

Autumn Seminar– Sept 2019

Supporting Trainers of Trainees in Difficulty

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Developing people

for health and

healthcare

www.hee.nhs.uk



The basics

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

Establishing Risk

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



Time	Transfer of information	Lack of 'evidence'	Challenge / Retaliation
Concern of effect on team	Requires support from colleagues	Avoidance / Frustration	Difficulties of performance assessment
Confidence of the trainer	Labelling	Desire to rescue/ protect	Helplessness

What are the barriers?

Scenario 1:

- Dr Noz entered the Cardiology training programme in October 2011. Between October 2012 and October 2016 she had long periods where she was unable to work due to ill health and she had a period of supernumerary training. The posts in which she had significant training were Eastby (6 months) and Medlam (2 years). By the end of her Medlam post (October 2016) it was felt she had achieved the competencies required to pass an ARCP and move to an ST5 year. At this stage she had not been a part of an on-call rota.
- Advice from the SAC (College) chair was that that this approach was reasonable but that evidence of on-call would be required in subsequent years. Dr Noz moved to Bellside Trust for an ST5 year and approximately 4 months training was achieved with no on-call experience. Dr Noz has been on sick leave since then suffering from acute psychological issues.
- She has been out of training now for 2.5 years and will have deskilled over this period.
- As a highly experienced trainer, Dr Noz was placed with you on return to training. It was quickly obvious that she was not performing at ST5 level. Dr Noz was expecting to achieve her CCT within 12 months and has arranged a much sought after fellowship she wishes to undertake immediately after gaining her CCT.
- Dr Noz had previously made an allegation of bullying and harassment against her previous trainer, however the details were never disclosed to us.
- **What are the key considerations? How might you approach the discussion? Who else do you need to involve?**

Scenario 2

- A run through trainee arrives in your specialty with complex background. A mature graduate, with caring responsibilities for both elderly parents and teenage children. Socially isolated from her peers, but gets on well with multi-professional team and Consultants / GPs. Trainee requires additional support with eportfolio, undertaking assessments and struggles to attend regional / programme teaching. She has requested changes to her placements as a result of health needs.
- In March 2017, (approx. 18 months in to her training programme) the trainee is excluded from clinical work at Wolford's Children's Hospital because of:
 1. Drug errors (multiple)
 2. Lack of clinical knowledge & skills leading to potentially unsafe practice
 3. Poor communication / handover
 4. Failure to escalate to a more senior colleague where appropriate
- She was referred to PSU & Occupational Health; Occupational Health physician recommended a neuropsychology assessment to exclude cognitive impairment or specific learning difficulties such as dyslexia and dyscalculia. The trainee reluctantly attended for assessment about a year ago but apparently did not fully engage with this assessment, she was stressed by the experience and would not share the neuropsychology report with anyone.
- The trainee was placed in a supernumerary post with enhanced supervision for about six months with a personal development plan at Biggles Trust which HEE paid for in addition to a dedicated consultant session so that her prescriptions and clinical decisions could be monitored. She did make progress but the composite view of the consultants at Biggles was that she was not at the required level and further progress would need to be made on her part before she could be on a registrar rota.
- When this placement came to an end HEE tried to place her elsewhere in East of England but all clinical departments have refused to take her as they don't feel that they have the capacity to provide the enhanced monitoring and supervision that she requires as a result of winter pressures. You are suspicious that information about this trainee has spread within the local training community.
- You meet with the trainee and her BMA rep recently. A number of issues emerge, such as bullying on behalf of the other trainees, a disagreement with her educational supervisor regarding competency assessment and the inference that the health assessment had identified an area of concern.
- The trainee is adamant that she will not readily submit to a neuropsychology assessment again as the latest Occupational Health assessment at Biggles Hospital said she was fit for work
- **Should you continue to make arrangements for a post within or outside of HEE EoE? What are the risks? How might you best support the trainee/ programme?**

Trainee in Difficulty – A definition

A trainee in difficulty is one whose progress is causing concern or who is not meeting curricular requirements. This may be due to a single / number of factors:

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



Plan for the Session

- Step process
 1. Identifying the Struggling Trainee
 2. Tacking the 'problem'
 3. Establishing Risk and Seeking Help
 4. Avoiding Pitfalls

Step 1.

Identifying the struggling trainee

**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

Diagnostic Tools

RDM-p

Relationship

- With patients
- With staff and with other colleagues (*withiin and outside the practice*)

Diagnostics

- Assessing patients (and their needs)
- Assessing oneself
- Assessing staff and colleagues
- Decision-making in practice-related activities

Management

- Managing patients
- Managing oneself: performance, health and well-being
- Managing staff and colleagues
- Managing practice related activities

Professionalism

- Respect for people
- Respect for protocol
- Respecting the importance of R, D & M
- Awareness and carrying out of contractual responsibilities

relate to someone, diagnose their needs, manage the process, and at all times ensure you act professionally.

