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Dear Colleague,

Welcome to the Winter edition of your newsletter and what I trust will be useful information for trainees and trainers in Scotland. The COVID-19 situation continues to be a challenge for society, not least doctors, and whilst there is now hope around a vaccine, there are still many challenges we need to address.

In Spring, many colleagues were assigned to anticipated high pressure areas, but ahead of the predicted second wave of infection, we have worked with Health Board partners to produce more nuanced guidance that will help protect training and progression.

Continuing with the COVID-19 theme, we update on a major COVID-19 research study which aims to develop evidence-based interventions to support doctors' wellbeing and promote resilience in dealing with the impacts of the pandemic. We also point

you to NES developed Psychological First Aid resources which you can access if you are experiencing any mental health issues and need some help.

Apart from news about COVID-19, we are pleased to report from the on-line Scottish Quality Improvement Conference that took place on the 18th November where delegates shared many new ideas and methods to improve clinical care. We also feature upcoming events from our Bereavement Workstream and signpost you to other useful resources.

Importantly, we also highlight that all NHS Scotland email addresses are changing and urge you to follow the advice and guidance contained in the specifically generated FAQs, linked to the feature.

I hope you enjoy your read and wish you all well for the festive period!

Professor Rowan Parks



Rowan Parks
NES Acting Medical Director

THE 10TH CONFERENCE IS PLANNED TO GO AHEAD AGAIN IN 2021 ON THE 27TH AND 28TH MAY AT THE EDINBURGH INTERNATIONAL CONFERENCE CENTRE. PLEASE MARK THE DATES IN YOUR DIARY.

This will be a virtual conference.

Further confirmation and programme will be available in due course.



YOUR E-MAIL ADDRESS IS CHANGING—ALL NHS SCOTLAND E-MAIL ADDRESSES ARE MIGRATING TO A NEW SYSTEM.

Please ensure that your e-mail address is up to date on Turas or we will not be able to contact you.

We will be further updating you regarding this change via:

- The Scotland Deanery website
- E-mail
- On Twitter and Facebook using the NES accounts

In the meantime, see the HOW TO GUIDE regarding this change [HERE](#).



The Annual Scottish Internal Medicine Quality Improvement Conference on the 18th of November 2020 went online this year using Teams.

Despite the effects of COVID, the conference was busier than ever with a combination of oral and virtual poster presentations all describing projects to improve clinical care in a wide variety of novel and imaginative ways using quality improvement methodology.

Top rated presentations looked at improving documentation of DVLA advice on discharge letters following acute coronary syndromes, improving the assessment of new urinary incontinence in an inpatient geriatric clinical setting, an induction app to improve accessibility and use of local guidelines and an app

for patients with type 1 diabetes to improve communication during COVID.

The winners from Scotland will be invited to present their work at a national conference in Birmingham next year.

Dr Stephen Glen, Associate Postgraduate Dean for IMT



Oral presentation winners

1st: Dr Victoria Livie



Improving documentation of DVLA advice on discharge letters post-acute coronary syndrome.

"I entered the Scottish QI conference in order to share the importance of my project on documenting DVLA advice on discharge letters. Although I focused on the cardiology ward, the project can be adapted to other specialities. I was delighted to have won the conference and I hope it will highlight the importance of documenting these conversations which are had with patients".

—Dr Victoria Livie (IMT2 trainee, East Region)

2nd: Dr Catriona Basquill

Improving the assessment of new urinary incontinence in an in-patient geriatric clinical setting.

3rd: Dr Kyle Wong

Improving Forced Vital Capacity Trend Recognition in Acute Neurology.

Poster winners

1st: Dr Aimee Mallin



Induction app to improve accessibility and use of local guidelines.

“The difficulty trying to access local guidance came up during a morning handover and another hospital I worked at had used the

induction app. So, I suggested it to the staff present and we got permission to trial in Hairmyres. It was exciting to do a QI project that I could see an actual benefit from quickly and I could see my colleagues using the app during shifts. I am currently on maternity leave and have a 2month old so that takes up all my time at the moment, but I am looking forward to applying to haematology training next year”.

