Practice Based Support Sessions Purpose, Roles, and Format.

The purpose(s) of PBSS is to enable physiotherapists to consolidate and further develop their knowledge and skills in delivering the high risk matched treatment to high risk patients and for them to receive practical and emotional support in doing so.

Ideally operational, practical, system or service level issues should not be discussed during PBSS's. If it is not possible to meet separately to discuss these issues, it is recommended that time is set aside first, for PBS. It might also be helpful if the person facilitating the PBSS does not chair or lead the meeting about service level issues and practicalities as it is difficult to switch from a managerial or business role and style to an empathic, facilitatory and supportive role and interpersonal style, and to be seen to have done so.

It is suggested that these sessions are also not used for professional or personal development or for performance monitoring or feedback.

Ground rules, confidentiality and commitment:

Ground rules and responsibilities should be clearly defined, and there should be a contract of commitment:

1. commitment to confidentiality
2. open and honest learning
3. sharing best practice
4. facilitating new learning opportunities
5. relevance to clinical practice
6. active listening
7. provision of educational and emotional support
8. a formalised method of recording
9. creating opportunities for improvements
10. techniques to manage team dynamics

Ideally:

- Sufficient protected time should be allocated for each PBSS
- A sufficient number of sessions over an appropriate duration of time should be arranged, or an end point agreed.
- The numbers of people involved in each session should be manageable (e.g., around 6-8 people) so that everyone is able to benefit, although it may not be possible for everyone's patient cases to be discussed, in every session.
- The actual participants should be the same from one session to the next
- An appropriate room size, set up and location is utilised.

Gail Sowden, Consultant Physiotherapist, Keele University, 2014

Modified Action Learning set format for case based discussions

For the purposes of PBS a modified action learning set format is suggested. There are three different roles.

The Facilitators role:

One person facilitates the session. Their role is to ensure that the group sticks to the format, that each person has the opportunity to contribute (but doesn't have to), that no one person dominates and that the session reaches a reasonable conclusion, in the time allocated. They may find it helpful to time the different stages.

The Clinicians role (the person presenting the clinical case):

It can be intimidating to discuss your assessment and management of a patient in front of your peers. These sessions will only work however if people are willing to do this. These sessions are not about judging or criticising you or about competency, they are aimed at providing a safe, confidential, nurturing environment where you can all learn and support each other, with your most tricky patients. Although you will be talking about a particular patient, often the issues or theme(s) it will illustrate will be things that other people struggle with too. If possible, try to be open, honest, reflective and willing to comment on what you did well and what you could have done differently rather than trying to demonstrate your knowledge or skills, justifying yourself or being defensive.

It is worth trying to remember that:

1) It is often easier for you to see what is going on and a useful way forwards in hindsight , particularly given the time and space to think it through. This does not mean you did anything wrong in the first place.

2) It is always easier for other people to say what they would do with your patient, but they weren't there and they aren't going to go away now and try it. Other people's perspectives however can be useful, as they are not emotionally invested in your case so they can perhaps step back more easily and see what is going on or the bigger picture.

3) No matter how knowledgeable or experienced you are there is always room for improvement. If you perceive or are perceived by others to be more knowledgeable or experienced than them, it is even more important to model (demonstrate) self awareness, modesty and willingness to reflect and learn so that the less experienced or quieter members of the group are led by example, are not intimidated, and are more willing to give it a try themselves.

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This will help engender a nurturing, reflective and supportive culture, one in which no comment or question is too basic, stupid or silly.

Participants roles:

In the same way that our patients may struggle to change, we may sometimes struggle to be effective agents of change. Often the reason we struggle or find some patients 'difficult' is because they bring up painful and difficult thoughts and feelings in us. Our struggles with these experiences can actually magnify both the feeling and their impact, and can negatively impact on treatment.

