Professional Support Unit

Supporting Trainees in difficulty (or What I wish I had known 9 years ago)

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Developing people
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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)

The basics

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

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

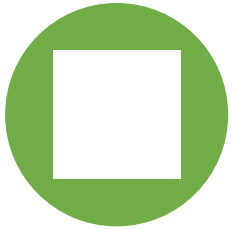
Dr A (who to involve, how to document)

- Document your meetings on eportfolio
- Discuss within your trust- the clinical consultant team, the DME, HR
- Discuss with the TPD
- Copy the trainee into appropriate emails. (remember FOI act)
- Escalate to the MD if behaviour is dangerous- to patients/ team/ trainee
- Ensure you are supported- this can be a lonely business

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

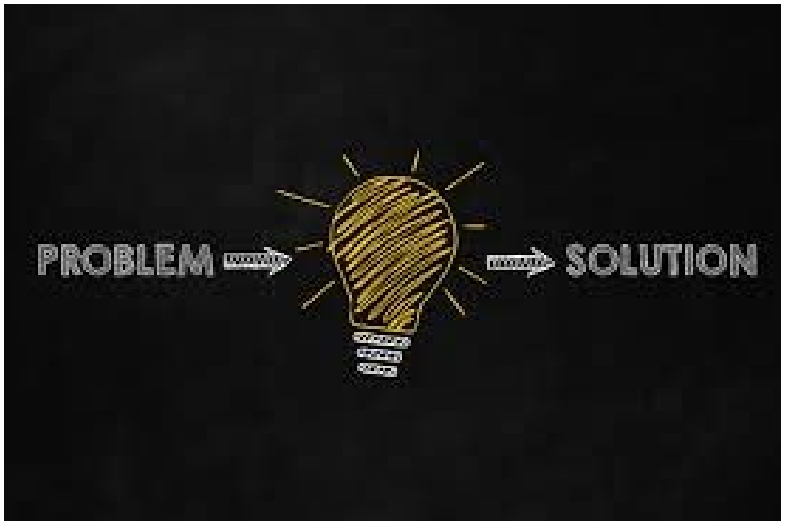
Dr B (What Happened Next)

CS reports multiple minor drug errors, often late to work, becoming withdrawn and upset

Meeting with trainee

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

Dr B -What are the options?

