

How to Help Individuals Move On and What the System around them Needs to Do

Nancy Redfern

Consultant Anaesthetist Newcastle upon Tyne

Co-chair Joint Working Group on Fatigue

nancyredfern@hotmail.co.uk

@nancy_redfern

Helping someone to move on

- understand
- explore & explain
- design and deliver an appropriate intervention

Aim to help the individual get back to safe, effective practice

What's happened?

What does it feel like for that person?

Sense of self-value – separate the person from the events

Letter from GMC

- Emotional reaction
- What needs doing?
 - Get someone else to read the letter
 - Tell CD and Medical Director
 - Ask for support
 - Tell your defence organisation
 - ? may be useful to see your GP
- Numb
- Frightened
- Confused
- Threatened
- Helpless
- Vulnerable
- Overwhelmed
- Angry
- Guilty
- Ashamed
- Embarrassed

Discussing the situation

Understand

to understand with,
not to understand about

BEING EMPATHIC & RESPECTFUL

Explore & explain

Help them challenge themselves
...at the pace they can manage
... and share the relevant facts

GENUINE

The Qualities of a Helper

(Adapted from Carl Rogers)

Respect...

suspending judgement
& evaluation



Empathy...

understanding “with”
not “about”

Genuineness...

being yourself

Diagnostic Listening

Helping me to help you

relevant - irrelevant, yes - no,
right - wrong, accept - reject,
agree - disagree, so what next)



filtered hearing



responding

Active Listening

Helping you to help you

Exploring, finding out more, trying to
understand, being credulous, open

active listening



hearing



checking understanding



responding

What's going on?

what's going on?

attending and listening

the person and their story

establishing a relationship

Skills – following, not leading

✓ summarising

✓ reflecting feelings

✓ paraphrasing and echoing key words

✓ space for reflection – silence

✓ not asking questions

Potential Impacts on the individual

- What's happened?
 - A clinical disaster
 - Being reported by someone [work/police]
- not feeling listened to
 - Lots of conversations with lawyers
 - Isolated from colleagues
- No retribution for others' wrong action
- Confidence in own abilities – behaviour
- Returning to same place/same people
- Confidentiality
- Managing the curiosity of others/corridor gossip
- Impact on health
- Trusting others /trusting self
- Matters outside work that need attention

Guilty *Ashamed* *Embarrassed* *Afraid* *Angry* *Sad* **Moral injury**

Moral injury

- Psychological distress which results from actions or lack of actions which violate an individual's moral or ethical code
 - Acts of omission – not done things they should
 - Acts of commission did things they shouldn't
 - Betrayal (often by person in positional power or an authority)
- Not a diagnosis but increases risk of PTSD, depression & suicide
- Initial description in the military but 25% of healthcare workers affected in pandemic journalists, ambulance, police vets.