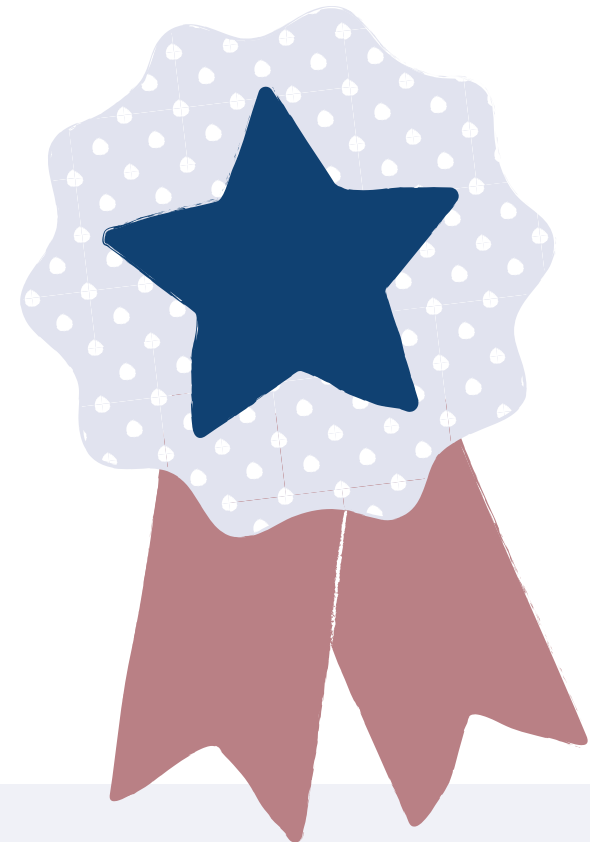
—Dr Aimee Mallin (IMT trainee 2018-2020, West region)

2nd: Dr Kristin Griffin

Communicating through COVID—an app for patients with type 1 diabetes.

3rd: Dr Thomas Downes, Dr Caelan Taggart

Development of an electronic checklist for patients awaiting transcatheter aortic valve intervention at a tertiary referral centre.



The linked Redeployment Consensus document at the end of this section reflects a consensus among the Scotland Deanery and the Scottish Directors of Medical Education (DMEs), informed by learning from the experience gained during the first wave of the COVID pandemic in the spring and summer of 2020.

During a crisis such as a pandemic the National Health Service is likely, at times, to struggle to cope because of the volume of unwell patients and/or because staffing levels are depleted. Also the usual range and scope of service provision may be compromised. Under these circumstances Scotland Deanery and the Scottish DMEs are supportive, in principle, of the redeployment of doctors in training to support service provision.

Every effort will be made to redeploy doctors in training only where and when necessary, for the minimum time required by service needs, and to ensure that training continues (albeit not necessarily covering the aspects of the curriculum that were due to be covered in the posts from which the doctors in

training have been redeployed). Decisions to redeploy doctors in training will take into account individuals' circumstances and the benefits and risks to training. Contingency planning for the potential redeployment of doctors in training requires early discussions with their Training Programme Directors (TPDs) to ensure that those who could be redeployed, should the need arise, have been identified and can be called upon when needed. That need may not arise. It is acknowledged that during a crisis, the impact on the NHS may escalate rapidly—and may overtake some or all of what is proposed in this document.

The Redeployment Consensus is [HERE](#).

