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Supervising trainees remotely: learning and growing in the remote environment

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OUR VALUES

Patients & people first | Partnership | Respect

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Objectives

- Defining the remote environment:
  - Pre pandemic
  - Not new

  - New normal
  - Initially 100% remote working
  - Now mixed – some F2F – complex to get the right blend

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What do we mean by remote environment?

- Not always in the same place at the same time
- Working from home
- Working within organisation when social distancing measures in place
- Supporting trainees across the region as joint TPDs
- Engaging with colleagues nationally and internationally
- Online ARCPs
- Better to access to RCP meetings online
- Better access to conferences
- Improved access to PSW support

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Clinical supervision

- What tasks can be completed virtually and which cannot?
- Will be different in every specialty
- D&E out-patient based specialty without a procedure
- Huge growth in technology in diabetes (particularly glucose-sensing technology) means we can access a wealth of data remotely
- Results in high-quality and effective consultations by phone or video
- Difficult to pre identify patients needing F2F (eg deafness or Learning Disability, clinical need and preference)
- Can undertake SLEs by listening in to phone or video consultations

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GLUCOSE STATISTICS AND TARGETS

16 September 2022 - 29 September 2022	**14 Days**
% Time Sensor is Active	**94%**

Ranges And Targets For — Type 1 or Type 2 Diabetes

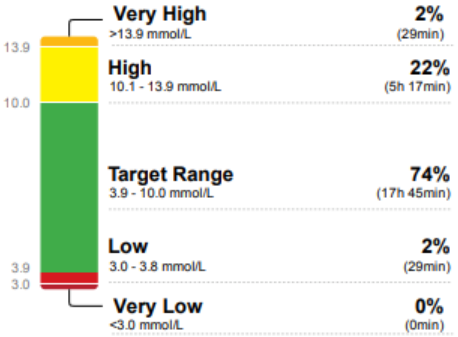
Glucose Ranges	**Targets** % of Readings (Time/Day)
Target Range 3.9-10.0 mmol/L	Greater than 70% (16h 48min)
Below 3.9 mmol/L	Less than 4% (58min)
Below 3.0 mmol/L	Less than 1% (14min)
Above 10.0 mmol/L	Less than 25% (6h)
Above 13.9 mmol/L	Less than 5% (1h 12min)

Each 5% increase in time in range (3.9-10.0 mmol/L) is clinically beneficial.

Average Glucose	**8.0** mmol/L
Glucose Management Indicator (GMI)	**6.7% or 50 mmol/mol**
Glucose Variability	**33.5%**

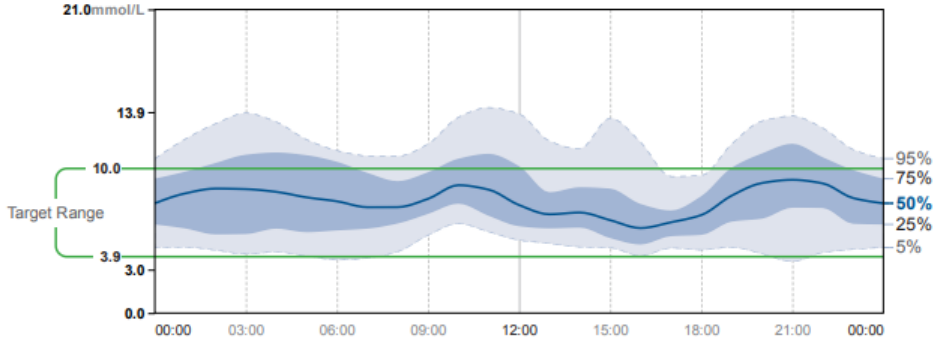
Defined as percent coefficient of variation (%CV)

TIME IN RANGES



AMBULATORY GLUCOSE PROFILE (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if occurring in a single day.



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Clinical supervision continued

- Remote working can create greater flexibility in working hours
- Set expectations at the outset
- Time away from work must be authorised using usual processes (not abused)
- Can be some blurring between sick leave or carers leave and working
- Robust induction needed to ensure ready access to policies and pathways and all members of the team introduced (tricky)
- Think about appearing unannounced e.g. by MS teams call as may not want you to see living room etc

Feedback

- "I was worried that I wouldn't get to see you but you're more available than most supervisors because you're always there (online)"
- Quiet isn't necessarily good
- Be careful with assumptions about home working environment
- Some loneliness described – eg team birthdays

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Educational supervision

- Feels similar
- Similar amount of time involved
- Less driving
- Able to screen share – perhaps easier?

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Top tips

- Patient safety is paramount
  - No consultations whilst driving – patient or doctor!
  - Stop consultation if uncomfortable-e.g. state of undress, professionalism
  - Try every contact number before recording a DNA, more accommodating?
  - Understand local policies around leaving messages – ie answer phone
- Allow more opportunities to debrief after clinic
- Can be very effective in supporting doctors in postgraduate training to continue working when they might not have otherwise been able to e.g. clinically extremely vulnerable, pregnancy

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What we have learned: ARCPs

- ARCP panels work really well via MS teams and arranging panels and panel members is much more straightforward
- Dividing up the eportfolios in advance allows issues to be highlighted and time used effectively
- Has allowed us to effectively utilise the time of the Associate Deans
- Chair's training for ARCP very convenient via MS teams

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ARCPs continued

- Communication is key
- Proportion of adverse outcomes since covid has been high
- Not always expected (role of ES)
- Can feel very punitive as many trainees have gone above and beyond during covid but at expense of specialty training
- Pick up the phone to the ES
- Offer meetings (online or f2f) with trainees and ES to discuss and debrief
- More opportunity to meeting ES and trainee in the round online

What we have learned: CPD

- Many more opportunities to attend region, national and international meetings
- Flexible opportunities as can watch live or at a convenient time
- Not a complete substitution
  - Cannot learn antenatal medicine just by watching webinars
  - SpRs and ESs need to identify the right balance
  - Webinars can't replace clinical experience!

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CPD continued: Well Being for Trainees

- Training days offer much more than just education
- Loss of peer network felt very keenly
- New trainees didn't get to meet their peers in person for over a year
- Wanted to resume as soon as restrictions lifted
- Applied to HEE for covid recovery funding for well-being event to support the gaining and regaining of peer network

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Outcomes

- National training survey shows D&E trainees in Wessex are very happy in spite of trials and tribulations of dual training in D&E and GIM
- Role of TPD more manageable due to ease of which we can meet SpRs and ESs with greater flexibility
- Joint working (co-TPD) easier with virtual working and more sustainable and enjoyable!