Trainees in Difficulty

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Objectives

• to identify issues which may cause difficulty in training

• to consider identification through early warning signs

• to learn, through case scenarios, some techniques to prevent issues developing and support trainees/trainers

• to identify ways to ensure a healthy learning environment to prevent problems occurring
Presentations

• “mad, bad or dangerous”…
• ‘poorly performing doctor’…
• failure to progress…
• ‘Serious (Untoward) Incident (SUI/SI)’…
• lack of engagement…
• unacceptable behaviour…
• dishonesty and probity issues…

…symptom NOT diagnosis
Early signs of trainee in difficulty

- the disappearing act
- low work rate
- ‘ward rage’
- rigidity
- bypass syndrome
- career problems
- insight failure
Performance of trainee

Attributes of a trainee:
- Personal
  - Conscientiousness, agreeableness, extroversion, resilience, intelligence, moral reasoning, deep learning style
- Background
  - Previous medical education, experience and training, work in NHS, familiarity with language, culture, values
- Aptitude for Specialty
  - Pattern recognition, manual dexterity, tolerance of ambiguity, emotional intelligence, leadership

Attributes of training:
- Post
  - Induction, Objectives, Supervision, Experience, Education, Appraisal, Assessment
- Programme
  - Selection, Rotation, RITA (ARCP)

Context of training:
- Work
  - Workload, Work pattern, Systems
- Colleagues
  - Support, Teamwork, Bullying
- Patients
  - Expectations, Values, Complaints

Personal Pressures on trainee:
- Home
  - Relationships, Childcare, Dependent relatives, Financial concerns
- Health
  - Substance abuse, Mental illness, Physical Illness, Disability

Origin of problems

• the trainee
• the trainer
• the clinical team
• the learning environment
• external factors and influences
Case Studies

• Video Scenarios
  - Emma
  - Natalia

• Individual Case Studies
Identifying Problems

• clinical team
  - raise awareness
  - multi-source feedback (MSF)

• Educational Supervisor
  - should know trainee
  - can offer appropriate and supportive measures
  - must maintain fairness
  - may need to communicate concerns
  - should document progress
  - may suggest enhanced assessment
Competence/performance

- lack of appropriate knowledge
- lack of appropriate skills
- failure to recognise own limitations
- failure to consult where appropriate
- performing inappropriate tasks
- poor communication
  - patients
  - parents/carers
  - colleagues
Personal/Professional conduct issues

- time-keeping
- avoidance of responsibility
- harassment (sexual, racial, gender, age, disability)
- bullying
- dishonesty
- inappropriate behaviour/ use of resources
- drug or alcohol abuse
Responsibilities

- everyone’s
- clinical/educational supervisor
- College Tutor → DME/Trust or TPD/Deanery
- timely response
- no surprises
- careful documentation
  - facts – not gossip
  - triangulation of evidence
  - objectivity essential
Trainer issues

• denial
• avoidance
• desire to rescue or protect
• anger or frustration
• helplessness or impotence
• acceptance
• bullying

The “problem” junior: whose problem is it? Steinert Y
BMJ 2008; 336: 150-153
MANAGING THE TRAINEE IN DIFFICULTY

Supporting a trainee in difficulty can be extremely challenging, yet immensely rewarding. This module explores the types of difficulty trainees may experience and considers a range of potential intervention strategies that may be adopted by supervisors to ensure the continuation of a positive training experience for all trainees. In this module we use the term ‘supervisor’ generically, unless there are particular roles for specified members of the training team. Throughout the module we will focus on those areas where educational insights and expertise can have an important impact – in other words, where you can make a real difference. By the end of this module you should have a clearer sense of the types of difficulty trainees may experience, what the underlying causes may be and the strategic interventions you may be able to make (including seeking help from others in the team) to manage and support these trainees.

You will recognise the importance of core educator skills addressed in other modules, e.g. identifying learning needs, effective use of appraisal, supervision and feedback skills, and using workplace-based assessment as the basis of developmental conversations with your trainee. We hope you will also see parallels with your clinical work and recognise the transferable skills you bring to working with the trainee in difficulty. This starts with recognising signs and symptoms of difficulty, followed by a triage process to identify those trainees with difficulties, those who you find ‘difficult’ and those in difficulty. This diagnostic process may result in referral to colleagues with specialist skills and in the formulation of a management or intervention plan with the hope of successful remediation in the longer term.