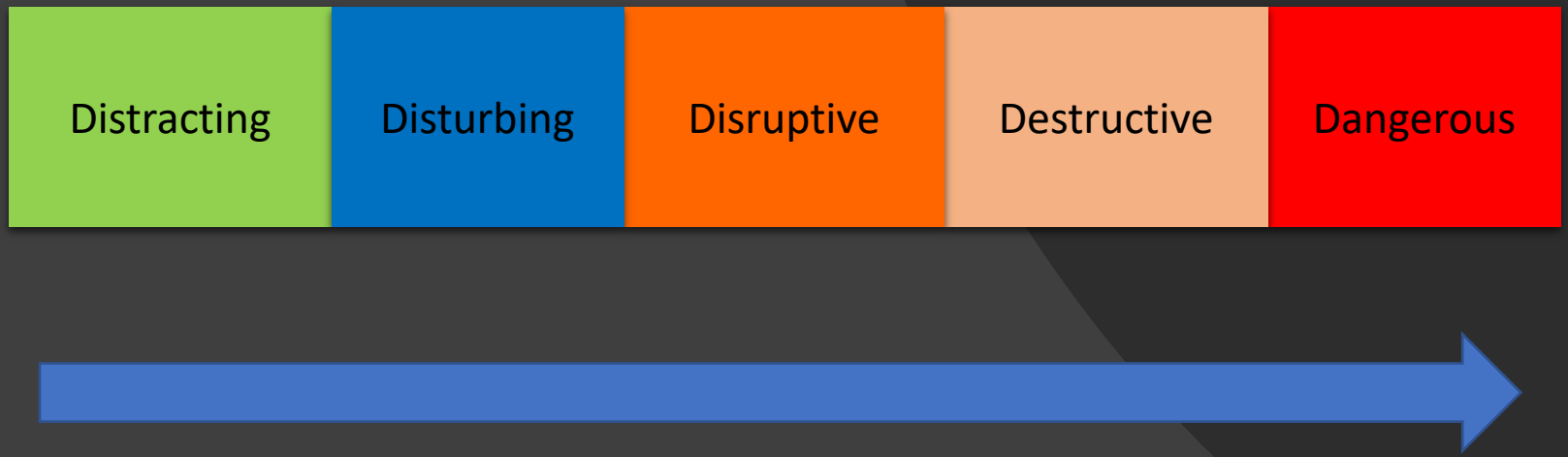


Summary: Dr B, CMT2

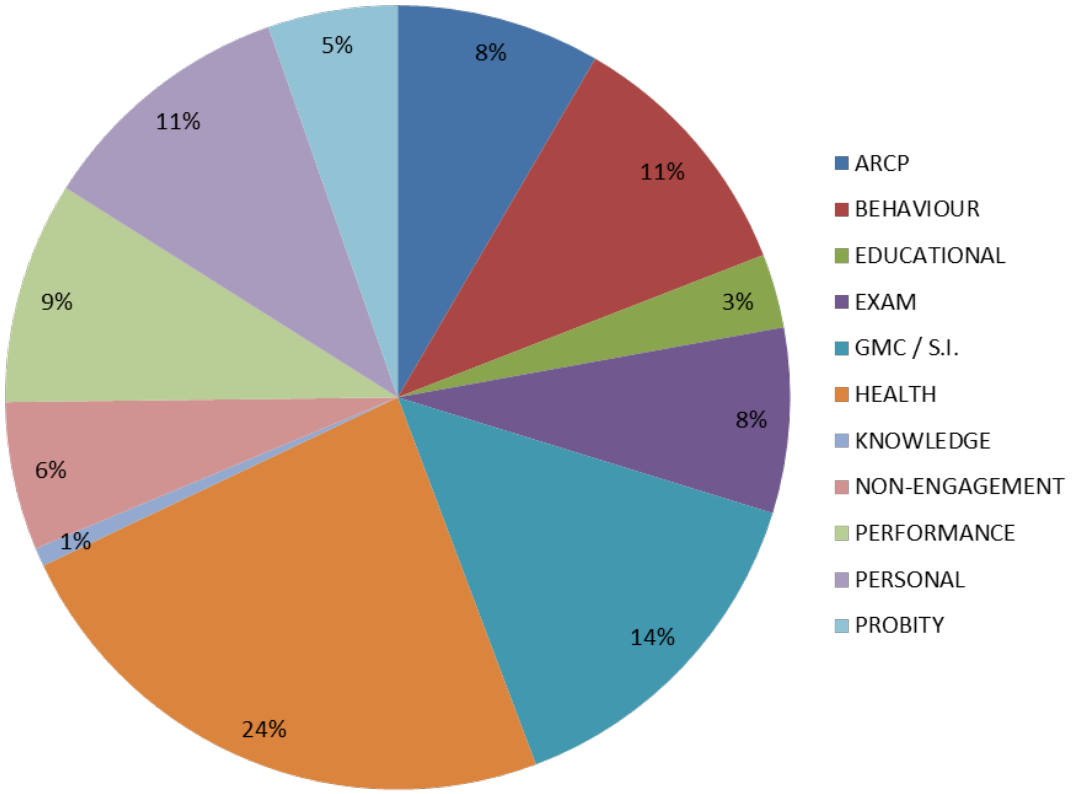
- Change of rotation allowing trainee to remain in single trust for 2 year programme
  - Requires HEE approval for extra-ordinary circumstances
  - Options are swap, fill existing or anticipated gap, supernumerary training
  - Receiving trust need to agree as they will be left with an unfilled post.
- 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?



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?

Barriers

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

Steinert, 2008 “The problem junior: whose problem is it?” BMJ, Vol.336,pp.150-153)

Remember…

Difficult Trainees become Difficult Consultants.

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

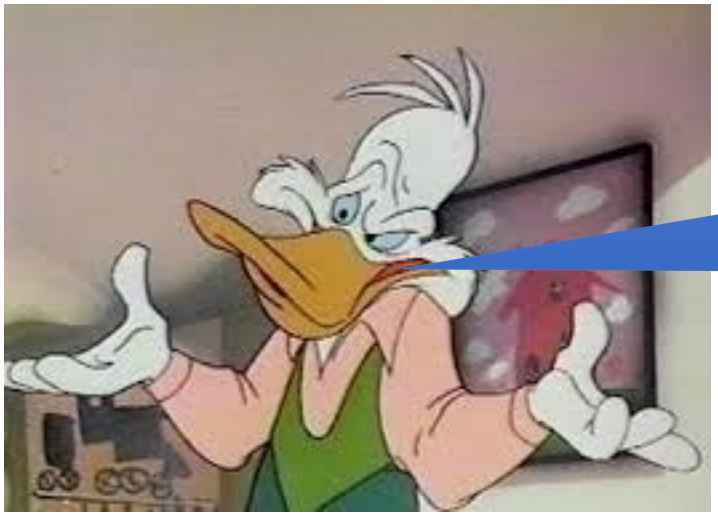
- Involve some or all of:
- Clinical supervisor
- Educational supervisor
- DME (will support you: this is difficult!)
- HR
- Medical Director
- OH
- Deanery
- Medical School
- TAB/ 360 feedback can be very useful
- SPEAK to the TRAINEE, document everything

What is the problem?

