

# ENHANCING SUPPORT FOR TRAINEES AFTER PATIENT SAFETY INCIDENTS: A FRAMEWORK PROPOSAL

P. CHHANIYARA, S. HANDA  
EAST MIDLANDS SCHOOL OF ANAESTHESIA

## BACKGROUND

Trainees involved in Patient Safety Incidents (PSIs) often require enhanced support.

This is often multifaceted, necessitating extra layers of guidance, resources, and assistance to navigate the ensuing challenges effectively.

This project draws upon local trainee experiences, highlighting numerous deficiencies in the collective process and the fragmented nature of the existing support system.

Local hospital support can be variable and limited, highlighting a need for a centralized, structured support system originating from the deanery level. The deficiencies identified include:

- Fragmented support, with no 'overseer' who was aware of the entire situation.
  - Lack of a central point of contact/overview of the entire situation.
- Need for a deanery wide common structure (rather than local hospital structure → which would vary between trusts).

## METHODS

Designed two surveys: trainees and supervisors.

Both sent out last year in July – August 2023.

Trainee survey: 9 total questions; 8 choice questions and 1 for any additional comments.

Also asked for any trainees to share their experiences if they wanted.

Supervisor survey: 2 questions

## TRAINEE SURVEY RESULTS

**45%** have been involved in a Serious Incident.

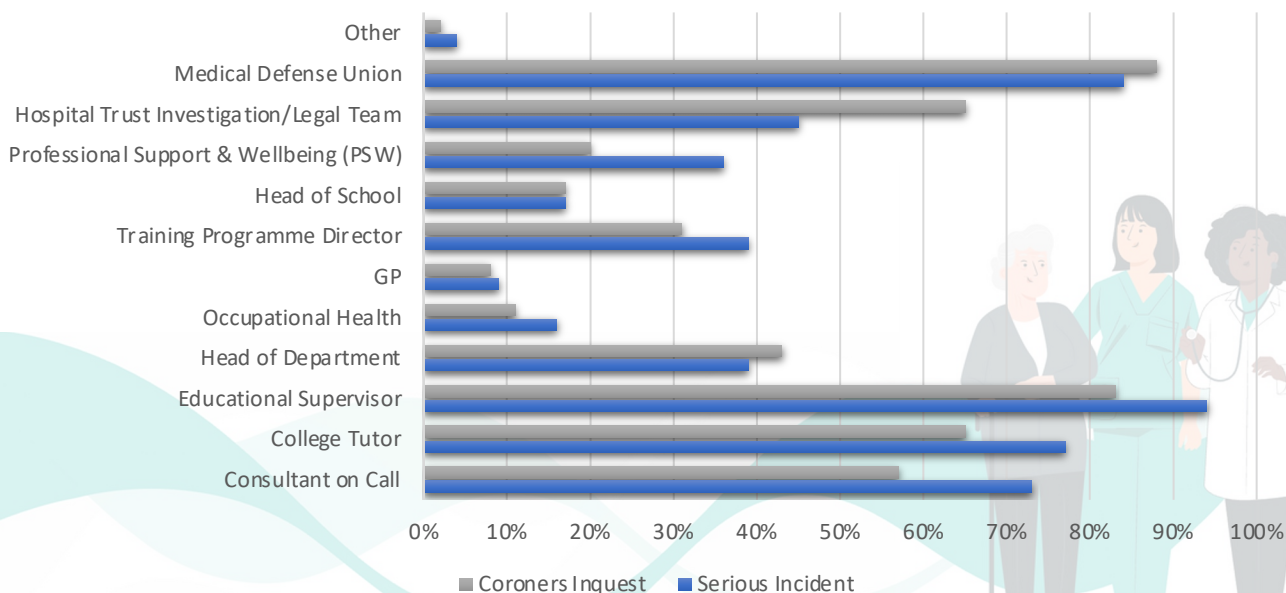
**64%** were not aware of the formal process occurring after a Serious Incident.

**75%** did not know where to look to find this information if needed.

**95%** felt a guide from the deanery outlining these processes would be a useful resource.

**80%** have not been involved in a Coroner's Inquest

## SUPPORT EXPECTED WHEN INVOLVED WITH CORONERS INQUEST OR SERIOUS INCIDENT



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## TRAINEE SURVEY COMMENTS

Main concern raised → formal structure is NOT already in place.

Trainees concerned as recent cases have highlighted insufficient support structure.

A formal guide from the deanery would be useful, including ARCP Form R reporting process.

No formal training/teaching on this subject.

A regional teaching day would be useful.

Simulation/mock inquest sessions.

## TRAINEE EXPERIENCES

Highlighted positive and negative aspects from their experiences → (incorporated these into framework).

Tertiary hospital handled and supported trainees better than the peripheral hospitals in the region.

Occupational health was variable whether local hospital or deanery when accessed.

The Professional Support & Wellbeing (PSW) service was quite helpful.

External agencies were useful as provided access to services such as counselling faster than local processes (GP/OH).

## SUPERVISOR SURVEY

Survey to all college tutors and educational supervisors in the region.

Main questions:

1. Would they know how to support a trainee after a SI?
2. Would they know where to find further information?

Overall sense of unease amongst all respondents as not sure how to provide beneficial support.

They had no formal training for this – this identified a substantial gap in the support structure.

## FRAMEWORK PROPOSAL

The proposed framework seeks to address current deficiencies by providing clear guidelines, communication channels and resources for both trainees and supervisors.

**Clear role defined for Consultant on-call, College tutor and Educational Supervisor.**

Key components include outlining roles from the onset of the incident and co-ordinating immediate responses until a designated lead is identified.

The designated lead will then keep an oversight of the situation with the trainee, adding in additional support as required.

An additional document is being formulated that comprehensively outlines the investigation process post-PSI, detailing involvement with various agencies.

## CONCLUSION

The inevitability of PSIs in medical careers emphasizes the need for a proactive support framework, undoubtedly enhancing the support provided to trainees.

No Funding was obtained for this project

