

Professional Support Unit

Supporting Trainees in difficulty

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Developing people
for health and
healthcare

www.hee.nhs.uk

What is the challenge?

- ‘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)



What is the difference between a trainee in difficulty and a difficult trainee?

The basics

Case 1: Dr A, F1



LETTER OF COMPLAINT
ABOUT BEHAVIOR RECEIVED
FROM PATIENT



LETTERS OF COMPLAINT
ABOUT ATTITUDE AND BEING
UNAVAILABLE FROM
MULTIPLE MEMBERS OF
WARD AND NURSING STAFF



YOU ARE HER EDUCATIONAL
SUPERVISOR. WHAT WILL
YOU DO?



GROUPS 5 MINS

Case one

- What are the symptoms and signs of 'Trainee in Difficulty' & of a 'Difficult Trainee?'
- Which is this?
- 2 minutes

Case 1: Dr A, F1



What support could your trainee require?



What support could you require?

Dr A (what happened next)

Meeting with ES to discuss letters – referred to TPD (explanations available for each episode)

Further complaints about attitude and communication with patients and staff and medical students, asked to reflect in e-portfolio

Dr A reports being stressed, working towards run through training in high competition specialty.

Referred to PSU

Refuses to accept OH advice, refuses psychology review, grudgingly accepts communications skills sessions

Some minor clinical incidents reported, asked to reflect in e-portfolio

Summary: Dr A, F1



SIGNED OFF BASED ON E-
PORTFOLIO PROGRESSION AND
ES/CS END OF PLACEMENT
REPORTS



REFUSED TO COMPLETE
TRANSFER OF INFORMATION
SHEET



FTPD PHONED RECEIVING FTPD
TO HIGHLIGHT CONCERNS
(TRAINEE INFORMED)



ULTIMATELY OBTAINED LOCUM
POST IN DESIRED SPECIALTY BUT
DECIDED TO TRANSFER OUT OF
REGION



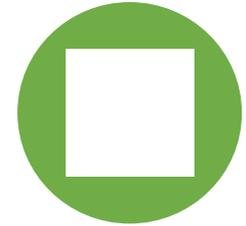
E-PORTFOLIO ON TRACK,
GOOD ES/CS REPORTS



DIP IN PERFORMANCE
JANUARY CMT WITH
MULTIPLE MINOR ERRORS
REPORTED VIA NUMEROUS
CHANNELS



DATIX COMPLETED BY
PHARMACIST ABOUT
PRESCRIBING ERROR



YOU ARE THE EDUCATIONAL
SUPERVISOR. WHAT ACTION
WILL YOU TAKE?

Dr B, CMT 1

Case 2

- What are the symptoms and signs of 'Trainee in Difficulty' & of a 'Difficult Trainee?'
- What could be going on?
- 5 minutes



What support could your trainee require?



What support could you require?

Case 2: Dr B, CMT1

Dr B (What Happened Next)

CS reports multiple minor drug errors, often late to work, becoming withdrawn and upset

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graph TD; A[CS reports multiple minor drug errors, often late to work, becoming withdrawn and upset] --> B[Meeting with trainee]; B --> C[Single mother of 12 year old son stressed about move to 2nd trust for next rotation];
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Meeting with trainee

Single mother of 12 year old son stressed about move to 2nd trust for next rotation

Summary: Dr B, CMT2

- Change of rotation allowing trainee to remain in single trust for 2 year programme
 - Requires HEE approval for extraordinary circumstances
 - Options are swap, fill existing or anticipated gap, supernumerary training
 - Receiving trust need to agree as they will be left with an unfilled post.
- This takes time – the earlier you can identify the problem the better for planning at both trusts

Establishing Risk

- What is the risk to:
 - Patients?
 - Self?
 - Team?
 - Organisation?

Distracting

Disturbing

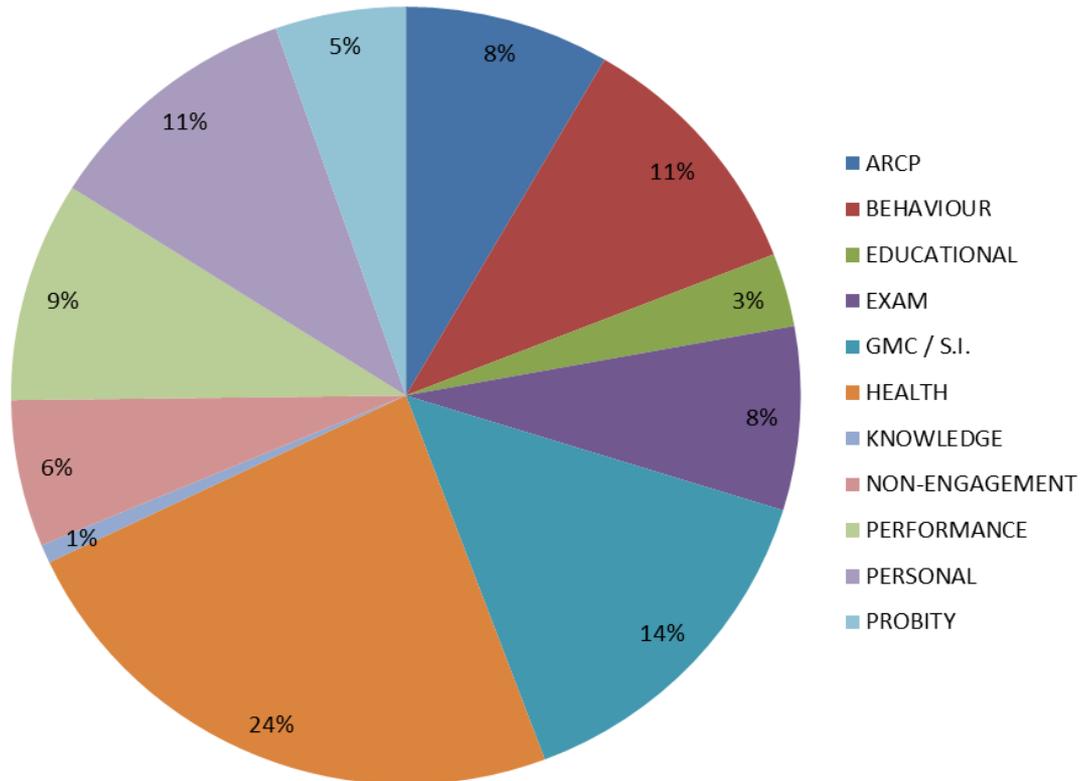
Disruptive

Destructive

Dangerous



Areas of Concern (Data obtained from PSU, EOE, June 2013 to date)



Areas of Concern

- Clinical performance, knowledge and skills
- Professional Behaviour and attitudes
- Health and Social issues
- Engagement with education and training
- Training environment support issues



A Trainee you have supervised...



