

# Supporting Trainers of “Trainees in Difficulty”

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Developing people

for health and

healthcare

# What we are planning to cover

**We are assuming you have prior knowledge of managing TiDs!!**

- The trainer in difficulty
- Escalating concerns and the role of the “Deanery”
- Particularly challenging trainees and scenarios
- Caring for yourself
- Support we can offer
- Other sources of support
- Any other things that arise

# The Trainer in Difficulty

“We, as trainers, struggle because we don’t have the techniques, we don’t want the challenge of dealing with those difficult conversations, it doesn’t feel culturally acceptable to identify failure rather than success, and it’s easier to put your head in the sand and let it be somebody else’s problem rather than acknowledging the issue and taking on what is extra work”

## What can the Local Office offer?

- Relevant training
- Clear policies for TIDs and separately the PSU
  - Clarity of roles and responsibilities
  - Who else to involve: DME, MD, HR, OH, TPD, PSU
- Providing you with support for yourself, by:
  - Being available and approachable
  - Providing advice
  - Helping you with supporting yourself
  - Signposting you to additional help
- “Shared care” of the more difficult cases

# Challenging scenarios

- Lack of insight
- Blaming of training environment
- Alleging bullying, harassment an/or discrimination
- Claiming to be a whistleblower

# Bear Traps

- Confidentiality
- Transfer of Information
- Requirement to inform GMC
- Employment issues v education
- Potential consequences of outcome 4 or removal of NTN on trainee's future career



# Scenarios



# Scenario 1 Part 1

You are providing day to day supervision to a trainee who is not progressing or engaging with the portfolio despite you doing your utmost to provide support

- What thoughts would that trigger in you?
- What emotions might you experience?
- What would you do?
- How would you behave?

# Recognising your limitations

- You are not:
  - An expert in all areas of support
  - The trainee's doctor
  - A counsellor
  - A psychologist
  - An expert in HR issues
  - The owner of the trainee's problems
- You should seek advice and support early
- Don't work in isolation



# Coping skills for trainers of TiDs

You should already have some from your clinical work

How do you cope with a patient who is not getting better?

You are there to facilitate learning – trainees are adults and ultimately responsible for their own learning

Empathy can help – but only for a short while – don't take the trainee's problems on long term

## Scenario 1 Part 2

You escalate your concerns to the trainee's ES, who feeds back that the trainee says he doesn't think he has a problem, but that you're the problem and you're providing no teaching, won't do WPBAs, won't let him go to clinic etc

- What thoughts would that trigger in you?
- What emotions might you experience?
- What would you expect the trainee's ES to do?

# Coping with criticism from a TiD

Again go through the same stages that you would follow if this were a patient who had complained?

- Reflect
- Look through the portfolio/other records
- Be your own *caring* critic
- Above all be honest with yourself
- If you could have done something better, learn from it and do it better next time

# Resilience in this context

- “The capacity to work with trainees without being personally diminished”
- Changing your thoughts
- Bracketing

## Scenario 2 Part 1

You are the educational lead in a department with a reputation for outstandingly good training. Your Head of School and the PSU have asked you take a particularly difficult trainee needing support. You accept the trainee, but, when you ask for more information, you are told that the trainee wants to have a fresh start and doesn't want any information transferred

- How happy would you be with that?

# Transfer of Information

- Tension between maintaining confidentiality and ensuring the new trainers know what they need to know
- There's always the portfolio!
- Patient safety is paramount

# Managing the Challenging Trainee

- Experienced ES
  - Review portfolio
  - PDP mapped to ARCP: SMART targets
  - Regular educational meetings: document content and share with trainee; record any disagreements
  - Objective evidence rather than generalisations
  - Avoid widely copying emails
  - Seek advice from DME, TPD etc
- Seek support for yourself and other members of the team

## Scenario 2 Part 2

- The trainee proves to be very difficult with severe attitudinal problems, which mean that you frequently have to challenge him; the trainee then makes a formal accusation of bullying against you to your MD
- How does that make you feel
- How can you support yourself
- How can we best support you

# Compassion Fatigue

## Why you might be perceived as bullying

- When you're all out of love
- Form of stress or even trauma
- Use mindfulness techniques
- Remember you are the sum of many parts – and that the part interacting with the trainee is only a small bit – and you don't have to stay there
- Defensiveness is not a good place to be

