

EAST MIDLANDS
SCHOOL OF ANAESTHESIA



RESIDENT DOCTOR SUPPORT FRAMEWORK

DR PUJA CHHANIYARA & DR SUJATA HANDA

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REVIEW - MARCH 2027

INTRODUCTION

Going through a significant medical event can present both professional and emotional difficulties for resident doctors (RD). It's essential to establish a well-organised support system to prioritise their overall well-being and career growth during this challenging period.

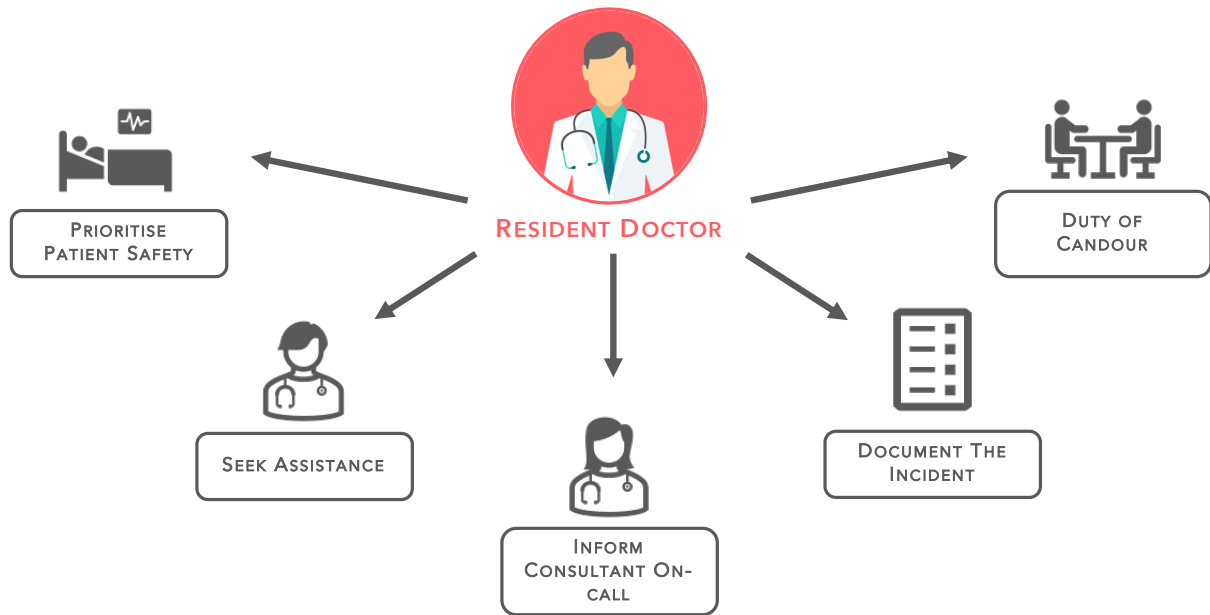
This set of guidelines delineates roles with actions to offer meaningful support after such incidents. It is important to recognise that each situation is unique, eliciting a diverse response from individuals in such circumstances.

Consequently, the level of support required may vary. These guidelines are designed to offer a structured approach to managing such situations effectively.

IMMEDIATE RESPONSIBILITIES

Individual responsibilities following a patient safety incident have been highlighted below.

RESIDENT DOCTOR'S (RD)



1. Prioritise Patient Safety

- Focus on stabilising the patient and fulfilling immediate responsibilities as a healthcare provider.

2. Seek Assistance

- Call for senior help or consult with an experienced colleague to ensure appropriate patient care.

