‘Remote’ Working – Supervision & Education in Solent AMH

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‘Remote’ Working Consultants in AMH Solent

- Why were they appointed
- Involvement of TEC Cymru – independent non-bias evaluation, proven track record – collaboration with Solent Research & QI
- Evaluation: QI & PDSA cycles
- Use and value & benefits and challenges of the appointment of ‘remote’ working consultants
- Content analysis of the documentation linked with the jobs and appointments
- Surveys, interviews, focus groups
- Areas: job role, outcomes, benefits & challenges, work-life balance, wellbeing, HR issues
- Also – ability to fulfil the ‘consultant’ role – clinical, leadership, training-education-supervision, research etc

‘Remote’ Working Consultants in AMH Solent

Role of the Consultant:

- Supervision, education and providing training
- Linked with the expectations from RCPsych https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/silver-guide-version-final_15-june-22.pdf?sfvrsn=bf01078_4
- Clinical supervision, Psychiatric Supervision, Educational Supervision
- Psychiatric Supervisor (also termed Named Clinical Supervisor) - must provide protected 1 hour/ week 1:1 reflective psychiatric supervision
- Role in UGME – be clinical tutor, assessor for 4th year students
- Surveys of trainee-trainer experience, focus groups – trainees, med students

Remote Supervision

- Started pre-pandemic (using skype)
- Proliferated by default during the pandemic – expansion of tech and platforms within the NHS
- Impact of infrastructure, resources, impact of social factors
- My experiences – trainees (supporting trainees, observed practice assessments, other WPBAs, MHRT experiences)
- Having medical students 'join' me online in clinic
- Issues – getting the full experience of nuance in interaction, safeguarding – interesting learning experiences

Remote Supervision

Trainee views:

- Logistics – software, equipment, connectivity, social & personal circumstances

<u>What works</u> –

- Easily booked and rearranged
- No travelling (? More environmentally sustainable)
- No interruptions (compared to physical meeting)
- Online support can be more easily available and arranged
- Maybe longer to build rapport v/s being in comfortable surroundings
  means both comfortable
- Once rapport achieved – equally good
- not much difference in content of supervision sessions – with some exceptions
- some sessions – may have preferred in-person
- able to build camaraderie "would like to meet physically at some point – get a sense of the 3D person"
- Space for non-work discussion through online meetings
- For most sessions evaluated – satisfied/ very satisfied
- May not be for everyone – might need a blended approach

Remote Supervision

Trainer views:

- Logistics – software, equipment, connectivity, social & personal circumstances

<u>What works</u> –

- 1st ‘remote working’ job as consultant – though had used ‘remote’ supervision in the previous role due to the pandemic
- During the pandemic – could see face and expressions online – as had to use masks ‘in-person’, also comfort (social distancing etc)
- Easier to arrange and rearrange, much better ‘protected’ supervision time
- Ease of flexibility of approach, no travel/ parking/ better able to manage day’s schedule; more comfortable in ‘one’s own space’
- Able to discharge responsibility as Named Clinical Supervisor – also be the senior medic for other trainees – easily contactable outside pre-arranged sessions
- Easier for trainees to send a quick message on Teams v/s worries re ‘being a bother’ when in person
- Able to do WPBAs, better for assessing developing leadership capabilities ‘DONCS’ e.g. chairing meetings etc – participants from different agencies better able to attend online compared to physical attendance
- Needs ethos of inclusivity and ensuring strategies to build teamwork & camaraderie – ‘leadership & participation from the top down & from the bottom up’ - being part of the team (daily check-in sessions, ‘in-jokes’, requests to help)
- Key issue of trainee experience and preference