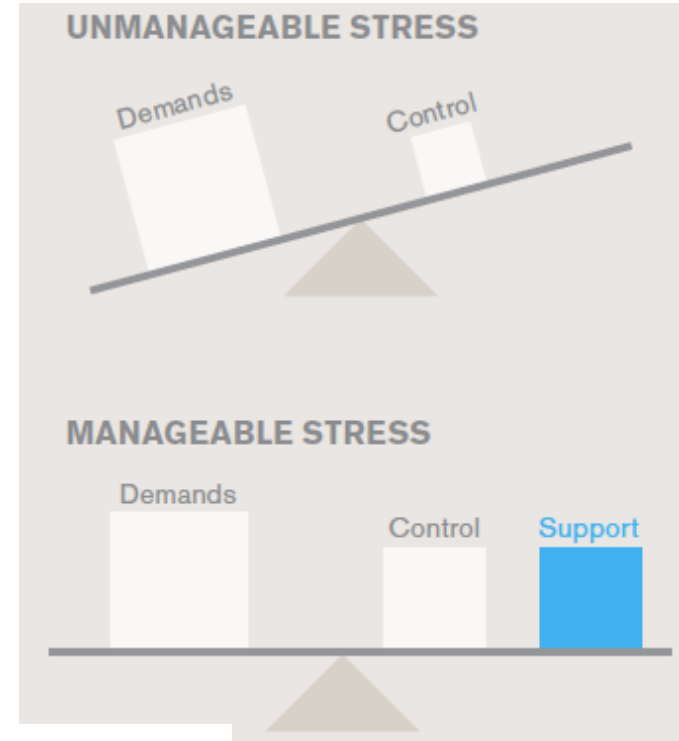
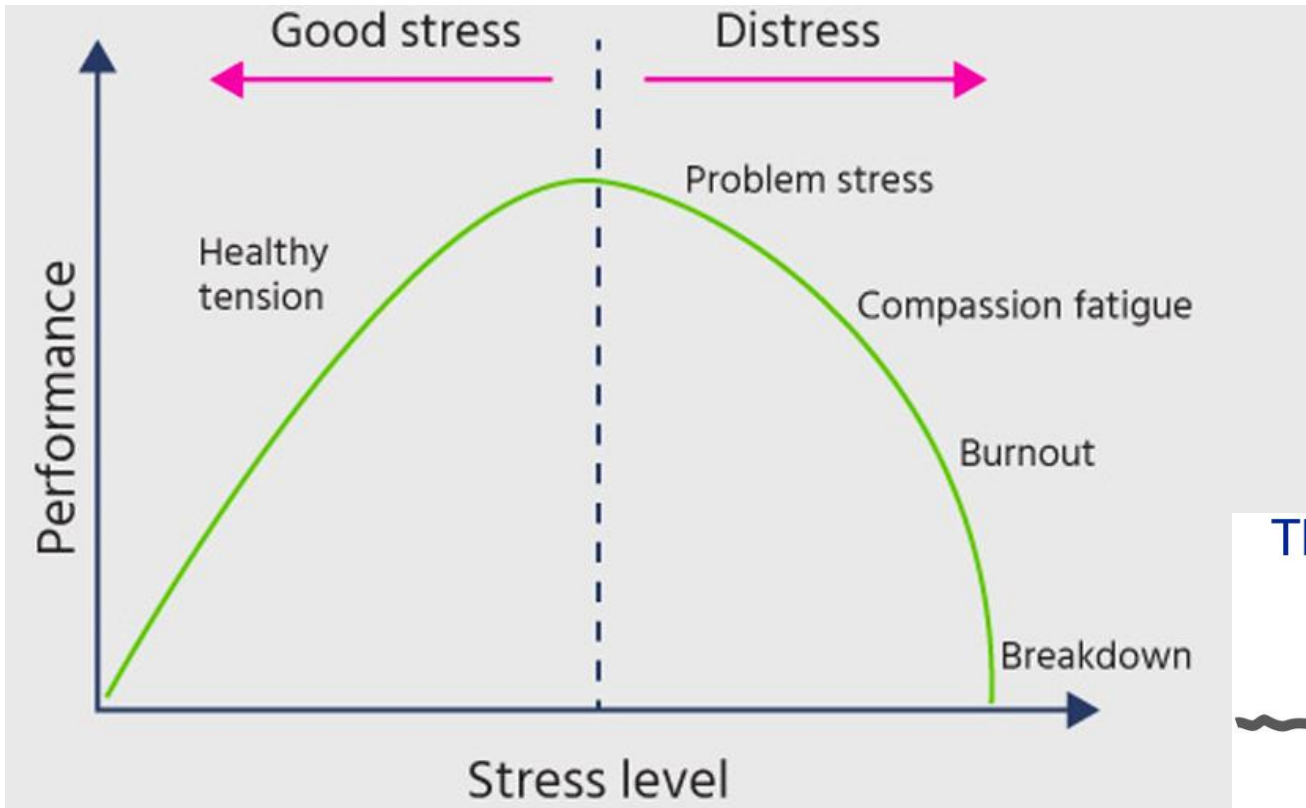
Moral injury

- Intense shame guilt or anger – hard to reach – worry about what people think or about being in trouble
- Altered thoughts & beliefs [I am a failure, no-one cares about me]
- Maladaptive responses [withdrawn, alcohol/drugs]
- Lack of social support/family problems
- Highly traumatic situations/Events involve vulnerable others