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)?



Discuss- 10 mins

**Step 1: Being
aware there is a
problem.**

- Difficult relationships with colleagues
- Social and communication skills
- Ineffective management of stress and emotions
- Poor organisation
- Lack of clinical leadership / complex clinical decision making

•

... and of course

7 Early Warning Signs

The 'Disappearing Act'

Low work rate

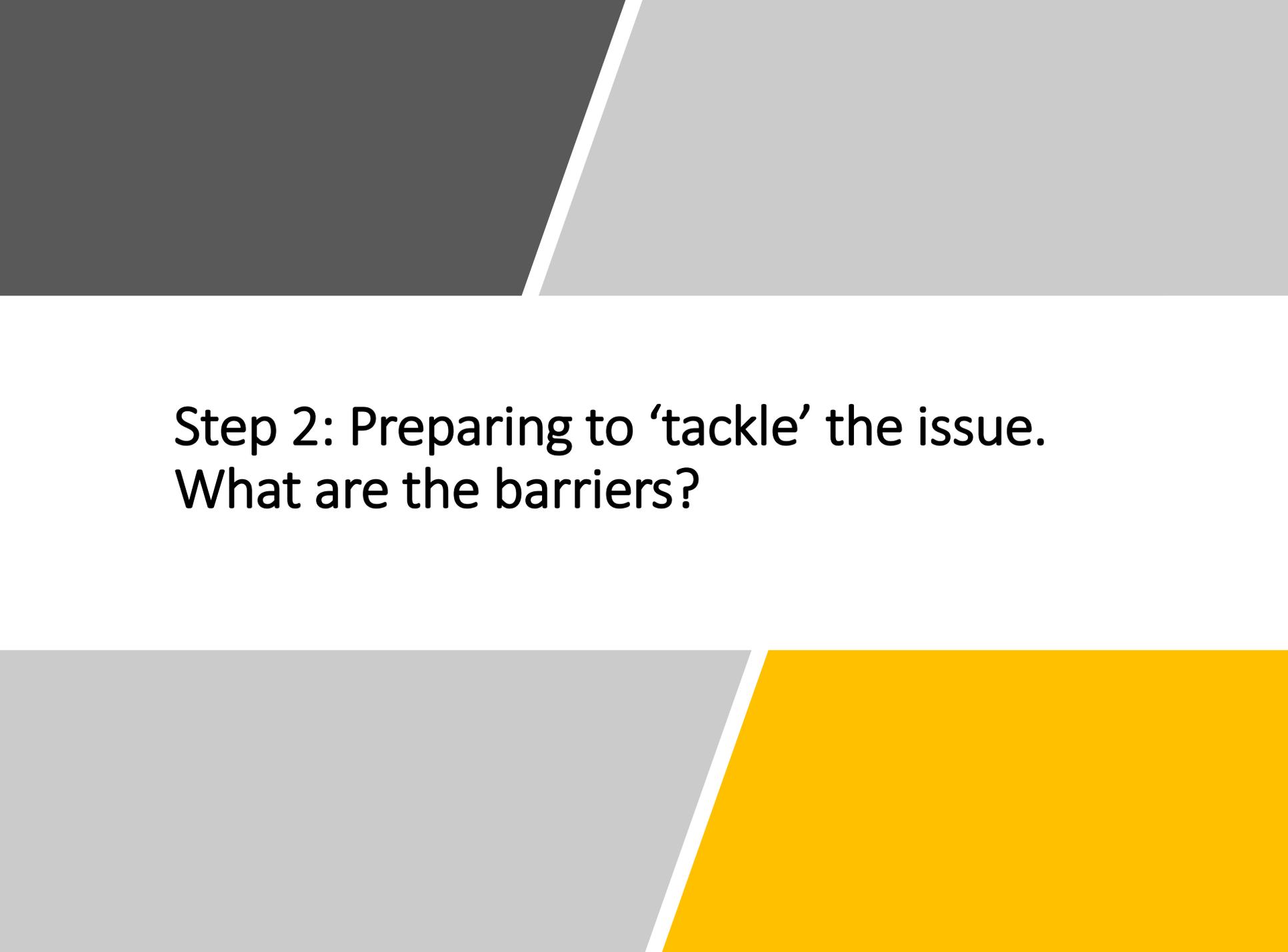
'Ward Rage'

Rigidity

'Bypass Syndrome'

Career problems

Insight failure



Step 2: Preparing to 'tackle' the issue.
What are the barriers?

