



CAREERS

How can I make the most of working from home?

Working from home as a clinician can throw up unexpected challenges. Three experts share their tips for remote working with **Abi Rimmer**

Abi Rimmer

The BMJ

Working differently can bring opportunities

Charlotte Squires, ST3 medical registrar, Borders General Hospital

“Remote working has been something of an eye opener. Clinically, a challenge has been considering how to safely transfer an outpatient appointment to a phone call, and how to glean information I’d usually take in visually or by examining. Not having a consultant in the room next door to ask in real time has meant I prepare fully and read up on a range of topics in greater depth than I might normally, so that I can do as much as possible in one call.

“At first I envisaged completing full clinics in ‘real time,’ but after realising that many people don’t answer their phones at certain times of day I now work flexibly and tend to move between phone calls, often from several lists, and other duties. I record all tasks to ensure my training portfolio is up to date and keep a patient database featuring who I have spoken to, who needs follow-up, and anyone who requires consultant input.

“I’ve been surprised by the range of activities I’ve been able to contribute towards. I co-chair my deanery’s remote trainee network, which aims to support our members but also enables ideas and opportunities to be shared so that our skills and time are utilised. I have also developed additional roles in pastoral support and medical education, and a recent appointment to a medical journalism role feels serendipitously timed.

“Overall, working differently has certainly brought some challenges but also some unexpected opportunities and scope for innovation, making it more positive than initially thought.”

Remember your talents and use them

Emma Vardy, consultant geriatrician, Salford Royal NHS Foundation Trust (part of the Northern Care Alliance)

“As a geriatrician part of the job I enjoy most is patient contact, so remote working has taken some adjustment. The first aspect to highlight is recognising the impact that remote working can have on your mental health and taking steps to mitigate that. These include considering your home workspace, delineating your working day, taking regular micro-breaks every 30 minutes or so, and finding ways to connect and keep in touch with the work environment.

“Remember your talents and consider how to use them in a different way. If education is your interest, consider supporting inductions virtually, and think about ways to support trainees, such as offering ‘SLE [supervised learning event] clinics’ to assist with case based discussion and reflections. Consider your medical interests and offer support for related guidance and resources, locally and perhaps nationally. Think of this as an opportunity to raise awareness of certain clinical fields. Could you assist with patient administration for your department, taking the pressure from patient facing colleagues?”

“You can still do clinical work through the use of technology. Many clinics can be safely carried out by phone, and the current situation may also provide an opportunity to try out some virtual consultations. One size does not necessarily fit all, and a hybrid model might work best for some clinic types.

“Finally, remember this is not for ever. Consider working remotely as a way of supporting your colleagues and your organisation, while keeping yourself safe from increased risks. Always remember you are doing your best under unusual circumstances. Connecting with others in a similar situation will help to emphasise this.”

You can support trainees remotely

Suba Thiru, consultant geriatrician, South Tyneside and Sunderland NHS Foundation Trust, and training programme director for geriatrics, Health Education North East (job share)

“Trying to support trainees’ education while working from home has introduced challenges but also opportunities to change the way we teach and assess.

“Communication with trainees in these unprecedented times is even more important than usual. Trainees are under more pressure and are anxious about their training and assessment. Keeping in touch and providing regular updates is vital to ensure that they feel their training needs are not being neglected in the midst of the pandemic.

“Regional teaching has been temporarily paused, but we are now exploring ways to reintroduce this using virtual platforms, which will allow trainees to interact with presenters. If this works well it may be one of the changes that continue after covid-19. Virtual teaching sessions are likely to improve access for those trainees who may struggle to attend face-to-face

teaching owing to working less than full time, shift patterns, and long commutes to some of our trusts in the region.

“We have a number of trainees who currently need to work from home. Educational supervisors in the region are helping them to develop non-patient facing roles—for example, pursuing research interests and seeking opportunities to develop leadership and management skills.

“It’s been a steep learning curve. At times I’ve found working from home slow, frustrating, and isolating, but there are

positives. Both trainees and trainers are adapting to new ways of working and we are hopeful some of these novel methods will endure beyond the pandemic.”

You can read Charlotte Squires’s BMJ Opinion piece on being a shielded doctor at https://blogs.bmj.com/bmj/2020/04/24/charlotte-squires-the-shielded-doctor_

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