

SUPPORTED RETURN TO TRAINING FOR SHIELDING TRAINEES

Activities During Shielding

S - S T A G
SUPPORTT
SHIELDING
TRAINEES
ADVISORY
GROUP

General points

- Activities must be tailored to level of the trainee
- Activities may need to be tailored depending on the level of virtual access to patient systems available, for example electronic patient notes, electronic prescriptions and results systems
- Administrative support should still be available to trainees working remotely
- Thought should be given to any required provision of equipment e.g. headsets for virtual clinics
- If trainee is required to use personal equipment e.g. mobile or landline phone, consideration must be given to cost reimbursement and ensuring device security
- Regular contact with the trainee should be scheduled to discuss progress of ongoing projects and review activities
- Trainees should always be aware who is available for clinical supervision and how to contact them
- Trainees should be encouraged to look at which areas of their curriculum need developing and, wherever possible, to focus on activities that facilitate this progression
- Regular contact with supervisors also provides an opportunity for pastoral support
- The opportunity to work on projects alongside other shielded trainees should be explored
- Trainees may wish to “buddy up” with a colleague in the clinical setting for appropriate activities such as MDT prep, audit/QI etc. (this helps raise awareness amongst non-shielding trainees and allows those shielding to maintain a stronger sense of connection with the clinical workplace)

Clinical

- Virtual clinics – telephone/video

WPBAs can be done by recording the consultation (with patient consent) and reviewing

- Answering patient helpline advice calls
- Telephone advice

Specialty specific

General – e.g. taking GIM where advice only required, rather than patient review) calls from GPs/other specialties

Primary Care - e.g. telephone triage, chronic disease management (QOF)

- Triaging new specialty referrals

- Remotely participate in MDT discussions
- Remote reviewing of results
- Prescribing skills review
- Coding of clinic letters / discharge summaries
- Medication reviews

Management

- Representing junior doctors at hospital management meetings
- Taking responsibility for disseminating and communicating outcome of management meetings and current guidelines among junior doctors
- Rota planning
- Leading on wellbeing – coordinating resources, management of facilities for junior doctors including mess and being a port of call for junior doctors to approach if concerns, mentoring/coaching of frontline trainees
- Junior doctor newsletters/bulletins
- Primary care: participation in CCG and STP meetings and projects

Audit / QIP

- Audit – departmental & national
- Preparation of audit presentations
- Guidelines and Protocols
 - Updating existing ones
 - Writing new ones
- Writing letter templates – e.g. shared care agreements with primary care, patient letters for work regarding their coronavirus risk, referral templates

Remote teaching

- Junior doctors – foundation, IMT, registrar (in trust, deanery level and national)
- Primary care - GP vocational training scheme (VTS), practice teaching
- Grand round
- Departmental
 - Virtual journal club
 - Participating in specialty relevant webinars and disseminating summary to department
- Trust level Covid updates (medical director)

· Preparation of teaching material/sessions (work with clinical fellows)

Remote education – examples of potential sources

- Trust level Covid updates (medical director)
- Preparation of teaching material/sessions (work with clinical fellows)
- Royal college/relevant society or union
- Departmental teaching via video
- Exam preparation
- Trust statutory and mandatory training
- [e-LfH \(E-Learning for Healthcare\)](#)
- [BMJ learning](#)
- [PSU/SuppoRTT Pandemic Podcasts](#)
- [HEE SuppoRTT Returners Webinars](#)
- HEE SuppoRTT Shielding Webinars

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