Time

Transfer of
information

Equality

Challenge

Concern of
effect on team

Requires
support from
colleagues

Avoidance /
Escalation

Difficulties of
performance
assessment

Confidence of
the trainer

Labelling

Conflict of
interest

**Step 2: Preparing to 'tackle' the issue.
What are the barriers?**

Barriers

- Fear of confrontation
- Fear of retaliation
- Denial
- Lack of confidence in skills
- Lack of “evidence”
- Desire to rescue or protect
- Avoidance
- Frustration
- Helplessness

Case Study

Overcoming the Barriers

Case Study

- You have observed some concerning behaviour from a trainee you have been supervising. You have received complaints from colleagues about an abrupt manner with patients and midwives.
 - As the ES, what conversation might you have with the trainee?
 - How do you challenge the trainee's behaviour?
 - Who would you look to for further information?
- However... before you have had a chance to speak to the trainee, there is an SI, involving a forceps delivery undertaken by the trainee where both the mother and baby required complex surgery.
- The trainee was signed off on sick leave for 2 weeks
 - How might you follow up with the trainee?
 - Can you continue to address the concerns that had been raised regarding communication?
 - What options might there be to support the trainee?
- The trainee appeared very angry throughout the Trust investigation and was suspended for attacking a Consultant in the corridor
- Following a police and Trust investigation the Trainee returned to work
 - What conversation might you have with the trainee on their return?
 - How do you challenge the trainee's behaviour?
 - Who would you look to for further support?
- The trainee was due for an ARCP three weeks after returning.
 - How might you include information relating to the last three months on e-portfolio?
 - What happens if you cant get agreement from the TPD
 - The trainee changed Trusts 6 weeks after returning to clinical practice.
 - How might you share information with the new ES/Trust

Step 3 – Overcoming
the barriers
What Support is there?

- Gathering evidence
- PSU
- Who else do we need to involve



Gathering information

Involve some or all of:

Clinical supervisor

Educational supervisor

DME (will support you:
this is difficult!)

HR

Medical Director

OH

Deanery

Medical School

TAB/ 360 feedback can be
very useful

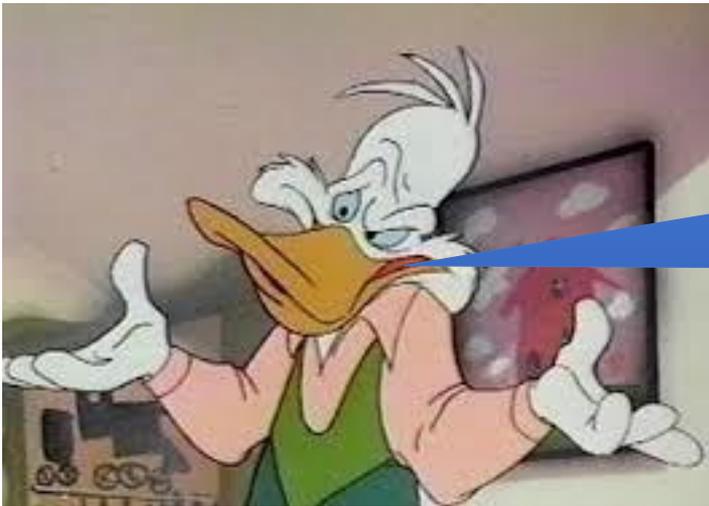
SPEAK to the TRAINEE,
document everything

A framework for thinking about problems (from the PSU + handout)

Nature of Problem	Clinical Performance, Knowledge & Skills <input type="checkbox"/>	Health / Social Issues <input type="checkbox"/>	Professional Behaviour and Attitudes <input type="checkbox"/>
	Engagement with Education and Training <input type="checkbox"/>	Training Environment / Support Issues <input type="checkbox"/>	
Issues Identified			
What action has already been taken?			
Further Options			
	Communication Skills <input type="checkbox"/>	Career Counselling <input type="checkbox"/>	
	GMC referral <input type="checkbox"/>	Psychologist <input type="checkbox"/>	
	OH referral <input type="checkbox"/>	GP referral <input type="checkbox"/>	

What next?

- Having mapped the issues, what next?



Suggestions
anyone??

- Remember - the trainee has (should have) a GP
- They are your trainee, not your patient

Professional Support Unit

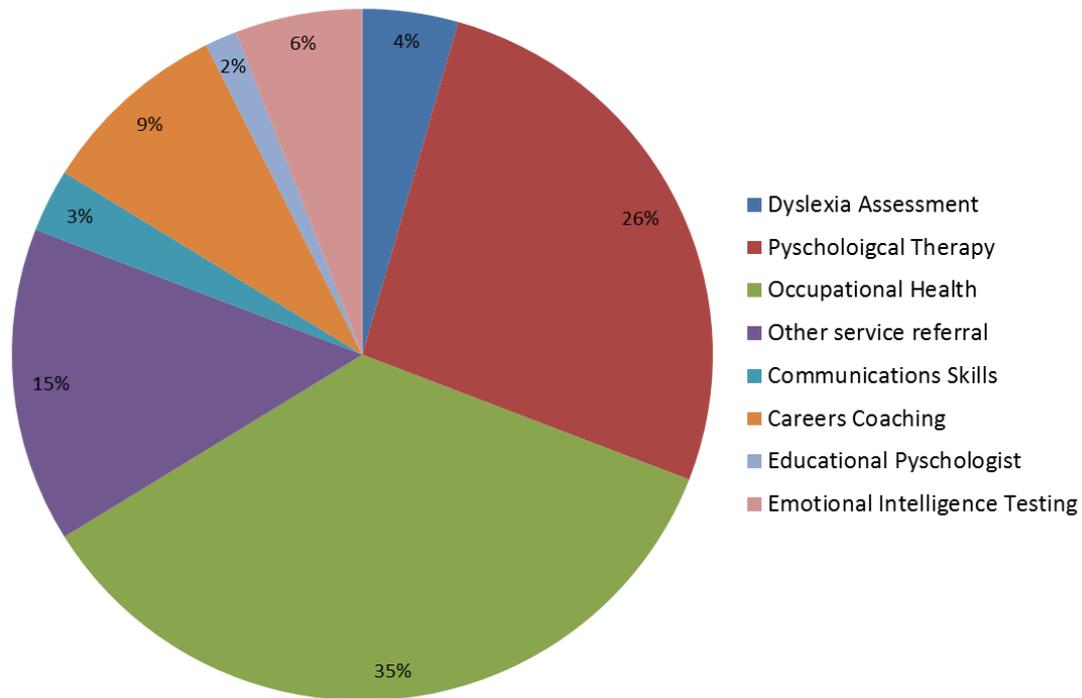
The PSU provides access to a range of additional supportive services which include;

