

SUPPORTED RETURN TO TRAINING FOR SHIELDING TRAINEES

S - S T A G

SUPPORTT
SHIELDING
TRAINEES
ADVISORY
GROUP

Guidance for Trainers' and Supervisors

This Supervision checklist accompanies the guidance document "Support for Trainees Shielding due to Covid-19" and aims to highlight some useful points for discussion when supervising shielding or stringently social distancing trainees. The lead for supervision meetings should be an experienced trainer who is accessible for regular supervision meetings during shielding. This may be a clinical supervisor/educational supervisor but will vary between region and specialty and it may be more appropriate for a Training Programme Director, Head of School or other appropriate nominated person to take a lead role.

- To ensure maximum support for the trainee during the time they are shielding
- To optimise their education, training & development (including progression)
- To reduce the impact of their return to training (on the doctor, on the service/workplace, and on the resources of HEE SupportT)

Initial Meeting

(As early as possible)

- Staying up-to-date - Clinical/Educational Needs
- Flexibility - LTFT/OOP/PG qualifications/courses etc.
- Peer Support/ Wellbeing/Coaching
- Tailored work plan & updated PDP
- Signposting to resources
- Risk assessment & Occupational Health

Shielding

(Regular Meetings - Every 1-2 weeks)

- Progress and wellbeing
- Support the trainee's learning and development e.g. curriculum
- PDP review/changes
- Signposting to any further resources
- Document meetings on portfolio

Pre-Return

(As soon as possible following initiation of plans to return)

- Any outstanding clinical or educational updates
- Enhanced supervision/Phased Return
- Ongoing concerns/issues
- Practical issues - PPE/Guidance changes
- Ensure Risk Assessment/OH

Return Review

(Suggested 1-2 weeks after returning)

- Discuss the trainee's progress
- Any outstanding concerns & further targeted training
- Is there any required planning to facilitate training progression
- Is it appropriate for the trainee to return to the on-call rota and usual clinical environment

Initial Meeting

Meet with the trainee **as soon as possible** (Initial meeting/to address areas that still require discussion)

Discuss possible challenges, concerns and difficulties. Design a **tailored work plan** together:

- Aim to incorporate a variety of activities - to cover as much breadth of experience as possible
- Ensure the trainee can access any virtual departmental teaching sessions / meetings if available
- Ensure access to all virtual patient systems required for remote role e.g. patient notes, results reporting and appropriate administrative support
- Access to appropriate clinical supervision if remote working e.g. clinics
- Consideration of additional responsibilities (e.g. caring), modifications to type of work and hours - considering LTFT if appropriate
- Explore opportunities to work alongside other shielding trainees (Please see Possible Shielding Activities)

Curriculum review - "Horizon scanning" for any areas that can be focused on during shielding even if a higher training level curriculum e.g. leadership, management, quality improvement, education, exams/Courses. Discuss the best ways to evidence activity in portfolio and encourage regular reflection

Consider any supportive training measures early e.g. rotations, ARCP requirements. Is there any further discussion required to facilitate this process e.g. Training Programme Director, Head of School

Consider any supportive measures that can be discussed e.g. rotations, ARCP requirements
Explore **flexible training** opportunities that may be beneficial e.g. LTFT, OOPE, OOPP, PG qualifications

Ensure a **risk assessment** is undertaken and agreed by trainee - Signpost to **Occupational Health**

Complete SupportT "pre-absence form" (found on local HEE SupportT page. Please be aware shielding is not a training absence but may be named as such due to utilisation of existing SupportT processes)

Provide a **name and contact details** for the trainee's clinical supervisor
Agree with the trainee how meetings will be documented and pro-actively arrange further meetings

Signpost to Resources:

- **Local HEE SupportT** (Supported Return to Training)
- **Coaching, peer support, career guidance** and any **specific Professional Support and Wellbeing**
- **HEE SupportT Website** Resources, Webinars, Guidance
- **Specialty specific resources**

Frequent Shielding Meetings - 1-2 weekly

- **Review of ongoing work plan and training progress** - Does there need to be any further changes/adjustments? Is the workload and progression expectations manageable and achievable?
- **Pastoral Support and Wellbeing** - Discussion and review any further signposting/input required
- Does the trainee feel **supported by the department and supervisors**, and how can this be improved?
- **Consideration and preparation for any appropriate return** to an adapted patient-facing role or to their usual clinical training environment - **SupportTT process and liaison with HR/Occupational Health**
- **Signpost to resources** (as above), any further individualised resources relevant to specialty or tailored work plan
- **Document** meeting in a format agreed by trainee and supervisor. **Plan further supervision meetings**

Pre-Return Meeting

- **Discuss detailed individualised return plan:**
 - Courses/Updates including life support and required skills
 - Enhanced supervision/supernumerary period on return and areas to refresh specific skills or increase confidence
 - Practical Issues - COVID Specific Guidance changes e.g. PPE & Fit mask testing and exposure prone procedures, Induction, ID, IT training, Parking, Human Resources contact (Particularly if returning out of sync with trainee cohort)
- Has an appropriate **risk assesment** taken place and been agreed - If not discuss the process and signpost to Occupational Health.
- Does the trainee feel **supported by the department and supervisors**, and how can this be improved? Liaise with the trainee's Clinical Supervisor and HR/Medical Staffing to ensure requirements and supervision required are available to support the return plan. It may be appropriate to discuss with the trainee the planned communication with the clinical team and details which will be passed onto them.
- **Continued Pastoral Support and Wellbeing** - Discussion and review any further signposting/input required
- Complete **Pre-Return SupportTT Form** and any **SupportTT funding application** or regional equivalent. Upload to Portfolio
- **Document** meeting in a format agreed by the trainee and supervisor. **Plan further trainer input and return review meeting**

Post Return Review Meeting

- **Review meeting post return** (suggested 1- 2 weeks or appropriate to trainee's return plan) to discuss progress and any further supervision/additional training needs/adjusted duties/difficulties and success!
- If supervisor and trainee in agreement with progress and return to normal duties complete **Review Meeting SupportTT Form** (found on local HEE SupportTT page) or follow regional SupportTT process
- Please consider that shielding trainees **may need continued Pastoral Support** and Training guidance - to be guided by individual training need. It is expected all shielding trainees will require ongoing frequent supervision contact to facilitate training progression.

For further guidance please review the HEE Shielding Trainee Resource Toolkit and list of regional SupportTT Offices - [SupportTT Homepage](#)

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