e.g. training/ education event):

a) Consider a clinical experience that was either new to you, or surprising, or interesting, or challenging or disturbing, in the last week. This will be the subject of your reflection. It can include a patient’s presentation, or their pathology, your interaction with the patient or anything else you think could be helpful to you to spend more time thinking about, that is related to your practice of medicine.

b) Describe what you observed (this could include anything from the patient's history, presentation, how they spoke to you, to your management of the patient)

c) Describe what you were thinking about when they were talking to you. Were you focused on establishing a diagnosis, or on how to manage them, on the interaction, if this was tricky, or what? What do you think you did well and what do you think you could do better?

d) Describe what you were feeling when you saw the patient. Was it feelings of discomfort (e.g. if uncertain of diagnosis) and if so how did you deal with these feelings, or relaxed, or defensive (e.g. if the patient was challenging). How did you manage your feelings? What were the positive and what were the negative points about these?

e) How did you manage the patient? What did you do that you think was good, and is there any area you think you could improve on?

f) What did you learn from the above? E.g. if you identified what you could do better, what is an action point that could follow from the above? This could be to do with specific further training, or reading up on an area, or doing something different next time you meet a patient with a similar diagnosis/presentation.

Dr Stefan Gleeson
PSU Virtual Support Group

Exam challenges for International Medical Graduates

An interesting paper was published in June 2016 entitled 'Exploring cultural and linguistic influences on clinical communication skills: a qualitative study of International Medical Graduates' in the journal BMC Medical Education by authors Verma et al.

They say in the background to the paper that ‘International Medical Graduates (IMGs) are known to perform less well in many postgraduate medical examinations when compared to their UK trained counterparts. This “differential attainment” is observed in both knowledge-based and clinical skills assessments’. Their study
'explored the influence of culture and language on IMGs clinical communication skills, in particular, their ability to seek, detect and acknowledge patients’ concerns in a high stakes postgraduate clinical skills examination. Hofstede’s cultural dimensions framework was used to look at the impact of culture on examination performance'.

You may wish to take a look at the paper; here is the link:


NHS GP Health Service

NHS England has launched a new NHS GP (occupational) Health Service as part of the commitment to help retain a healthy and resilient workforce and in supporting GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill health.

This is a free, confidential service provided by health professionals specialising in mental health support to doctors. Accessible via a confidential national self-referral phone line, website and App, enabling GPs and GP trainees to seek information about the services available, access self-help tools, and access clinical support.

Treatment services will be available in all 13 localities across England. There will be a range of clinical support, accessible across England with GPs and GP trainees free to choose the most suitable locality which matches their needs.

The new service went live nationally from 30th January.

https://www.england.nhs.uk/gp/gpfv/workforce/health-service/

Dates for the diary

Case Manager Peer Supervision Meetings
25 April 2017
22 June 2017
22 August 2017
25 October 2017
14 December 2017

PSU Development Day
26 July 2017

PSU Reference Group
5 December 2017

Quality & Governance meeting
2 May 2017
2 November 2017

Contact us

You can contact the Professional Support Unit whenever you have a query relating to our work, or if you’re looking for advice on a referral or active case.

If you have a general query you may find the answer on our web pages: http://www.wessexdeanery.nhs.uk/support/support/professional_support_unit.aspx
Alternatively you can contact us individually as below:

Miss Sellene Clark, Temporary PSU Administrator:
sellene.clark@hee.nhs.uk or 01962 718428

Mrs Julie Worthington, PSU Administrator:
julie.worthington@hee.nhs.uk
or 01962 718428 (currently absent)

Miss Claire Francis, Temporary PSU and Revalidation Assistant Manager
claire.francis@hee.nhs.uk
or 01962 718413

Dr Richard Mann, Consultant for Professional Support:
richard.mann@nhs.net

Dr Rosie Lusznat, Associate Dean for Professional Development:
rosie.lusznat@hee.nhs.uk or 01962 718417