Screening for neurodiverse conditions	Strategy Coaching
Cognitive Assessments	Exam Workshops
1:1 Exam Support	1:1 Communication Skills specifically for accents
1:1 Communication Skills specifically for observations	1:1 General Communication Skills support
Specialised Occupational Health	1:1 Careers advice and support
EQ-i questionnaires and feedback	Facilitating a placement transfer
Supernumerary funding	Specialised Coaching
Access to psychological support. Additional sessions are available if necessary	

https://youtu.be/j8_4lrt6GYg

https://heeo.ee.nhs.uk/PSU_Home

Support Services Accessed



Roles and Responsibilities

- Trainee
- Medical School (F1)
- Local Education Provider
- HEE
- GMC





Roles and Responsibilities: Trainee

Holds a contractual relationship with their employer and is therefore subject to local and national terms and conditions of employment

Is ultimately responsible for demonstrating training progression

Is responsible for adherence to GMC, Performers List, Gold Guide and College guidance and regulation



Roles and Responsibilities: LEP

- Is responsible for management of performance and disciplinary matters yet, should keep HEE advised of any issues arising.
- Colleagues in Human Resources and Occupational Health may also be involved
- Clinical and Educational Supervisors are involved in identification of and support for TiD
- May involve TPD, College Tutor, Medical Director



Roles and Responsibilities: HEE

- Is responsible for the delivery and quality oversight of all training programmes
- Has responsibility for educational and governance framework through which trainees progress through postgraduate medical and dental training to reach CCT
- Is able to provide and sign post support for doctors in training to help overcome problems that arise which prevent normal training progression.



Roles and Responsibilities: GMC

May be involved where there are concerns around fitness to practice.

This extends from undergraduate education through to postgraduate training

Avoiding Pitfalls

What difficulties are encountered?

- Confidentiality
- Transfer of Information
- Requirement to inform GMC
- Employment issues v education
- Potential consequences of outcome 4 /
- Removal of NTN



Hints and Tips



DOCUMENT EVERYTHING



RESPECT
CONFIDENTIALITY: BE
CAREFUL WHO THE
EMAIL IS COPIED TO



INCLUDE THE TRAINEE IF
APPROPRIATE



COPY IT TO YOURSELF
AND HR AND FILE IT
UNDER THE RELEVANT
TRAINEE



DON'T LET IT DELETE
THESE EMAILS! THEY
CAN COME BACK TO
BITE!

SUMMARY



If you are become aware of a trainee in difficulty



MEET THE TRAINEE



SHARE CONCERNS
FOCUSING ON
OBSERVED
BEHAVIORS, NOT
PERSONAL TRAITS



SUGGEST TRAINEE
REFLECTS (IN
EPORTFOLIO)
WHAT THEIR
PERSPECTIVE IS &
ARRANGE
ANOTHER
MEETING TO
DISCUSS



WRITE A PDP
(?TOGETHER)



GATHER
INFORMATION
FROM RELEVANT
PARTIES (CS, ES,
TPD, HR, WARD
TEAM, SLES, 360S)



SHARE YOUR
CONCERNS WITH A
COLLEAGUE/ HR

Thank you!

Any Questions..?



Group Work



WHAT ARE THE DIFFERENT
TYPES OF PROBLEMS
TRAINEES FACE?