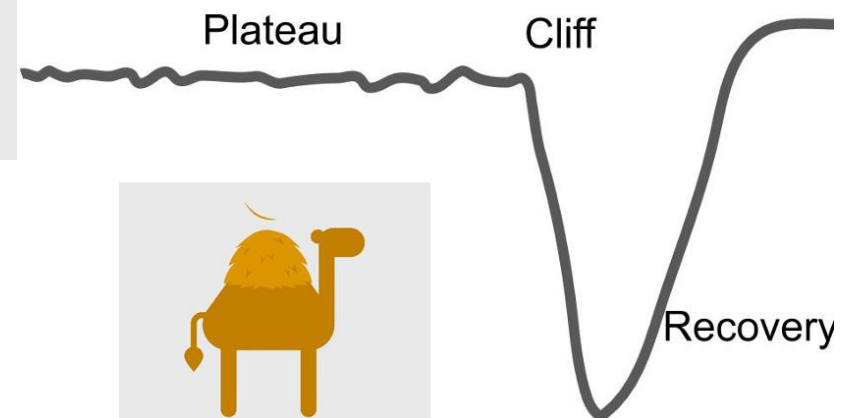
What helps

- ✓ Talk confidentially about experiences – make sense of what has happened
- ✓ Encourage acceptance, self compassion, forgiving oneself, perhaps making amends
- ✓ Work in organisations with good support fairness & openness.

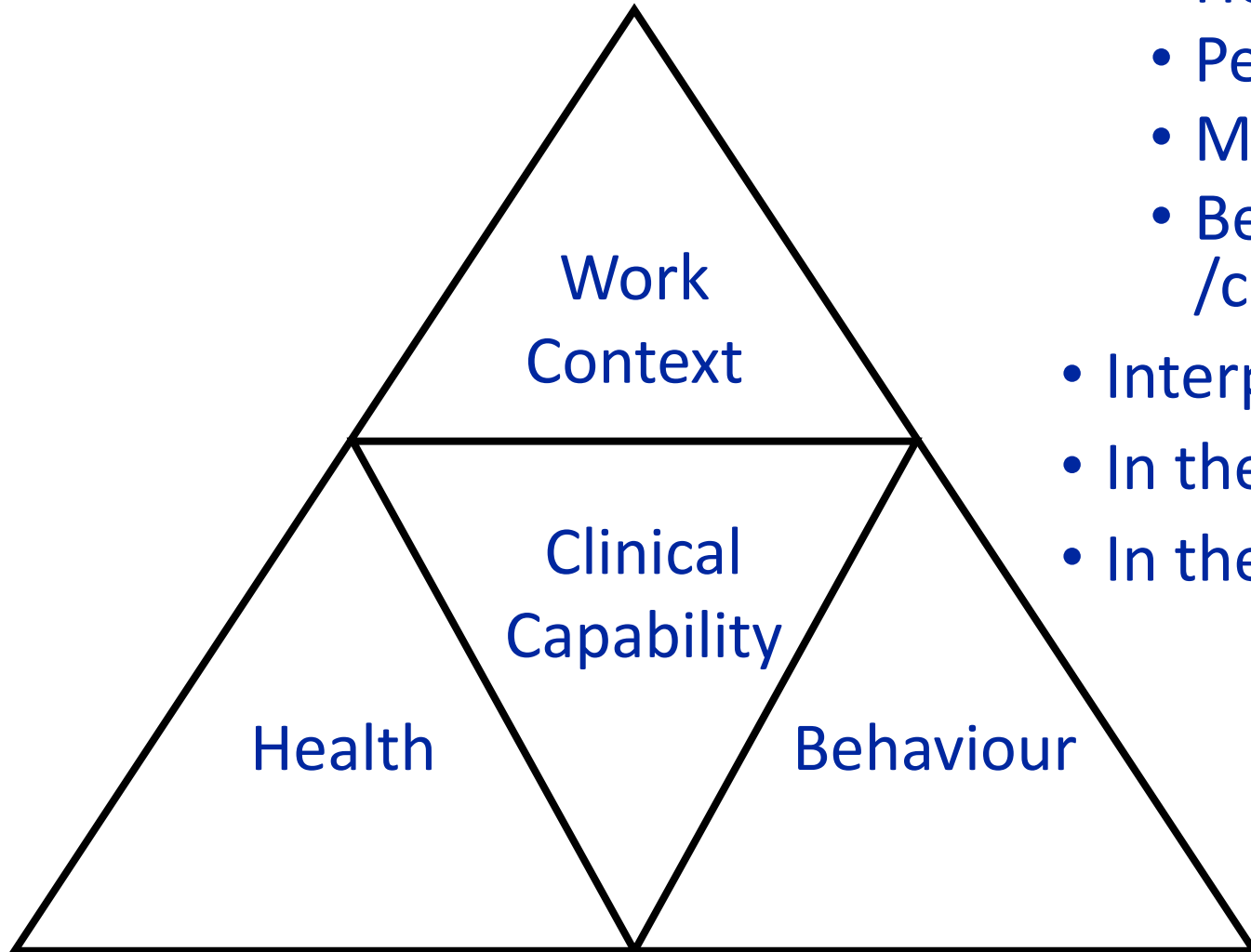
Manageable stress



The Performance Cliff



The Performance Triangle



- Within the doctor/dentist?
 - Health
 - Personality
 - Motivation, needs, values
 - Behaviour in response to the situation /context
- Interpersonal (between colleagues)?
- In the team?
- In the organisation or system?