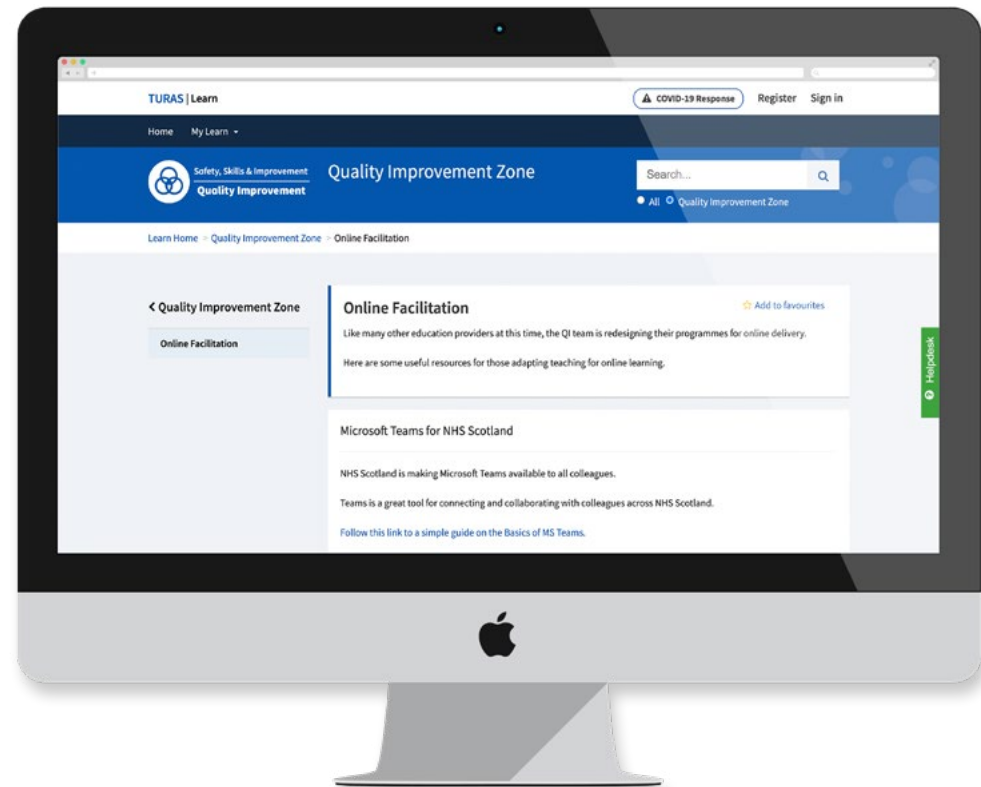
06 QUALITY IMPROVEMENT (QI) ZONE: ONLINE LEARNING

The Quality Improvement Team in NHS Education for Scotland have been working with and supporting the (Technology Enable Learning group) TEL network, developing and delivering virtual teaching sessions on Microsoft teams and online facilitation.

This session and other useful facilitation resources are also available on the QI Zone as two 30-45 minute videos:

- [Online Learning: Facilitation using MS Teams](#)—including additional information on using Breakout Rooms and Whiteboard. Teams is a great tool for connecting and collaborating with colleagues across NHS Scotland.
- [Designing and Presenting Online Learning](#)—your online learning session is key to the success of your session. The video includes the key principles and best practice for designing and presenting online. You will also find a link to an Online Learning Session Plan to help design your online session.

New resources are promoted through the NES QI Twitter account, follows us on [@nes_qi](#)



The Deanery like to signpost you to the following Psychological First Aid resources which may help during the ongoing pandemic:

Staff providing effective support for people experiencing distress

This has been underpinned by the evidence based Psychological First Aid approach. To support this there are e-modules (30minutes to 1 hour to complete), animations, resources and podcasts, often designed to meet the needs of different staff groups across the workforce. There are additional sections for staff who are supporting children and young people and families and people with additional needs. The former includes access to a wide range of evidence based resources including online free access to a parenting resources and the latter provides resources to everyone who support those with additional needs including learning disabilities, dementia, autism and neurodiversity and people with sensory impairments.

Staff planning for their own wellbeing

There is a range of tools including wellbeing planning tools, evidence based apps to support difficulties such as sleep and anxiety (ongoing evidence collection is supporting the efficacy of this in the Scottish Health and Social Care Workforce).

Managers supporting the wellbeing of their staff

This includes an e-module (1-2 hours to complete) specifically designed to support managers who are planning to support the wellbeing of their staff across the spectrum of needs, podcasts and additional high quality advice sources.

These are developed in partnership with www.promis.scot which is the Scottish Government wellbeing hub for health and social care staff.