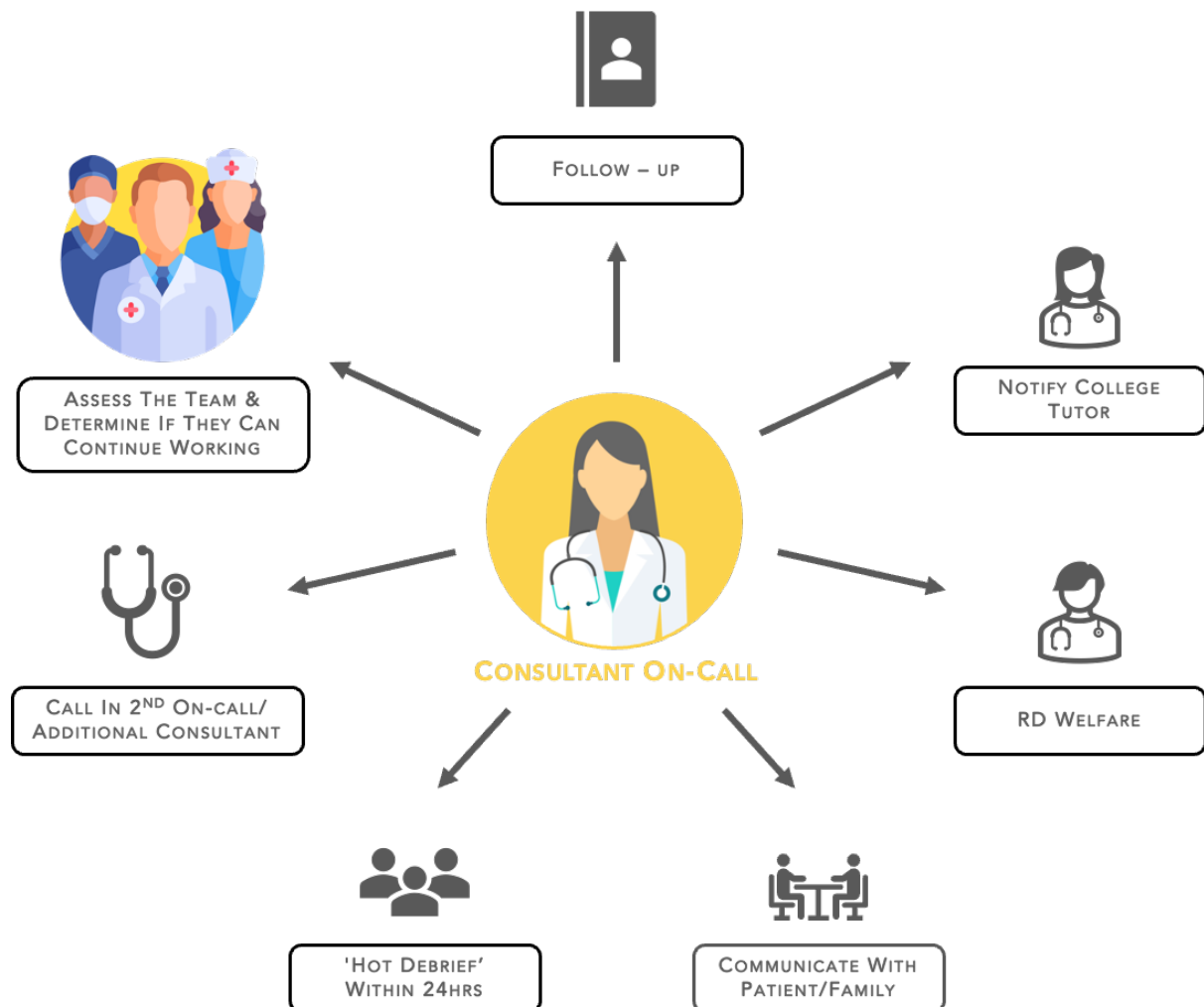
3. Document

- Provide an accurate and comprehensive record of events in the patient's medical records detailing the actions taken.

4. Duty of Candour

- With support from the senior team, communicate openly with the patient and their family.

CONSULTANT ON-CALL



1. Presence

- Should be informed (if not already) of incident.
- Required to be attend and be on-site.