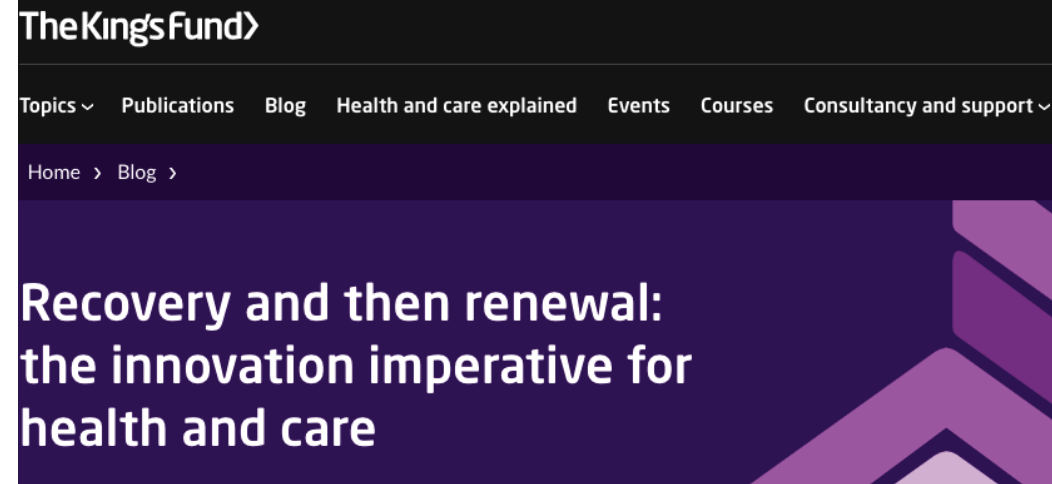
National Clinical
Assessment Authority

Effective behaviours - teams

- Is communication open and honest?
- Is there clear leadership?
- Is the climate supportive, open to learning, forward-looking?
- Are tasks, roles and objectives clear and agreed?
- Is conflict handled constructively?
- Do team members trust one another?
- Are the systems and efficient and effective?
- Is the workload realistic and manageable?
- Are accountabilities clear?
- Is there a culture of learning from mistakes?

“Recovery and then renewal”

Michael West & Suzie Bailey King’s fund report



- We cannot expect to deliver the best care for our patients, if we are at the limit of our own reserves.
- reduced staff numbers through vacancies, sickness, stress, ‘moral injury’ - not being able to provide the care we wanted to.
- ‘Without a physically and psychologically safe and healthy workforce, excellent health care is not possible.’ Don Berwick
- **Autonomy**; control over work life, act consistently with one’s values
- **Belonging**; feel valued, respected & working with strong, caring supportive colleagues
- **Contribution**; delivering effective compassionate care

Becoming unwell

- Feeling ill,
 - Recognising there is a problem &
 - Reporting the problem
- happen at different times

Doctors who do well learn to

- recognise symptoms
- use support appropriately
- value what they can do

Coping with chronic physical illness includes

- the illness itself
- the effects of treatment
- psychological sequelae

Takes about 2 years for a trainee who has been ill to get back to full achievement

- get well first
- Only make career moves when the doctor/trainee is moving to something better & not away from something bad

The Occupational Physician

Identifies

- work-related factors in the illness
- necessary interventions in the working arrangements or the work environment

Responsibility to the employer to advise on
fitness for work
'reasonable adjustment'

Responsibility to individual to
advise on natural history of the illness and potential effects on work
be an advocate

Staying safe

Setting achievable goals

confidence/achievement based

NOT time based

What can the person do?

What can't they do?

Where are they most likely to make errors?

[performance is context-specific]

What level of support & supervision is required for them to practice safely?

