

Initial Interview guide

Sometimes, there are different ways of approaching a clinical problem, for example, should you do a scan, which choice of treatment should you use.

An example would be: Sometimes there is no evidence to support a decision; an example is, at what level of suspicion prompts investigation for pulmonary embolism. Some people are much more likely to order a scan in low risk cases. Others would avoid scanning when there is a very small likelihood of pulmonary embolism.

It might be that you take a certain approach because you've seen somebody else do it that way, or you might approach somebody from the team to ask advice; do you think that can happen?

Do you think there are some people you'd be more likely to copy, or ask?

Are there people who are particularly influential in this way?

Can you think about what it is about those people that makes you see them in that way?

Now thinking about ways you behave so as to produce good patient experience, an example behaviour would be: A nurse asks a doctor to review a patient in pain. The doctor is busy, and is not responsible for that patients. Some people will tell the nurse to call the relevant doctor. Some will take time to assess the patient and prescribe a pain killer.

Same questions

Now, thinking about ways you organise and prioritise the work you do away from patients. An example would be: Many people go through non patient facing tasks in an order that is easiest for them. You observe that one of your colleagues prioritises the tasks that will have the greatest benefit if done early, for example, preparing discharge documents so beds can be freed.

Same questions

Are there any other things you can think of about the way trainees in the team influence each other; and what makes someone especially influential?