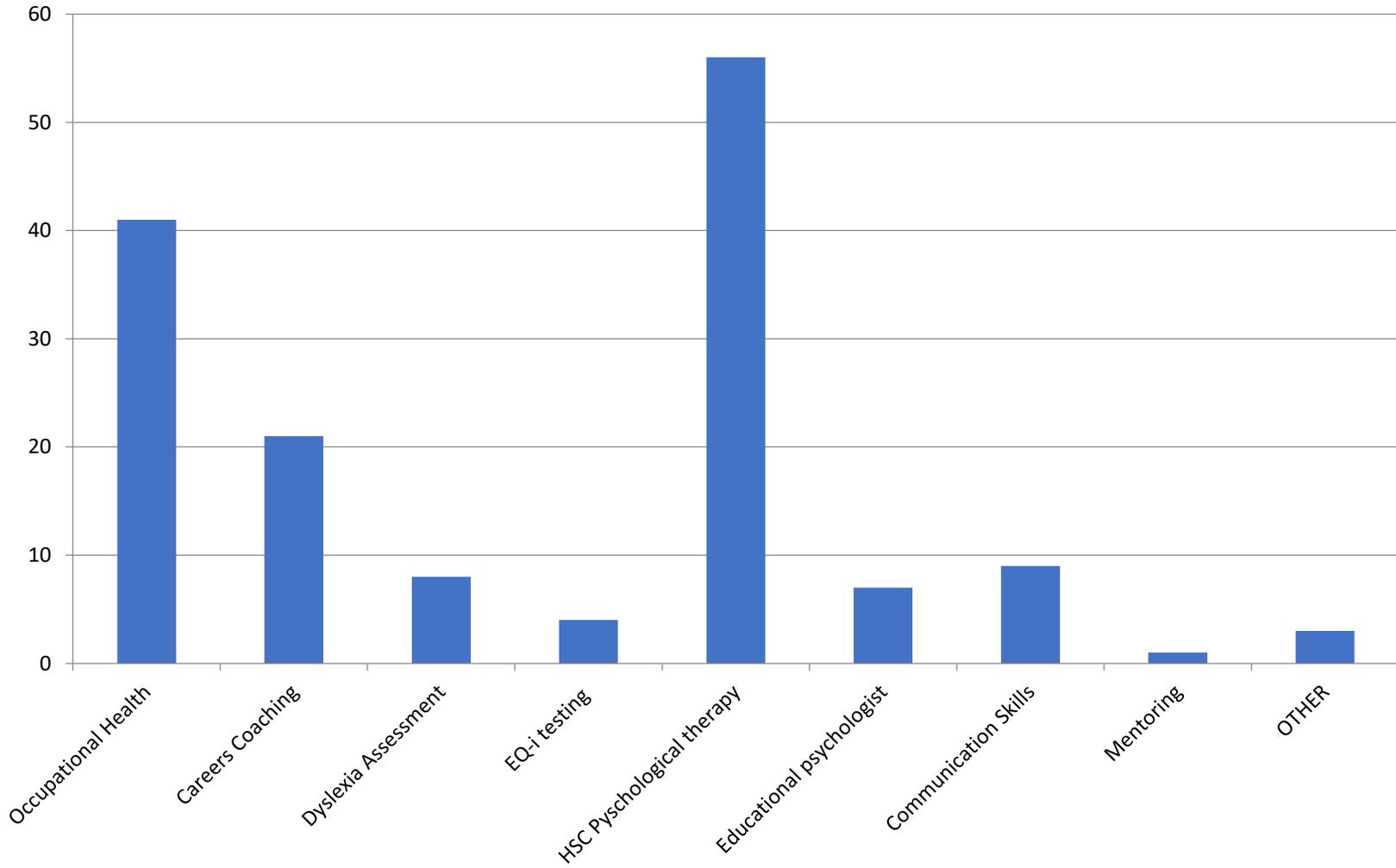


WHAT ARE THE BARRIERS TO
REPORTING AND TACKLING
UNDERPERFORMANCE?

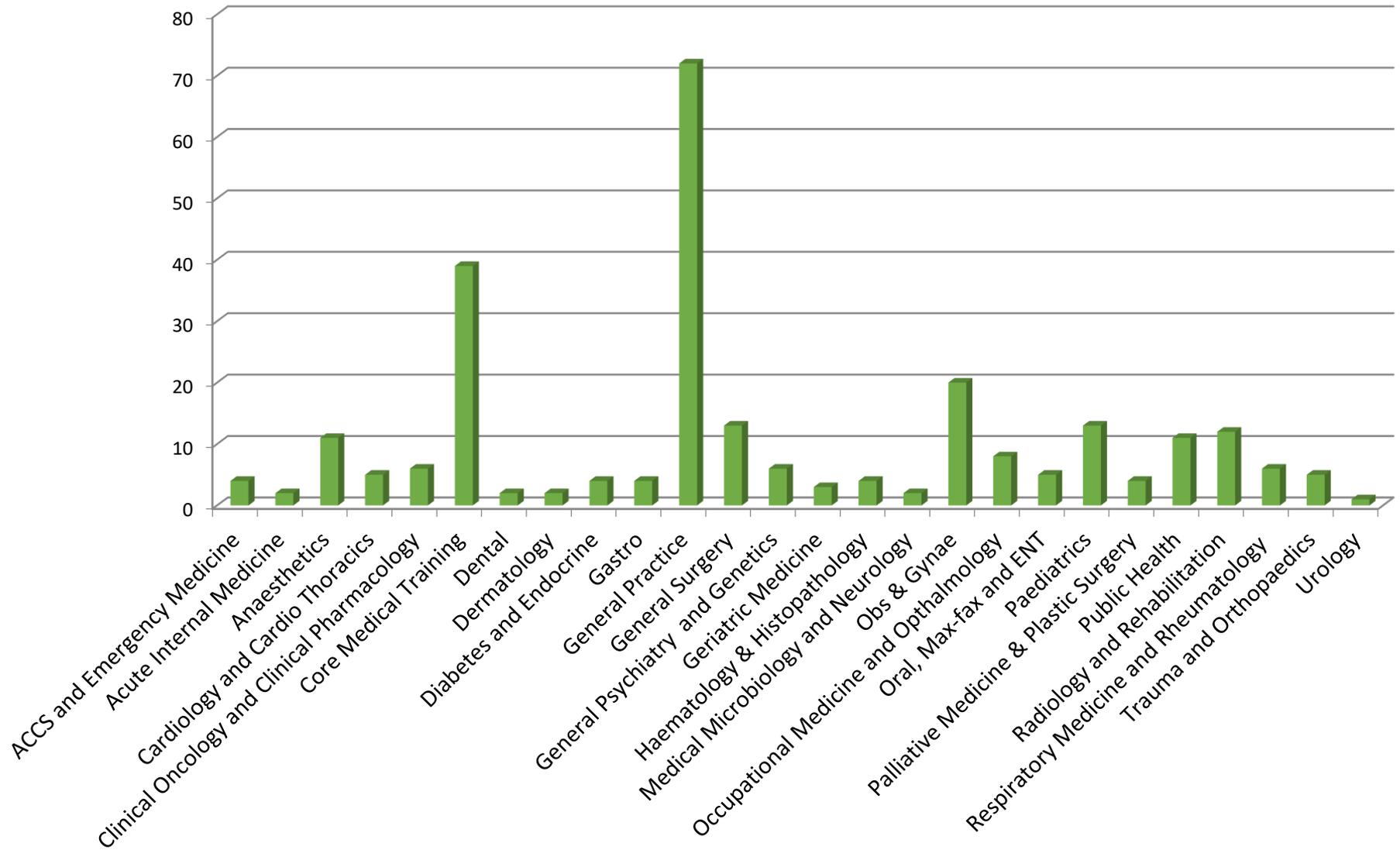


WHAT ARE THE RISKS AND
TO WHOM ?

