PSU Development Day

Our most recent Case Manager (CM) Development Day was held at Eastleigh Holiday Inn Tuesday 7th October. The day was a great success, with a very high turnout and much insightful discussion and many excellent points raised throughout the course of the day.

The first topic of discussion was the term ‘case manager’, due to some of the inferences made from deeming people a ‘case’. This title is going to be open to review, and trainees and CMs are going to be invited to put forward ideas for a better alternative.

The new PSU Quality and Governance committee was introduced, and its purpose was defined as a body to ensure quality and the management of processes and people within PSU. The PSU team plans to establish quality standards, and these are to be monitored through various methods of data collection. It was agreed that Trainee involvement in this group would help to ensure that the user perspective is included and that CM feedback should also be collected.

The meeting then split into groups to examine some complex PSU case studies. Despite each case being unique and requiring some specific management; the group recognised a few key elements that were important to all of these complex cases including the essential requirement to obtain as much information on the situation as possible, including the trainee perspective. This was stressed as vital in these complex cases in particular. The importance of finding out what input and support the trainee had received prior to referral was also highlighted, as well as the importance of the trainee developing strategies to address their individual issues.

Paul Spargo and Vernon Needham reported back from the national COPMeD Professional Support Group meeting 13th June 2014 which was hosted by Wessex. This group is composed of representatives from all LETBs in England and from the other UK nations. There was a call for consistency of PSUs across the UK. This would allow national standards of practice to be set in order to ensure a high quality of service. This would also aid in defining the role of the PSU, as currently there is great variation between deaneries. The topic of expanding the PSUs to include post qualification support was raised. This has already been piloted in London where there is also a well established Practitioner Health Programme (PHP), and many were keen to follow this example.

The COPMeD feedback provoked much debate of three key discussion points raised. 1) Confidentiality vs. Communication: Many of the Case Managers stressed the difficulty in handling cases when trainees are unwilling to agree to any outside communication and insist on complete confidentiality. There were a few key people identified that often needed inclusion in the PSU loop as they are crucial to the Trainees’ progression. The involvement of Programme Managers was identified to be very important and potentially highly beneficial. 2) The potential for bias to creep into a Case Manager-Trainee relationship (“collusion”). All Case Managers recognised the need to keep an objective perspective on cases. It was agreed that the Case Manager’s relationship with a trainee should be one where the CM supports but also gently challenges the trainee. 3) It was suggested that the Clinical Supervisor, Educational Supervisor or Programme Director should, wherever possible, be involved or informed of the trainee’s contact with the PSU as they bring useful insight and can support the trainee in the day-to-day clinical and training situation which could again improve overall management and resolution to difficulties.

New Case Managers

On 29th July we held another induction day for new CMs in response to the high number of referrals at the end of last year and the beginning of this year. We are delighted to welcome:

- Clare Fuller (Histopathology)
- Poppy Mackie (Anaesthetics)
- Mark Ashton (Paediatrics and Neonatology)
- Phil Rushton (Elderly Medicine)
- Rob Williams (Elderly Medicine)
Feature - Colin Coles’ Talk on Trainee Exam “Failure”

One of the highlights of the development day was Colin Coles’ talk on trainee exam failure in which he described the process he goes through with trainees when they are referred to him.

More than 30 trainees in Wessex are referred to exam help each year for ‘failing’. These doctors are capable and trusted clinically but are not passing the exams. Frequently, this is the first time they’ve ever failed an exam in their life. So Colin asks ‘How do you prepare for these exams?’ and they all say that they do practice questions online because that’s what everyone says you need to do to pass! Very few of the Trainees he sees are actually revising by reading books or writing notes and they feel that they are failing the exams because they don’t know enough.

Then Colin poses the question ‘What does it mean to know something?’. He goes on to explain forgetting is not ‘not knowing’, but simply not being able to access the stored information at that point and time. Knowledge is highly contextual – in one situation you can know something and in another you can ‘not know’ the same thing. Colin uses the analogy of getting up and walking across a room to get something. Often you get to the other side of the room and have forgotten what you went there to get. Instinctively you return to the place in the room that you first had the thought and, apparently miraculously, you can remember what it was you went to get – something ‘prompts’ you to remember. This illustrates how you can know something in one context and not in another, for example, trainees being able to know something in a clinical context but not in an exam context. Trainees assume that they simply don’t know enough information rather than they cannot remember this piece of information in this specific context. Knowing is not absolute; and therefore not-knowing enough does not make sense.

Our brains work much like a library. Its first function is a place to store information (mostly books on shelves). The second is to provide a mechanism (or a route of access) for getting at that stored information. In a library this is done by some form of cataloguing.

But how do we catalogue our brains? Well take ‘Google’ as an example, a search engine that most of us use almost every day. No one has ever taught us how to use Google – Googling is self-taught. We use strings of key words to find the information we are looking for. Put another way, we have effectively taught ourselves a complex cataloguing system for accessing information.

We refine our knowing through conversations – clinical reasoning is a social matter. We form routes of access to the stored information and develop these routes. Revising for an exam means preparing for a particular kind of context and the nature of that context makes a huge difference to the performance. Good revision methods include reading, writing, making mind maps and creating prompts that jog your memory to a particular piece of information. In this regard, exams are a form of selection: they select for people who are good in a particular context.

Trainees can also suffer ‘exam stress’. A rush of adrenaline stimulates their natural survival response, the flight or fight instinct. However, this shuts down the ability to reason (our higher cortical centres) which affects our problem solving abilities, and in an exam situation is highly counterproductive. Techniques to reduce exam stress and breathing techniques are thought to be highly effective.

Colin then moved on to talk about the recent front cover of the BMJ (26th April 2014 vol 348 issue 7955) that depicts the international post graduate medical exams as a hurdles race with the first hurdle PLAB, apparently being too easy to clear and the second hurdle, MRCGP being too high to clear, claiming that the correlation between the two was low – PLAB wasn’t a predictor of passing MRCGP. The article was based on research which showed that compared to UK graduates PLAB graduates perform less well in the two major post graduate examinations in the UK. As a solution the pass marks for PLAB 1 and PLAB2 are now being raised, so the exams will keep the same format. However, Colin claimed, validity is being sacrificed for reliability, and false positives (people who pass the exams but shouldn’t) and false negatives (people who should pass the exams but don’t) were the result. He suggested that we were using instruments, the consequences of which we don’t fully understand (which would not be allowed if these were clinical interventions). He concluded by saying that rather than trainees failing the exams, the exams are failing them.

Goodbye to Angela McTavish

We wish to give a formal thanks and goodbye to Angela McTavish. She has been a dedicated member of the PSU unit for 12 years and has provided a consistently excellent service as our language expert. She has now decided to retire after putting off her decision for some time as she was enjoying her work so much. We are grateful to Angela for the invaluable expertise she has provided us and we wish her a very happy and well deserved retirement.

Welcome Jo Hopkins

Some of Angela’s language expertise will be forward to having her on our team.

Website

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