Lake comments that: ‘reaching those doctors who experience difficulty is certainly challenging, such is the depth of stigma and embarrassment felt by those who struggle in their careers’ (Lake, 2009, p. 612), but
A Diagnostic Framework for Poor Performance

Events and Diagnostic Process

**Trigger event or incident**

**Investigate**
If serious, define the problem

...individual performance issue? ...organisational issue?

**Consider the following**

Does ‘it’ matter?
Can they normally do ‘it’?
  ie competence issue
Why are they not doing ‘it’ now?
  ie performance issue

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Is it important? Does it really matter?
Who do I need to talk with? Consider Clinical or Educational Supervisor, Clinical Director, DME, TPD, HR, Deanery

Think patient and person safety at all times! Do not jump to conclusions initially. Formulate your opinion as the investigation proceeds.

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation – try and resist this temptation! Be fair and objective.

Key areas to explore when considering poor performance ie ‘diagnoses’

i) clinical performance
ii) personality and behavioural issues
iii) physical and mental health issues
iv) environmental issues including systems or process factors, organisational issues (eg resources)
Overview of Trainee's Progression through the Stages

Level 1 Informal
Trust/ Specialty

Level 2 Informal/Formal
Trust/ Specialty

Level 3 Formal
Trust Deanery Specialty

Trainee

Regular appraisal

Satisfactory ARCP

Concerns

Concerns resolve

Concerns

Continuing or complex problems

Educational supervisor active management

Discuss with HR. Refer to Occupational Health if appropriate.

Assessment, documentation, remedial action by DME, College Tutor or Programme Director. Formal Trust Procedures by Clinical Manager* if required

Unsatisfactory ARCP

HR Involved Occupational Health advice as appropriate

Trainee referral indicated if continuing or severe concerns

Deanery Case Manager

Assessment, documentation, remedial action

Licence with Trust management, HR and Occupational Health

Suspended concerns including improvements not made to acceptable levels or sustained

Trainee exits programme

MCAS

Virtual support group

Targeted training

GMC

* The Clinical Manager will have different titles that vary within individual Trusts, e.g. Clinical Director, Associate Medical Directors, etc. In this strategy, the clinical manager denotes the delegated management authority from the Medical Director who holds authority to make decisions as detailed within Trust policies.
Prevention

- educational climate
- good team morale
- early suspicion
- trained and effective supervisors
- robust and honest feedback
- appropriate timely intervention
- support network
  - trainee
  - trainer
Support systems

- local advocate
- external mentor
- professional organisations
- occupational health services
- Deanery resources
- ‘targeted’ training opportunities
- BMA – “Doctors for Doctors”
- Doctors Support Network etc
Conclusion

• it is a symptom – not a diagnosis
• patient safety is a priority
• careful investigation and documentation is required
• trainee…or trainer?
• precipitating causes may be multi-factorial
• due process must be followed to guarantee fairness
• strengths as well as weaknesses must be identified
• trainees must be offered support throughout process
• remediation and counselling must be offered
• prevention is better than cure
Questions...?
# Graded and proportional response to poor practice

<table>
<thead>
<tr>
<th>Direct Clinical Practice</th>
<th>Personal but Affecting Practice</th>
<th>Referral to Organisation</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>Early concerns about rate of progress</td>
<td>Behaviours causing irritation</td>
<td>Clinical/College Tutor, Clinical Director</td>
<td>Specific educational interventions linked to PDP with assessment of progress</td>
</tr>
<tr>
<td>Assessed concerns about progress in gaining competence and proficiency</td>
<td>Personal behaviours affecting clinical practice and team dynamics</td>
<td>Clinical Tutor, Training Programme Director, Postgraduate Dean</td>
<td>Educational interventions as above but with enhanced supervision. Use of RITA process and counselling</td>
</tr>
<tr>
<td>Incompetent practice</td>
<td>Personal behaviour affecting practice</td>
<td>As above but may consider NCAS referral when ‘serious and repetitive’</td>
<td>Assessment, advice, counselling. Repeat of module or year with increased supervision. Ensuring competence in basic procedures before moving to more complex</td>
</tr>
<tr>
<td>Incompetent or negligent practice. Abuse of position</td>
<td>Failure to respond to personal health issues or responses shown above</td>
<td>Involve NCAS but GMC referral may also be indicated</td>
<td>Screening leading to review and assessment followed by educational or disciplinary routes</td>
</tr>
<tr>
<td>Patient formal complaint. Serious untoward incident</td>
<td>Suspicion of substance abuse, misuse of hospital facilities</td>
<td>Hospital investigation but involving organisations listed above</td>
<td>Voluntary restriction of practice or exclusion. Review leading to reinstatement or dismissal. Design of intensive educational programme</td>
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