08 DEALING WITH BEREAVEMENT: LEARNING EVENTS



NES 2021 Bereavement conference

On Wednesday 24 February 2021, NES will be hosting its second national bereavement education conference ‘*The changing face of bereavement: Providing care and maintaining our own wellbeing during the pandemic.*’

[#NESBereavement2021](#)

This half-day online event will be relevant to medical staff as well as a range of other health and social care professionals. Delegates will have an opportunity to explore topics related to end of life and bereavement care through plenary and breakout sessions, and also consider aspects relevant to wellbeing.

The [conference flyer](#) provides more details—full programme and registration information will be available soon. In the meantime, anyone who wishes to note their interest in attending can contact events@nes.scot.nhs.uk.

Selection of feedback from the [2019 NES bereavement conference](#):

“I had the chance to learn from passionate people at the top of their game and at the cutting edge of the Bereavement revolution”

“...powerful in all cases to hear real life stories from various perspectives”

“...all excellent presentations highlighting death on different areas of healthcare and the impact this can have on everyone involved”

“...a strong reminder of how our colleagues can be affected by very sad situations at work. They may not talk about them, but it would be worth asking if they are ok”



NES Bereavement webinar series

Over 1000 professionals registered for the bereavement themed webinars that NES hosted in 2020. The monthly series covered topics including:

- Psychological perspectives on bereavement, loss and grief in the context of a pandemic
- Death Certification in the time of COVID

- Dealing with bereavement in remote and rural communities
- Supporting children who are bereaved during and after the pandemic
- Managing bereavement in the workplace
- Bereavement following substance use

Webinar recordings, podcasts and written materials are available from many of these sessions on the [Support around Death \(SAD\) website](#). The bereavement webinar programme will continue into 2021.

More information on the 2021 conference and webinar series will be added to the [SAD website](#) over the coming weeks. Alternatively, health and social care professionals who would like to be kept up to date with details of these and other future learning events may wish to follow [@NES_Bereavement](#) or sign up to the [quarterly NES bereavement e-Newsletter](#).

Please note, if you have previously signed up to the e-Newsletter but your email address has changed, you can also use the link above to re-register—if you would like to continue to receive it.

The Scottish Medical Education Research Consortium (SMERC) is currently involved in a COVID-19 research study which aims to develop evidence-based interventions to support doctors' wellbeing and promote resilience during COVID-19 related transitions (and beyond). The research is a collaboration between medical schools at the Universities of Aberdeen, Dundee, Edinburgh, Glasgow, and St Andrews and NHS Education for Scotland (NES) and is funded by the Scottish Government through the Chief Scientists Office (CSO).

The study used a pragmatic rapid research design underpinned by a theoretical framework. Work is still ongoing to analyse all the data. The interventions are being implemented and evaluated.



What we have done

Workstream 1: a scoping review of the literature

Previous research has revealed the negative effect of pandemics on healthcare workers wellbeing, including increased exposure to harm, vulnerability, uncertainty, anxiety, distress, depression and disrupted sleep. The purpose of this scoping review was to search for pre-existing interventions to support doctors during pandemics. As the review progressed, it became evident that the existing literature relating to interventions for doctors during pandemics either didn't exist or was very small. It was therefore decided to broaden the study population to Health care workers and look beyond pandemics to other crises including natural disasters.

The academic literature contains no interventions for the wellbeing of doctors during a pandemic. 13 interventions were found relating to interventions for the wellbeing of HCWs during a crisis. These were prospective and descriptive studies. These were judged to be of poor quality and not appropriate to base intervention development upon.

This work has been written up and submitted for publication.

Workstream 2: data collection

We have recruited over 120 doctors and in total, we have interviewed 100 people across all grades: FiY: Foundation Doctors: Trainees at all levels; Consultants; GP's and Retired/returning doctors. The participants have come from every Health Board in Scotland and have a geographical diversity. A major achievement. In addition, as part of our longitudinal study, 66 participants have provided audio-diaries since July. A significant amount of data. 83 participants undertook a 2nd interview.