Your role is to:

1) ask facilitatory questions to help the clinician discussing the case to gain a greater understanding of the case, why they are struggling with it and a useful way(s) forwards. If there is time to offer advice and this is likely to be helpful, then remember that the purpose is to try to sensitively and compassionately advise the clinician with the case, not to convey that you perceive yourself to have superior skills or to deliver a 'knowledge demonstration', just for the sake of it.
2) You have a responsibility to the group as a whole to help identify common learning points so the learning wherever possible is generalised beyond the specifics of the individual patient case.

Often we are better at providing information or advise than we are at asking open, facilitatory questions. Try to ask questions as these tend to elicit less resistance and often people know what to do, they are just not doing it. Questions help them identify why they aren't and what might help move things forwards. Bear in mind that saying *"have you thought about doing ….."*, is functionally the same as saying *"I think you should do ……"* i.e., it's advice giving, not a question. If you are struggling to word something into a question then consider asking the others for help. Below are some examples of possible questions:

- Why do you think you are struggling with this patient?
    - How do you feel about this patient (e.g., frustrated, sad, inadequate, angry)?
- What have you tried? / what else have you tried?
    - What about what you did do you think worked well?
    - To what extent did it not work?
    - Why do you think that was?
    - With hindsight, do you think you did that as well as you could or do you just think in this case, that it was not the most helpful to try?
- What else have you thought about trying?
- What advice would you give to a good friend if this was their patient?
- What do you think will help now?

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Structure of a modified open format session (timings and structure are flexible):

These sessions will work best if everyone shares in the responsibility to stick to the below format and timings.

1. People who have brought a clinical case previously will update the group about what they went away and did and to what extent they feel this was or was not successful (15 minutes).

2. Each person who has brought a clinical case to the group briefly outlines the case and why they are struggling with it (5 minutes in total)
3. The group votes with a show of hand which one(s) to discuss (3 minutes)
4. **The facilitator thanks the clinician for their willingness to discuss the case for the benefit of the group and reminds the group that:**
    a. **these are tricky cases, that often illustrate common themes that we all struggle with**
    b. **that the primary purpose is to provide practical and emotional support to the clinician and to build their confidence.**
5. Each participant then has the opportunity to ask one question and have it answered by the person presenting the case. **Ideally, these should be facilitatory questions aimed at helping the clinician with the case better understand why they are struggling with the case and to arrive (if possible) at a suitable way forwards themselves.** This is in order to facilitate their and the groups learning, as many of the issues are likely to be shared. Participants ask open questions slowly, one at a time, addressed to the clinician with the patient case (15 minutes). The facilitator will continue with question and answer rounds until they feel an appropriate point in the Q and A has been reached (e.g., questions are drying up; time is running out).
6. Each participant is then encouraged to provide positive feedback to the clinician about what they have already tried and how they went about this. The clinician with the case does not respond they just listen (10 minutes).
7. **If there is time and it is felt to be helpful, then information or advice may be given.** Each participant then has the opportunity to provide one piece of advice, in turn. The clinician with the case does not respond they just listen (10 minutes).
8. The clinician with the case then responds by sharing their understanding of the issue, the options, their sense of which one(s) are most likely to work and by outlining the next steps in terms of what they are going to go away and try (5 minutes).

9. The group may discuss any transferable or shared learning that was gained from discussion of this particular case (3 minutes).

10. Time allowing, another clinician will present a case and the above format will be followed.

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11. Participants reflect on the session and summarise their views of what has happened in terms of the process. Things that went well and should be celebrated and ideas to improve the process for the next time are discussed (15 minutes)

Other PBSS Formats

PBSS could be structured in many different ways, in addition to case based discussion, including

1. Participants bringing homework (generate ideas, prepare materials, identify resources etc) they have prepared to sessions to discuss and share.
2. Role play practice

Participants should agree before the session whether they are going to follow a 'planned' format where the topic has been agreed in advance based on a key theme or issue that members of the group are struggling with (e.g. helping patients with work related issues or providing them with a neurophysiological explanation for their pain) or an 'open' format where one or more clinical cases are discussed or a "combined" format approach where the meeting is divided between a "planned" and an "open" format.