2. Assessment

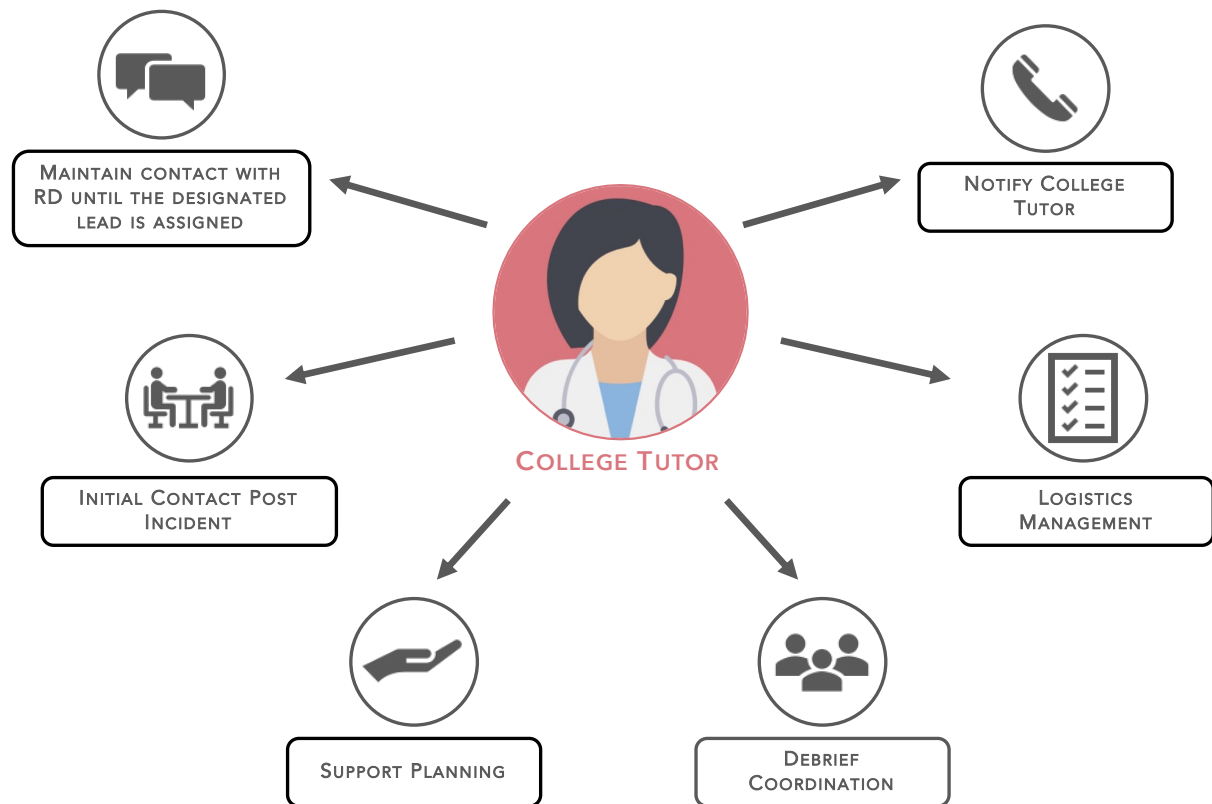
- Assess the team and determine if they can continue working or require cover for the rest of the shift.

3. Additional Support

- Call in second on-call consultant to attend to maintain clinical activity.
- The aim is to delegate responsibility of maintaining ongoing clinical activity and calling in additional staff, as required, whilst they concentrate on the incident management.

- In trusts without a second on-call, identify an additional consultant/associate specialist/senior member of staff as an alternative point of contact who can attend.
 - College Tutors should prepare for such scenarios by establishing clear pathways within their department, ensuring on-call consultants have this designated information available when needed.
4. Debrief
 - Conduct a “hot debrief” during the same shift or within 24 hours with the entire team.
 5. Communication with family
 - Facilitate senior-level joint discussions with the patient and their family.
 6. Resident Doctor Welfare
 - Ensure the resident doctor(s) get home safely and have immediate support at home.
 7. Notification
 - Notify the local College Tutor about the incident, the resident doctor(s) involved and immediate measures taken.
 8. Follow-up
 - Identify the next point of contact with the resident doctor to check in (within 24hrs).
 - Could be themselves or can be handed over to the CT/ES if at the same site.

COLLEGE TUTOR



1. Primary Liaison

- Take lead responsibility for support until a designated lead is identified at the initial support meeting.

2. Initial Contact

- Touch base with the resident doctor and ensure immediate support from family, friends, or colleagues present.

3. Support Planning

- Liaise with the resident doctor's Educational Supervisor to schedule an initial support meeting within 48 hours.
- The ES may not be at the same site.

4. Debrief Coordination

- Confirm that the "hot debrief" occurred and plan further "cold debriefs" as necessary.
- If further debriefs planned prior to the initial support meeting, then support the resident doctor at these meetings.