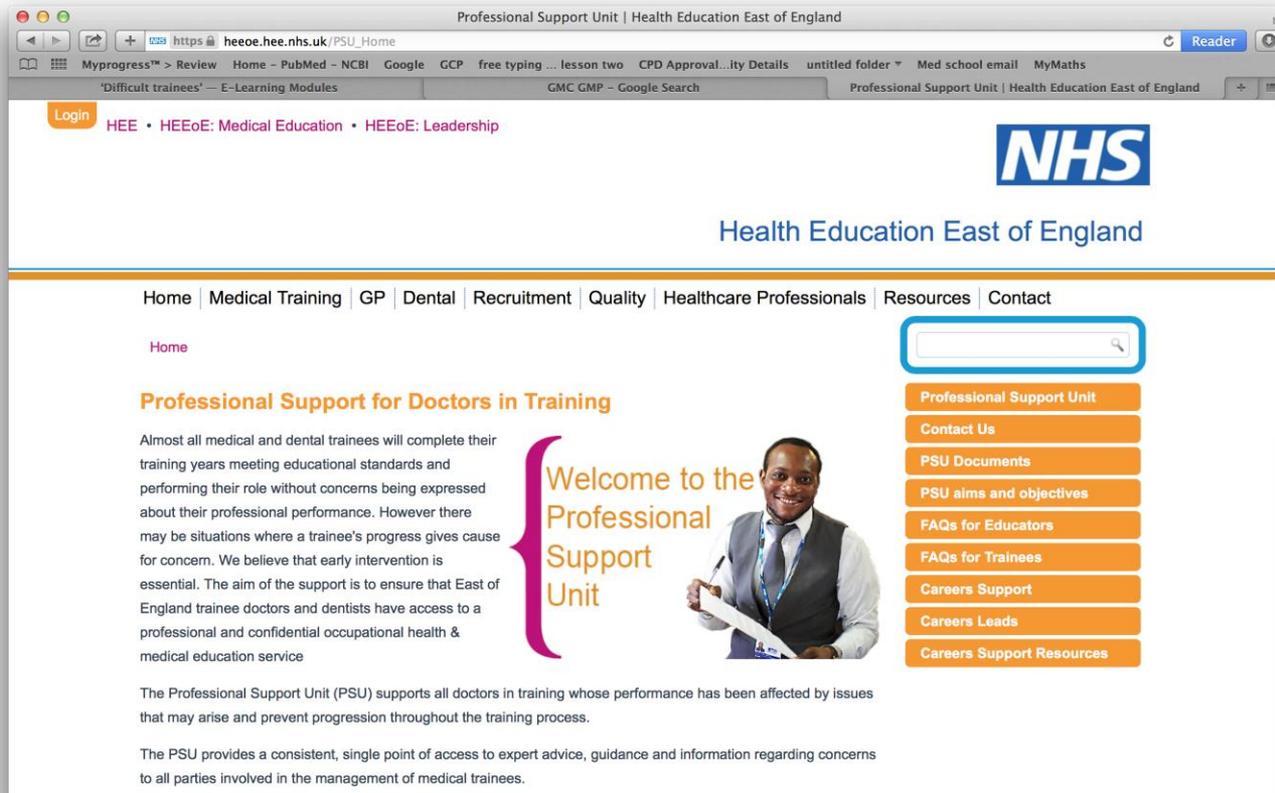
External services accessed



Trainees referred to the PSU by Speciality between June 2012 and January 2018



Useful resource one: HEE EoE PSU



Professional Support Unit | Health Education East of England

https://heeo.hee.nhs.uk/PSU_Home

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Professional Support for Doctors in Training

Almost all medical and dental trainees will complete their training years meeting educational standards and performing their role without concerns being expressed about their professional performance. However there may be situations where a trainee's progress gives cause for concern. We believe that early intervention is essential. The aim of the support is to ensure that East of England trainee doctors and dentists have access to a professional and confidential occupational health & medical education service

