

Trainees in difficulty: Discussion Points

- Is this a trainee in difficulty and/or a trainee with difficulties?
- What evidence was collected to support the diagnosis of TiD/TwD?
- Genuine external factors or something to blame?
- Define the problem (what is actually happening)?
- What is the risk and degree of urgency?
- Is it an individual or organisational issue?
- Has the trainee's pattern of performance changed; if so, why might that be?

Think of a trainee in difficulty you have supervised in the past.

- How were you alerted to the possible difficulties the trainee had?
- Was it an isolated instance or were you aware of a repeating pattern of concerns?
- What information did you need to help the trainee (e.g. observations, workplace-based assessments, reported concerns from others in the team)?

The educational supervisor is in a position to have a direct and positive impact on the trainee's programme of learning. For the trainee in difficulty consider the following:

- What information do I need to ensure an accurate 'training needs analysis' and an appropriate development plan?
- Do workplace-based assessments indicate consistent areas of underperformance?
- What information might I gain from directly observing the trainee with patients or working with other team members?
- Which tools and strategies might I use to help the trainee to internalise appropriate learning objectives and to engage them in the process of addressing development needs?

Think about trainees who seem to struggle in your specialty or workplace:

- What characteristics do they seem to have in common?
- What strategies might you be able to put in place to support their transition?
- What interventions or strategies could you put in place to increase a sense of supportive work environment?

Trainees in difficulty

- **The 'disappearing act'**: not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.
- **Low work rate**: slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.
- **'Ward rage'**: bursts of temper; shouting matches; real or imagined slights.
- **Rigidity**: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.
- **'Bypass syndrome'**: junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.
- **Career problems**: difficulty with exams; uncertainty about career choice; disillusionment with medicine. **Insight failure**: rejection of constructive criticism; defensiveness; counter-challenge.

Examples of early warning signs (**Gold Guide, 5th edition**) which should alert the educational supervisor that intervention may be required are:-

1. failure to engage in undertaking workplace based assessments or other aspects of training;
2. issues raised in multi-source feedback;
3. complaints/concerns from either staff or patients;
4. significant, unexplained or multiple absences;
5. serious untoward Incidents (SUIs)
6. critical and significant incidents involving patients and their care

Problem categorisation	
Problem	Percentage of trainees
Environment	2%
Personal (including stress)	33%
Craft development	45%
Generic professional	20%
Serious professional issue	12%

Personal issues Health, emotional difficulties (partner/spouse relationship, critical family illness), wrong career path.

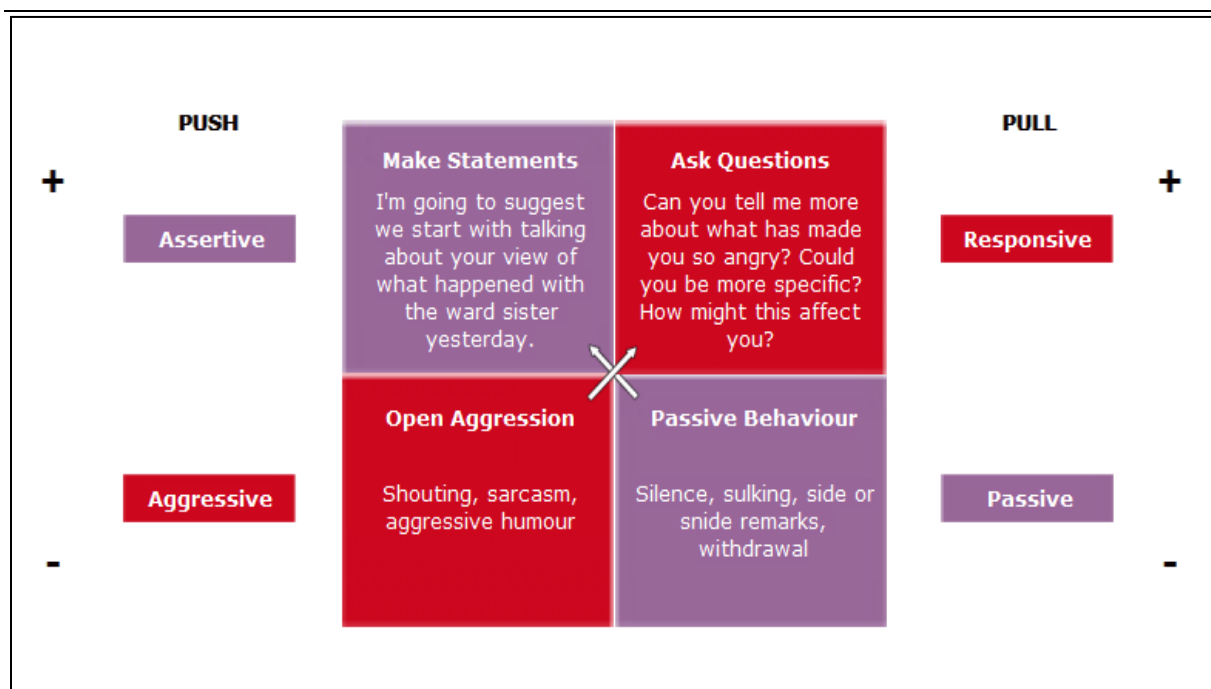
Training environment Mismatches between trainee and trainer, excessive workload, harassment, bullying, wrong level of expertise expected of the junior doctor.

Craft development Specialty-specific skills and knowledge. Problems with procedures, manual dexterity, depth of understanding and clinical decision-making.

Generic professional development Rapport with patients, staff and families, respect for people holding different views, cultural acclimatisation, and acting effectively within the team. Motivation, maturity, a lack of insight. Time management and basic organisation skills.

Professional behaviours Integrity and probity, reliability, substance abuse.

Dealing with difficult feedback situations:



Questions to consider in cases of poor performance

Is there a difficulty with clinical knowledge and skills?	<i>Formal assessment might be needed.</i>
Is there physical illness?	<i>Is there a new or previously unknown condition? Has previous chronic illness worsened or relapsed? Could behaviour be medication-related?</i>
Is the practitioner depressed or suffering other mental illness?	<i>This might explain problems with decision-making, memory, loss of confidence or irritability</i>
Might alcohol or substance misuse be involved?	<i>Is there a history or is it a new problem?</i>
Could there be a cognitive problem?	<i>Cognitive problems can result from substance misuse, certain chronic physical illness, head injury etc, as well as from - more commonly - advancing age</i>
Are there pressures at home? Has there been a recent life event?	<i>Birth, death, separation, family illness or financial worries can all have an effect on psychological and physical health.</i>
Has the practitioner had good enough educational and supervisory support?	<i>Some critical update training might have been missed or poor role models might have encouraged inappropriate practices</i>
Are there new responsibilities?	<i>The practitioner might be struggling with different work, without enough leadership experience. There might be overload and sleep loss</i>
Are there team difficulties?	<i>Is there new leadership, or a new team member who may be challenging the practitioner's role in the team?</i>
Have there been major changes in the way work is organised and supported?	<i>There may have been a clash of values between practitioner and managers, within the practice or more widely with local NHS managers.</i>
Could the practitioner be experiencing some form of discrimination? Is there bullying?	<i>Think outside as well as inside the legal framework about discrimination – discrimination and bullying can take many forms.</i>
Is this new behaviour or a recurrence of a long-standing problem?	<i>Have we tried to take action on this before? What happened?</i>