Initial coding and analysis of the transcripts has been done. We have identified key areas relating to doctors' wellbeing and resilience during COVID-19-related transitions and beyond. As the pandemic seems to be continuing and with the advent of winter pressures, the "and beyond" will become even more important.

A paper is being prepared for publication.

Workstream 3: intervention development and intervention

The key themes for this study are considering the psychological, physical, social and cultural domains. As this project has a short timeline, we could only consider a few interventions—we had many more ideas! To help with our prioritisation, we conducted two expert panel workshops over the summer period and undertaken multiple prioritisation exercises within the multi-disciplinary research team. The resultant intervention ideas centre on promoting the acceptability of accessing psychological support and organisational support. Accordingly, the research team have been working on

generating and progressing ideas for interventions to meet this aim. A paper is being prepared for publication.

Currently we are actively taking forward five interventions:

- **Wellbeing website**

The website (PRoMIS www.promis.scot) is currently publicly available to all health and social care professionals. We are collaborating with the website managers to use our emerging evidence to develop this further, focusing on enhancing accessibility to psychological support and usability

- **Composite narrative animations**

We are developing five animations aiming to enhance the acceptability of doctors seeking formal and informal psychological support. The animations display narrative stories generated from composites of data collected from doctors across all Scottish NHS boards. This ensures that they are credible and highlight authentic experiences. One animation will be derived

from data from each of the following: GPs, Foundation doctors, early year specialty trainees, later years specialty trainees, and senior hospital doctor. We are engaging a professional animation company to design these animations.

- **Wellbeing spaces**

To encourage boards to consider reintroducing/enhancing/signposting hospital R&R wellbeing spaces, we have produced a persuasion document that outlines the benefits that these spaces offer in terms of wellbeing and the organisational commitment to staff wellbeing and an infographic. This document will be sent to NHS Boards emphasising the importance of these spaces and highlighting where staff can readily access them

- **Informal in-person support**

To encourage doctors to access wellbeing support, we are developing an intervention to provide informal in-person support. Our intervention involves retired doctors and psychologists (on a voluntary basis) trained to provide wellbeing support to

doctors within an R&R space. Informal one-to-one support, informal support to groups (face-to-face or online), active signposting to wellbeing resources and referral to formal psychological support will hopefully be offered

- **‘How was your day?’ app**

We are collaborating with NHS Lothian and NHS Tayside to develop an additional component to their employee and wellbeing app (Trickle) which currently allows staff to provide feedback to their organisation. The additional part to the app will take a proactive approach to supporting and valuing staff prompting them each day with the question “How was your day?”. Responses will be recorded together with factors that affected their day. Feedback is then provided on what made mostly positive days and/or negative days with some suggestions as to how to make the negative more positive.

Workstream 4: Evaluation

Participants have initially evaluated the interventions positively. Doctors have

indicated that they feel heard through participation in this study and are supportive of the interventions that have been prioritised. Doctors at different stages of their career require different types of support and our research indicates that multiple interventions are required. All our partners in the various interventions will be undertaking a longer-term evaluation in conjunction with the research team.



Initial key findings

- The COVID-19 pandemic has magnified already existing challenges to doctors’ wellbeing;
- A scoping literature review found no robust theory or evidence-based interventions for supporting the wellbeing of doctors during a pandemic;
- All 100 participating doctors experienced multiple interacting transitions in role, workplace, home and educational contexts which impacted on them in psychological, physical, social and cultural domains;
- Secondary care doctors highlighted significant changes to working practices, environments and increased complexity of decision-making exacerbated by cancellation of elective work;
- In primary care, doctors found new working practices, including the sharp decrease in face-to face contact highly challenging. This changing role is perceived to be losing public confidence and is a source of distress to some GP’s;
- Many staff are experiencing uncertainty about the future and have flagged feeling exhausted, stressed and anxious especially with the upcoming reality of the second wave, winter pressures, workload and dealing with delayed presentation of other diseases;
- Trainee doctors are experiencing disruption in their education and training, for example, redeployment or cancellation of exams;
- Organisations are frequently failing to display to staff, especially senior staff, how much they are valued. This is demonstrated by, for example, removal of some Rest & Recuperation (R&R) spaces, reduced

access to informal psychological support, inconsistent communications from senior managers.