Appropriate Language to express concerns

Describe the events that took place and the behaviours that led to concern.
Use language that expresses understanding

'he asked the nurse 5 questions in a row, and turned away. Although he had a list of 15 jobs, it might have helped to tell the nurse he was frantically busy and offer a word of thanks'

Don't offer judgements.

'the doctor's clinical judgment is poor'

'he's rude to the nurses'

Evidence (related to performance)

- a description of events and observations made, what a doctor did, said

Judgment

- an evaluative statement comparing someone's performance with a standard

Planning - return to work

Who with? Where?

What should the programme contain (and what should be avoided)?

Out of hours work? Full time/flexible

Who needs to know?

What extra support should be offered?

How will confidentiality be respected?

Who gets a copy of the programme?

Robust plan of action if subjected to poor behaviour/bullying

Monitoring progress

Defining what the doctor can achieve in a good environment

Enabling the doctor to tackle challenging situations

What the System around them Needs To Do

What would 'good look like?

Confidence in own abilities –
behaviour

Returning to same place/same
people

Confidentiality

Managing the curiosity of
others/corridor gossip

Impact on health

Trusting others /trusting self

Matters outside work that need
attention

- Work 'buddy'
- Empathic CD, good return to work plan
- Realistic assessments of progress
- Mentoring
- Consultant Occupational Physician with an interest in doctors' health
- Confidential psychological support [e.g. Practitioner health]

Expert resources

- Mentoring
- Coaching
- Occupational Health
- Psychology/counselling
- Psychiatry/CBT/
Psychotherapy/EMDR
- Educational psychology
- Careers guidance
- Practitioner health
- Professional support unit
- BMA
- Royal Medical Benevolent fund
- Doctors for doctors
- Sick doctors/ Doctors & Dentist group
- Courses
 - Leadership
 - Assertiveness
 - Communication skills - Video work

Second 'victim' – stages to recovery

- 1) Chaos and accident response
- 2) intrusive reflections
- 3) restoring personal integrity
- 4) enduring the inquisition
- 5) obtaining emotional first aid
- 6) moving on

can be mitigated by an appropriate intervention at each stage

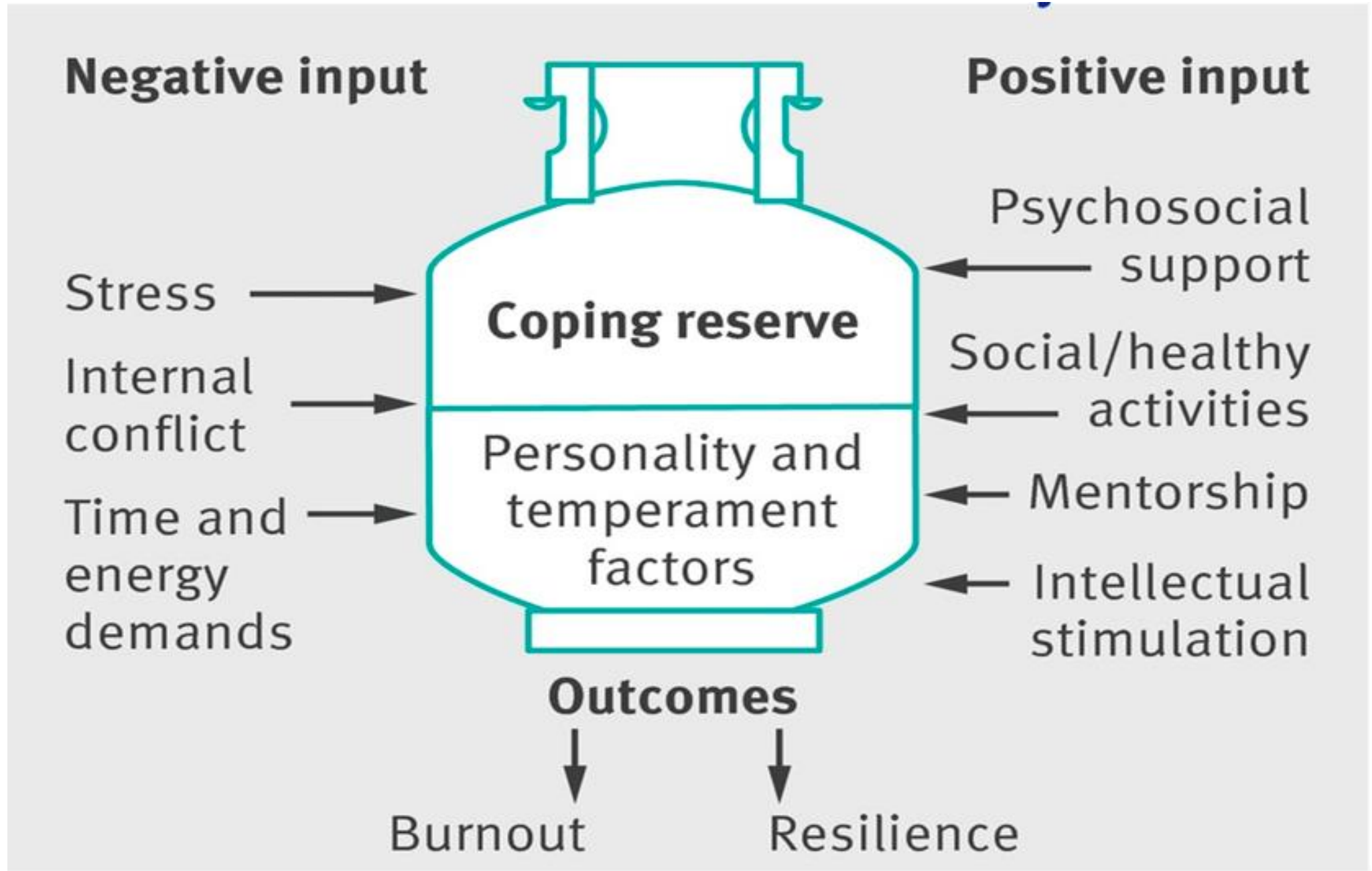
PTSD - poor support may result in an individual getting 'stuck' at a stage