# Feeling maliciously accused

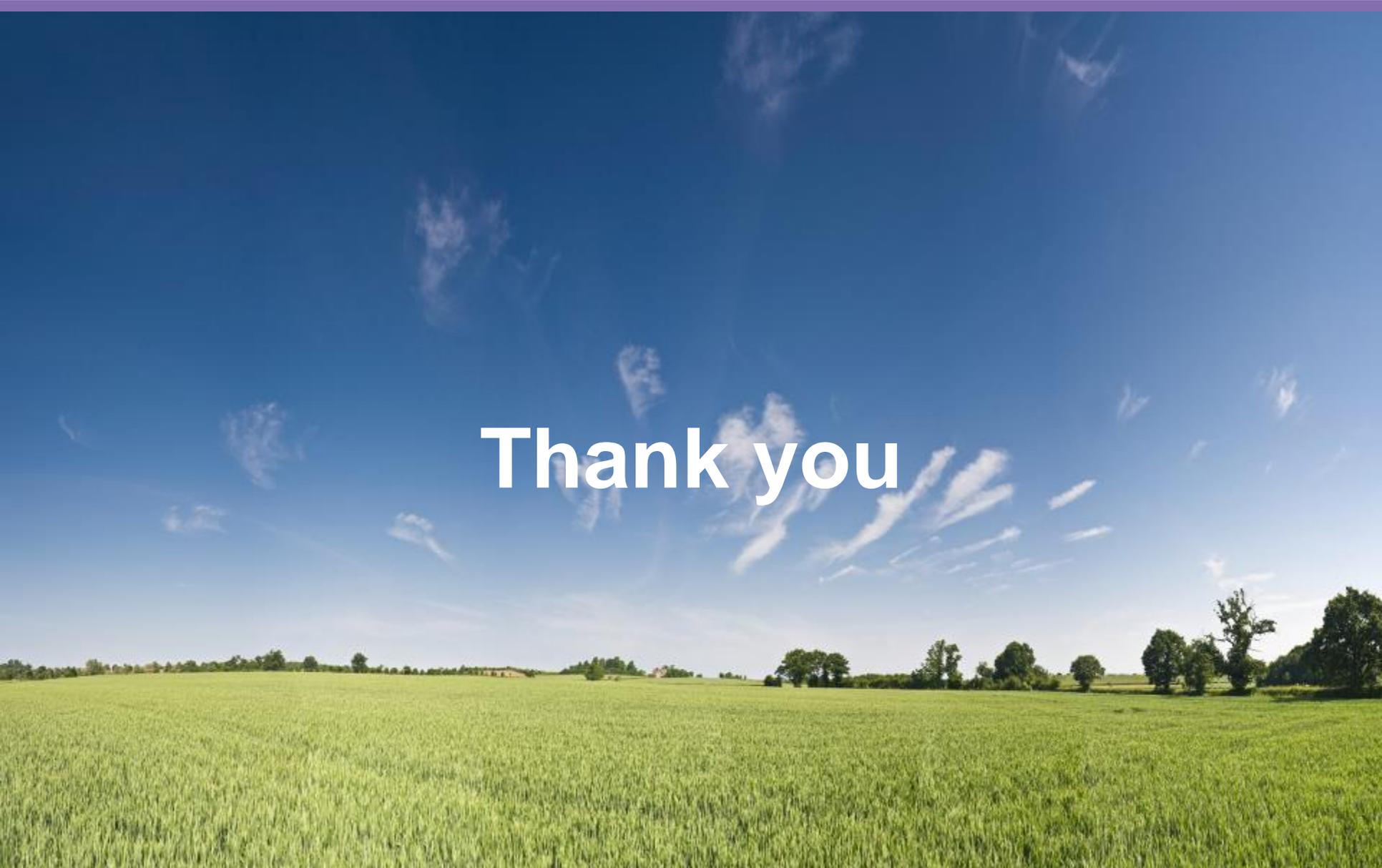
- Be reflective
- Respond in as charming a way as you can
- Try not to be adversarial – it'll come back and bite you!
- Seek outside support
  - Trust
  - “Deanery”
  - BMA
  - Medical Defence Organisation
  - Psychologist / Counsellor



# Key messages



- Have a clear training plan
- Document evidence - share with trainee
- Be fair, consistent and objective
- Seek advice and don't work in isolation
- Recognise your limitations and the potential need for psychological support
- Ensure trainee is supported too

A wide-angle landscape photograph of a lush green field under a bright blue sky with scattered white clouds. The field is in the foreground, and a line of trees and a small building are visible on the horizon.

**Thank you**