Tim Norfolk

www.bradfordvts.co.uk

Professional Support and Well Being

Type of Concern			
(please put an x in the relevant boxes and use the free text box below to provide further information)			
Clinical Performance, Knowledge and Skills	Click or tap here to enter text.	Health and Social Issues	Click or tap here to enter text.
Professional Behaviours and Attitude	Click or tap here to enter text.	Communication, Team Working and Time Management	Click or tap here to enter text.
Significant Life event (i.e. divorce, relationship break up etc)	Click or tap here to enter text.	Environmental Issues (i.e. Inappropriate workload, poor culture, training environment, lack of support in the workplace)	Click or tap here to enter text.
Engagement with Education and Training	Click or tap here to enter text.	Training environment/ Support issues	Click or tap here to enter text.
Repeated exam failure (if this is the only concern please use the Form E)	Click or tap here to enter text.	Conduct, capability, probity	Click or tap here to enter text.

Please use an 'x' to indicate the actions/support/intervention which have already taken place.
(If you wish to provide further detail, please use the 'other' box below)

Occupational Health Referral	<input type="checkbox"/>	Repeat MSF/TAB	<input type="checkbox"/>
Additional Supervision/ Coaching/Mentoring	<input type="checkbox"/>	Trust investigation	<input type="checkbox"/>
Access to Work:	<input type="checkbox"/>	Other (please specify): Click or tap here to enter text.	



Step 2: Preparing to 'tackle' the issue.

Hints and Tips

Evidence Collection

Collect evidence from a number of relevant people including the trainee:

Verbal statements from others:

- A receptionist might say *'He 's always late for his surgeries.*
- *Another doctor might say 'Patients come out asking whether he 's always grumpy like that.'*

Written statements from others:

- A patient complaint
- MSF(to do this if not already done)

Things you have noticed: This may be Knowledge, Skills & Attitudes

- Record the specifics of the event that gave cause for concern

Things the trainee has noticed

- What do they have difficulty with
- Explore their goals

Hints and Tips – The Discussion

SKIPE can be used to guide your discussions with the trainee

- S = Skills
- K = Knowledge
- I = Internal Factors e.g. attitudes, personality, health
- P = Past Factors e.g. culture, primary relationships, style of medical training
- E = External Factors e.g. work environment, relationships, resources, responsibilities

Step 3

Who Can I call?

Overcoming
Barriers and
Finding Help



Overcoming the
barriers
What Support is there?

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



Help?

SID Framework

S = Share your concerns, with colleagues, your TPD and the Deanery

I = Involve the trainee, there are always 2 sides to a story

D = Document, ensure detailed, factual, accurate, relevant, objective and justifiable. Use descriptive, specific and non-judgemental language

Gathering information

Who can I involve?

Clinical supervisor

Educational supervisor

DME

HR

Medical Director

OH

Deanery

Medical School

TAB/ 360 feedback can
be very useful

SPEAK to the TRAINEE,
document everything

Professional Support and Well-Being Service

Support Services Available

Exam Support	High Level Occupational Health
Careers Support	Emotional Intelligence Testing
Psychological Support	Signposting to other External Services
Communication Skills Support	Trainer Support
Screening, diagnosis and follow on support for Neuro-diverse Conditions	

<https://heeo.e.hee.nhs.uk/psw/east-england-professional-support-and-well-being-service>

<https://heeo.e.hee.nhs.uk/psw/about-us>

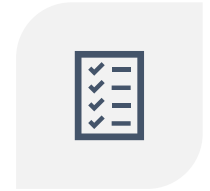
Hints and Tips



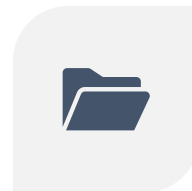
DOCUMENT EVERYTHING



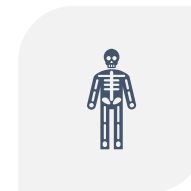
RESPECT
CONFIDENTIALITY: BE
CAREFUL WHO THE
EMAIL IS COPIED TO



INCLUDE THE TRAINEE IF
APPROPRIATE



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



SEEK HELP FROM
TPD/DME/ PSW

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

Summary



Identifying the Struggling Trainee



Tackling the 'problem'



Establishing Risk and Seeking Help



Avoiding Pitfalls

Thank you!

Any Questions..?