Welcome to the Professional Support Unit

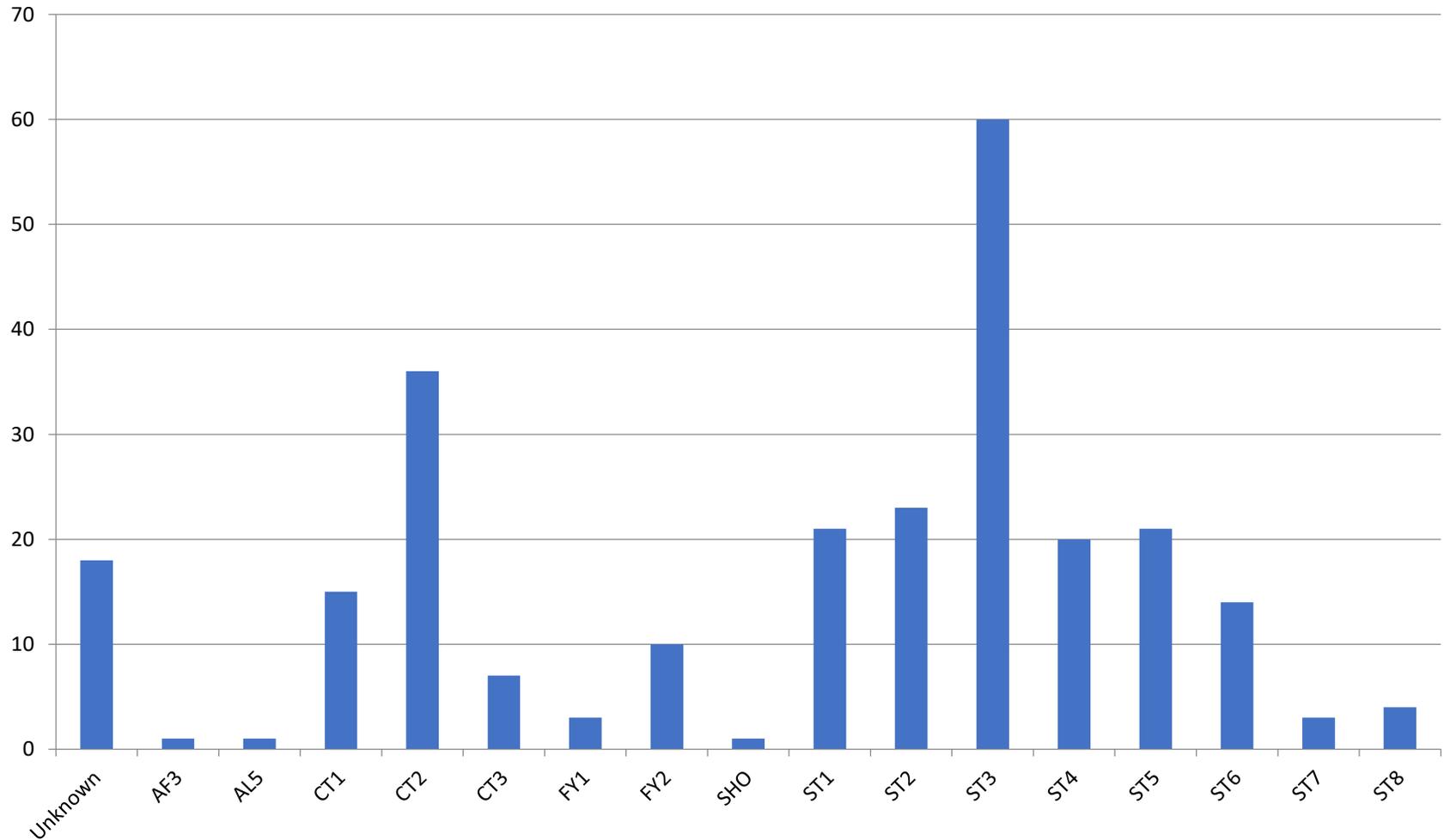


- Professional Support Unit
- Contact Us
- PSU Documents
- PSU aims and objectives
- FAQs for Educators
- FAQs for Trainees
- Careers Support
- Careers Leads
- Careers Support Resources

The Professional Support Unit (PSU) supports all doctors in training whose performance has been affected by issues that may arise and prevent progression throughout the training process.

The PSU provides a consistent, single point of access to expert advice, guidance and information regarding concerns to all parties involved in the management of medical trainees.

Trainees referred to the PSU by Grade between June 2012 and January 2018



Hints and Tips

- It is important that clear structures, carefully defined roles and responsibilities, and effective, contemporaneous documentation is in place to support all trainees.
- Who is involved in training and what are their roles and responsibilities?



Useful resource two: the London Deanery website

The screenshot shows a web browser window with the URL www.faculty.londondeanery.ac.uk/e-learning/managing-poor-performance/difficult-trainees. The page features a green header with the text 'Multiprofessional Faculty Development' and the NHS logo. Below the header is a navigation menu with links: HOME, CLINICAL SUPERVISION, ASSESSMENT, EDUCATIONAL SUPERVISION, WORKING WITH GROUPS, and EDUCATIONAL LEADERSHIP. The main content area is titled 'Home / Managing the Trainee in Difficulty / 'Difficult trainees'' and contains the following text:

'DIFFICULT TRAINEES'

Trainees with personal conduct and performance issues are likely to be in the minority but often occupy a considerable amount of supervisor time and energy.

Trainees are employees and, as such, are expected to demonstrate appropriate professional behaviours with patients, carers and colleagues. Behavioural issues may be brought to your attention, and it is important to be fully aware of the GMC guidance *Good Medical Practice* (2006), which applies to all UK doctors, including those in training. Where there are potential infringements of the GMC's guidance, consider the relative seriousness of the problem, and if in any doubt consult with the appropriate colleague(s).

In practical terms, it is important to be clear about whether there is an issue of improper personal conduct, which would be subject to the local trust or practice employment regulations, or an issue of poor professional performance. A useful distinction between these two categories is that matters of personal conduct – such as absence without leave, theft of trust property, bullying or sexual harassment – will normally apply equally to any employee. If a trainee's behaviour or conduct has been questioned, then it is appropriate to agree with the director of medical education how any allegations of concern should be investigated in accordance with local human resources policy. Conduct issues with serious implications for the future professional work of the trainee should also be reported to the

On the left side of the page, there is a sidebar with a list of frequently asked questions and resources:

- About eLearning / Frequently Asked Questions
- Appraisal
- Assessing Educational Needs
- Assuring & Maintaining Quality in Health Professions Education
- Becoming An Effective Interviewer
- Careers Support
- Diversity, Equal Opportunities and Human Rights
- Effective Feedback
- eLearning in Clinical Teaching
- Facilitating Learning in the Workplace
- Improve Your Lecturing
- Interprofessional Education
- Introduction to Educational Research
- Involving Patients in Health Professions Education
- Managing the Trainee in Difficulty

On the right side, there is a search bar, a 'REGISTER' and 'LOG IN' button, and a section titled 'Other Resources' with a sub-section 'Explore around this topic' containing two links:

- Mentoring: theory and practice
- Facilitating professional attitudes and development

What are the issues?

Relate concerns to the 4 domains of the GMC Framework for *Good Medical Practice*:

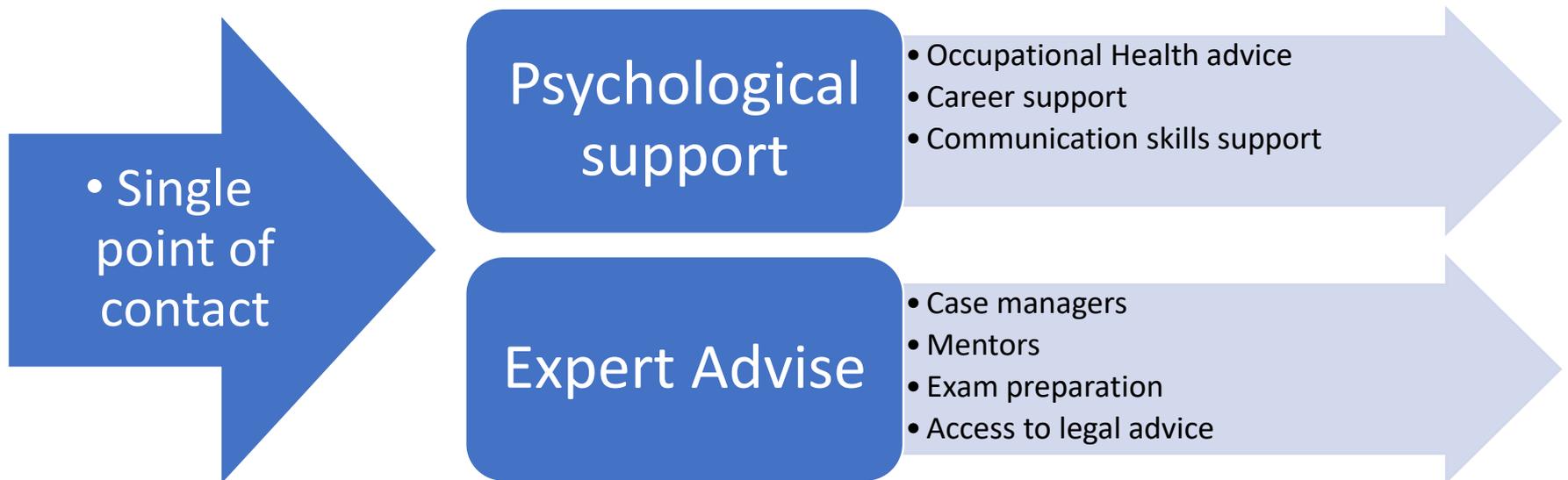
- Domain 1 Knowledge, Skills and Performance;
- Domain 2 Safety and Quality;
- Domain 3 Communication, partnership and teamwork;
- Domain 4 Maintaining trust



Existing PSU support

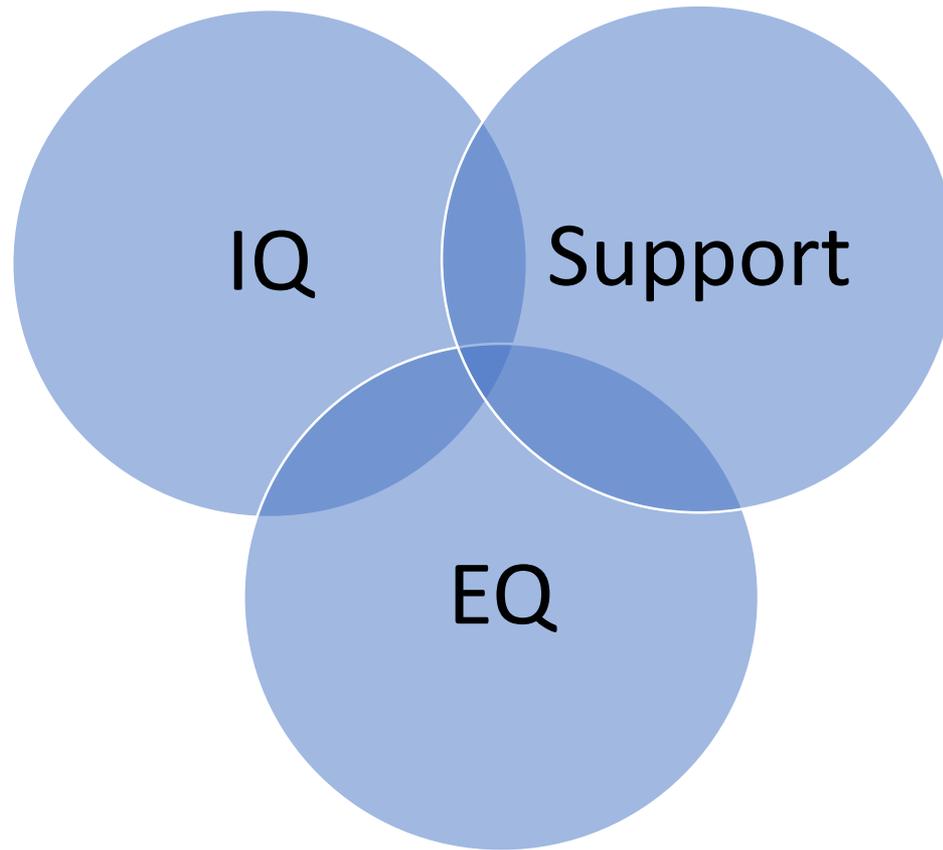
- Development of expertise within the PSU:
 - ✓ Helps recognise early warning signs
 - ✓ Provides expertise in analysing complex cases
 - ✓ Ensures equality of resources
 - ✓ Supports the management of performance support processes

What do we offer?





Capacity for Change



Emotional Quotient

Do they have the right skills?

Do they have sufficient insight?

- Emotional stability - Are they **stable** enough?
- Conscientiousness - Can they **persevere**?
- Determination - Are they **motivated**?
- Perseverance - **Resolve / Intention**?

Behaviour Change

- **Are they bright enough?**

- Intelligence

- **Are they stable enough?**

- Emotional stability

- **Can they persevere?**

- Conscientiousness

- **Do they have insight?**

Are they psychologically minded?

Do they want to act on the insight?

Do they have the necessary skills?

- Do they **want/intend** to change?

- Have they a **history** of successful change attempts?

- What will **motivate** them to change?

- What kind of **environment** will they be working in?

- What **support** is available?

Useful resource: HR

- They have probably seen it before
- They can offer both you and the trainee support
- They can minute difficult meetings
- They can often provide an immediate solution (wrt locums, meeting rooms, rotations...)

Role of HR

- Trainees are employees of the Trust
- Therefore all legal employment risks and responsibilities lie with the Trust, not the Training Committee / Deanery
- Decisions about the placement of trainees in difficulty should not be taken in isolation by Training Committees / the Deanery
- The Deanery must consult with individual Trusts at an early stage
- Trusts can refuse to accept a trainee on rotation

Role of HR cont

- Additional funding on a supernumerary basis does not mitigate against the employment risks / responsibilities
- In order for Trusts to provide appropriate support, they must understand;
 - the issues in detail
 - what assistance is required / impact on the service
 - set objectives, an agreed timescale and a mechanism for documented feedback