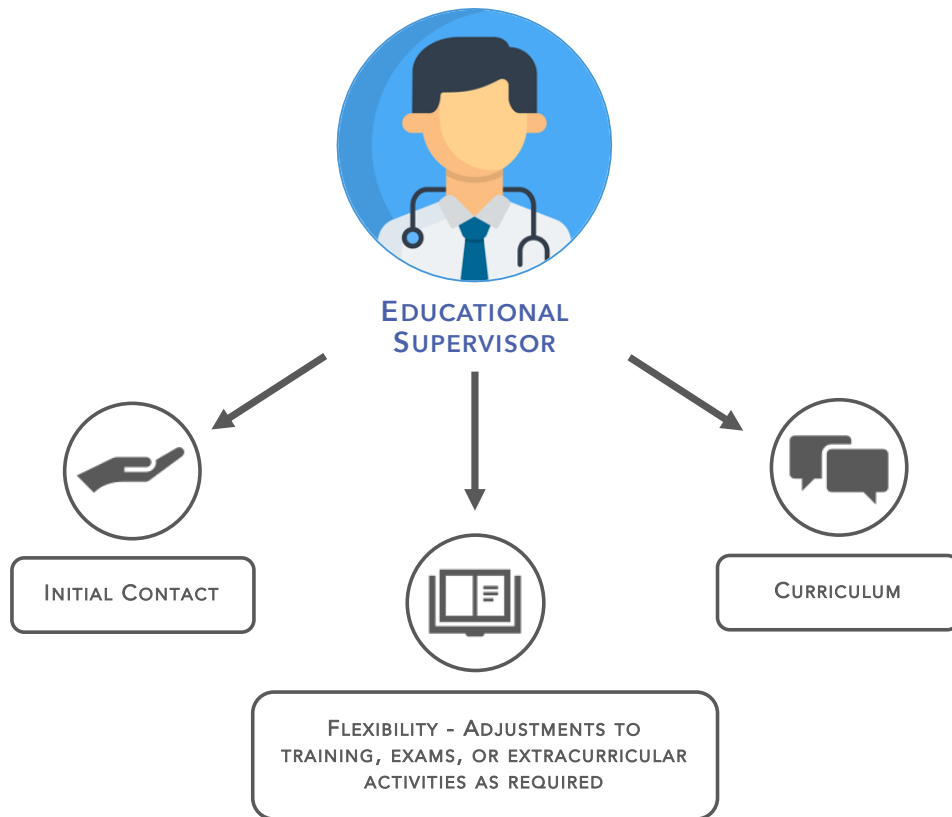
5. Logistics Management

- Coordinate with other team members i.e., Head of department, Head of service, TPD, Governance teams, Specific Specialty leads, Direct Incident Feedback, PALS etc.
- Liaise with the rota team to cover resident doctor shifts for a week whilst next steps planned.

6. Contact

- Maintain contact with the resident doctor until the designated lead is assigned.

COLLEGE TUTOR



1. Support Contact

- Check in with the resident doctor and attend the initial support meeting.

2. Ongoing monitoring

- Oversee the resident doctor's career progression and address curriculum-related needs as per their usual ES role.

3. Flexibility

- Help plan adjustments to training, exams, or extracurricular activities if required.

INITIAL SUPPORT MEETING

PARTICIPANTS

- Resident doctor
- College Tutor
- Educational supervisor
- ± Consultant nominated by the resident doctor



RD



ES



CT



NOMINATED
CONS

OBJECTIVES:

- Resident doctor focused meeting.
- Assesses their baseline, ensures certain necessary steps are taken and identifies any challenges early.
- Allows for shared decision making between participants.

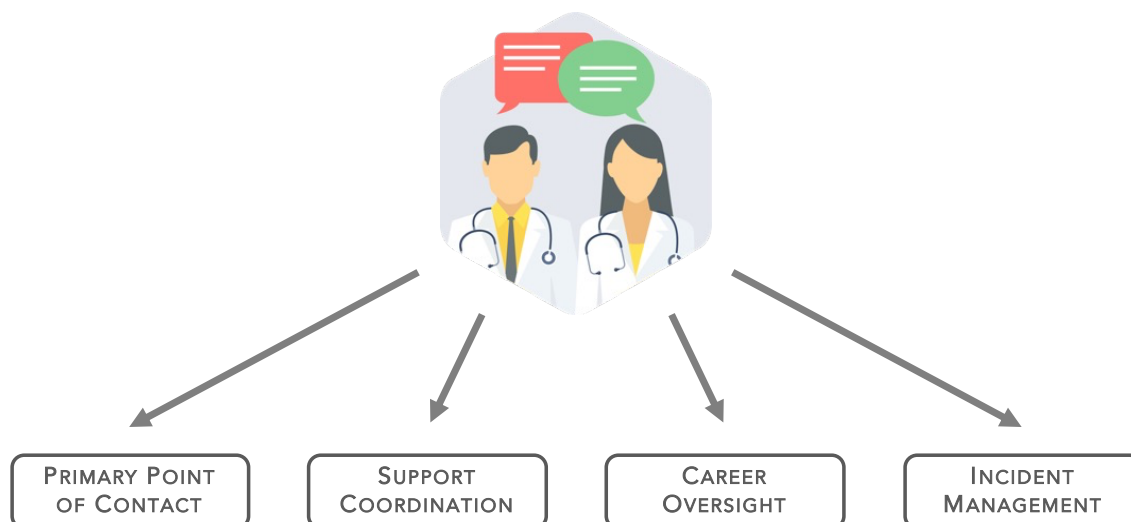
MEETING STRUCTURE (GUIDE IN APPENDIX 1)