Sublimation – helps to get on with the job – causes longer term problems

Hypervigilant – adrenaline surge alters clinical practice

Deny, distance, discount.

Burnout – going through the motions but without normal emotional involvement



Burnout is a problem caused by the system

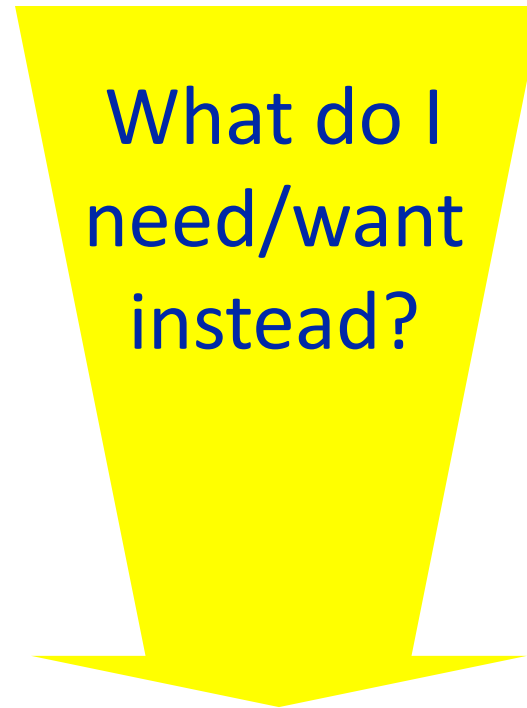
Resilience is a quality of the system

The Skilled Helper Model (Egan 2016)

Stage 1



Stage 11



Stage 111



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Becoming ill - What do others notice?

USUALLY NOTHING!!

Not achieving milestones

Attendance/presence more sporadic

Isolated

Affect e.g. look stressed/ flat / short temper

Less careful about personal appearance

Not taking responsibility

Place blame on circumstances/others

Poor at reflective practice

Uncertain/anxious about decisions

Rigidity

Slow/disorganised

Becoming ill - What do trainees notice?

Symptoms particular to the illness

Difficulty running, Eyesight problems,
Headaches

Non-specific difficulties

Lack motivation/enthusiasm
Unable to concentrate/ Forgetful
Feel an outsider
Unhappy/ inadequate/unworthy
Fearful of attending/presenting/leaving
Hear negative descriptions of their
behaviour/ personality

What do they do?

Drive past work
Bottle things up
Lose temper seething/shouting

Self medicate/drink

Medicine's not for me
Seek remedies - career change, new
job, giving up

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Restoring personal integrity

- Practicalities
- Opportunities to talk/listen/reflect
- Acknowledge & accept
- Using support is normal

- Mentoring – working out how this applies to me

- Resilience - related more to the bonds between team members than the coping style of any individual.
- Good peer support and social cohesion helps with mental health.