- Positive experiences include greater collaboration and team working both within and across specialties, use of virtual meetings saving on travel and the recognition that their skills as a doctor are required;
- Uncoordinated, duplicative, and, at times, overly prolific communications from multiple organisations during the first wave added a further burden and stress to doctors' work;
- Doctors perceived the acceptability and ease of accessing formal and informal support to be difficult. Three key areas were prioritised to design interventions based on this issue: institutional support, supporting psychological safety and supporting physical safety;
- Differences in experience were apparent suggesting, even within this single profession, a one-size fits all intervention is not appropriate.



Dissemination of results

We have written a report for the CSO, our funder.

We will be disseminating our results in a number of ways including reports, videos, infographics, publications, website and social media.

In addition, we are considering how we translate all our evidence into a report of some form to disseminate to key stakeholders including senior manager in NHS Boards to ensure that the voices we have heard, are being heard by them, and therefore influence the future culture of the organisation and support for the staff.

Many thanks to all our participants and to those who expressed interest in the study.



The future

We have managed to secure funding for another 6 months to continue this work. This will allow the participants to be interviewed in March 2021 (a year post initial COVID-19 lockdown) as part of a

follow up which would provide an extensive longitudinal dataset giving a unique account not only of the impact of the pandemic but “the beyond” which is as important, if not more important. It would also allow long term follow-up of the interventions, which is important in determining their sustainability, acceptability and utility.

We will continue to implement the interventions and evaluate them in the long term. We would also like develop some new ones to consider other areas.

Follow our progress on our webpage and Twitter:



[COVID-19 Doctor Wellbeing Study](#)



[@scotdrswb](#)

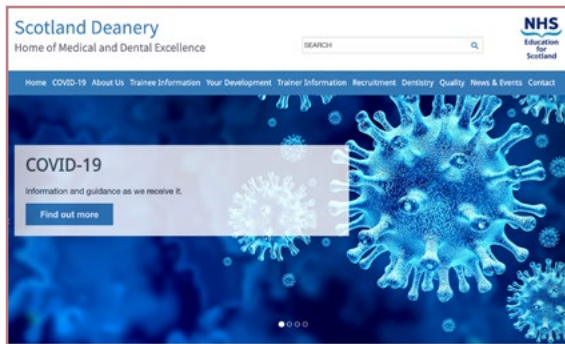
Please feel free to contact the Principal Investigator of the project, Dr Kim Walker, if you have any questions or would like to request further details of the study.

Dr Kim Walker



kim.walker@abdn.ac.uk

Created specifically for the needs of Scotland's Medical trainees and trainers, are the following resources:



The Scotland Deanery Website

The Scotland Deanery, along with our Local Education Providers, is responsible for managing Medical Training and Training Programmes across the four Scottish regions. Here you'll also find details of the Deanery's Quality Management activities, its key staff and locations plus information on Professional Development for doctors.

www.scotlanddeanery.nhs.scot



Scottish Medical Training

This site is the principal resource to learn more about how to apply for Foundation, Core and Specialty Medical Training in Scotland. Here you'll find regularly updated information about application windows (how and when to apply), a directory of 50+ GMC-approved medical specialty programmes and first-hand accounts about training from trainees and trainers. There are also useful insights on career direction and what it's like training and working in Scotland.

www.scotmt.scot.nhs.uk



SOAR

Designed for doctors (in both Primary and Secondary Care) working and training in Scotland, for their Appraisal and Revalidation needs. SOAR is used by Appraisers and Appraisees to aid the appraisal process, and for Trainees to complete their self-declarations. Here you'll also find a SOAR user guide, handy FAQ's and examples of Quality Improvement Activities.

www.appraisal.nes.scot.nhs.uk



Please contact us with newsletter feedback and ideas for articles at:
www.scotlanddeanery.nhs.scot/contact

Social

Join the conversation



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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