1. Establish baseline of the incident and debriefs (occurred/planned)
 - Plan for case notes review if helpful
2. Encourage resident doctor to complete a factual recollection of events (FROE) form
 - This is solely to aide their memory and does not have to be shared with anyone
3. Defence union initial contact/referral planned
4. Clinical Adjustments
 - Discuss time off, supernumerary shifts, or continuation of work as per the resident doctor's preference
5. Identify baseline support structure
 - Family situation/friends/colleagues
6. Pinpoint other avenues of support locally (Resources document)
 - GP, OH (trust/deanery)
 - PSW
7. Other external support avenues identified (Resources document)
8. Designated lead
 - Identify a consultant as the ongoing point of contact from the members present.
 - Recommended to be based on-site, as this facilitates more efficient handling of local trust processes.



9. Follow-ups
 - Set a schedule for regular check-ins and further support meetings
10. Finally, address any remaining points that may not have been previously discussed.

DESIGNATED LEAD ROLES & RESPONSIBILITIES



1. Primary Point of Contact

- Identified to all parties involved at this stage and copied into emails.
- Act as the first line of contact for all other teams on behalf of the resident doctor.

2. Support Coordination

- Ensure timely implementation of agreed support measures and address any delay
- Identify and agree on alternative support when not available.
- Follow up with the scheduled check-ins

3. Career Oversight

- Liaise with CT/ES if not them to monitor the resident doctor's progress/identify any work pattern changes.
- Inform the TPD and Head of School.

4. Incident Management

- Aid during meetings, investigations, coroner's inquests, or hearings.
- Add in extra help as required e.g. other consultants who may help write a statement, support through coroner's inquest etc. (Several regional consultants have volunteered to support resident doctors in these situations and can be reached through the TPDs when needed).

5. Closure

- Organize a final structured debrief once the incident is resolved and ensure post-event support is available to the resident doctor as needed.
- Conduct a formal reflection to assess lessons learned and review support structures.

- Transition the resident doctor back to their regular training program with baseline support.
- Handover to ES if they aren't the designated lead.

SUMMARY

This protocol ensures that resident doctors are supported holistically, both professionally and emotionally, while fostering a transparent and collaborative approach to managing patient safety incidents.

This framework is not intended to be exhaustive or prescriptive; rather, it offers a foundation for a support structure where none previously existed.

APPENDICES

APPENDIX - 1

INITIAL MEETING GUIDANCE

MEETING DATE **TIME**
INCIDENT DATE **TIME** **SITE**

MEMBERS PRESENT

Resident Doctor
College Tutor
Educational Supervisor
Other

INCIDENT

Establish baseline of the incident:

(The aim is to help the resident doctor process the event constructively, not to repeatedly recount it—though they may revisit it if they choose)

Hot Debrief Occurred? Date planned if not:
Cold Debrief Occurred? Date planned if not:
Notes Review Required? Date planned if needed:

DOCUMENTATION

Event log documented by trainee (FROE form)?

DEFENSE UNION

Contacted? Date planned if not:

WORK SHIFTS

Change to current work pattern? On call cover?
1 week off?
Additional work arrangements needed:

SUPPORT

Family/Friends PSW
GP External
OH Other

DESIGNATED LEAD

Identified:
Allocate any additional pending roles/tasks:

SUPPORT CONTACT

Decide on frequency and method:
Next contact date planned:

FOLLOW UP ACTIONS

Clear tasks allocated for all and communicated:
Anything else?

APPENDIX - 2

FINAL MEETING GUIDANCE

MEETING DATE

TIME

MEMBERS PRESENT

Designated Lead
Resident Doctor
Other

INCIDENT/EVENTS

Final overall debrief
Reflections

LEARNING

Curriculum mapping
Reflections

SUPPORT

Feedback
Ongoing
Any further required

ES HANDOVER

All pending outcomes from above
Any work arrangements still required
Anything else