- Clinical knowledge and skills?
- Health or social issues?
- Professional attitudes or behaviours?
- Engagement with Education and Training?
- Training Environment?

What next?

- Having mapped the issues, what next?



- 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	1:1 Career advice
1:1 Exam Support	Exam Workshops
Specialised Occupational Health	1:1 Communication Skills
Emotional Intelligence Testing	Psychological Support

https://youtu.be/j8_4lrt6GYg https://heeoe.hee.nhs.uk/PSU_Home

Thank you!

Any Questions..?

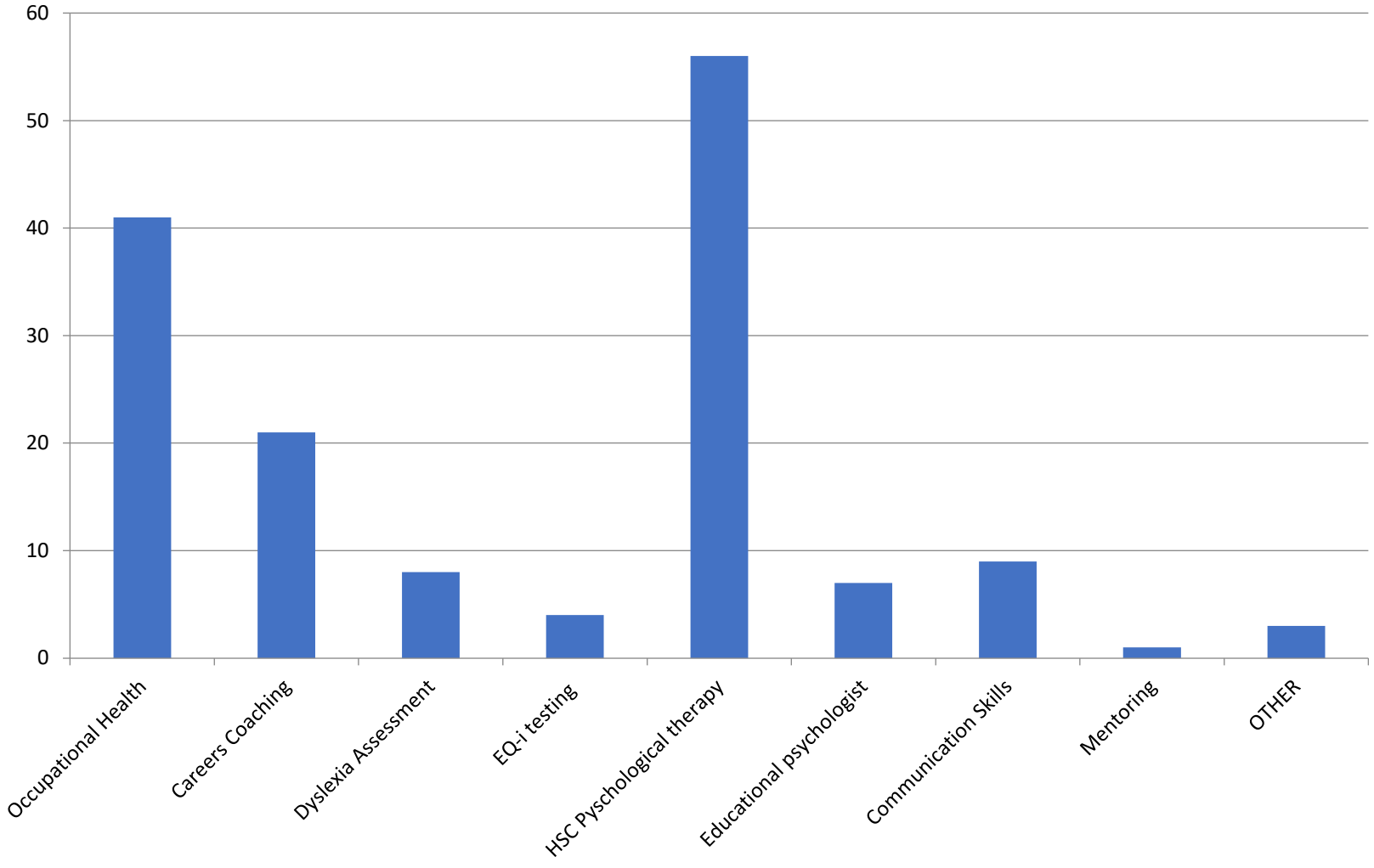
Group Work

WHAT ARE THE DIFFERENT TYPES OF PROBLEMS TRAINEES FACE?

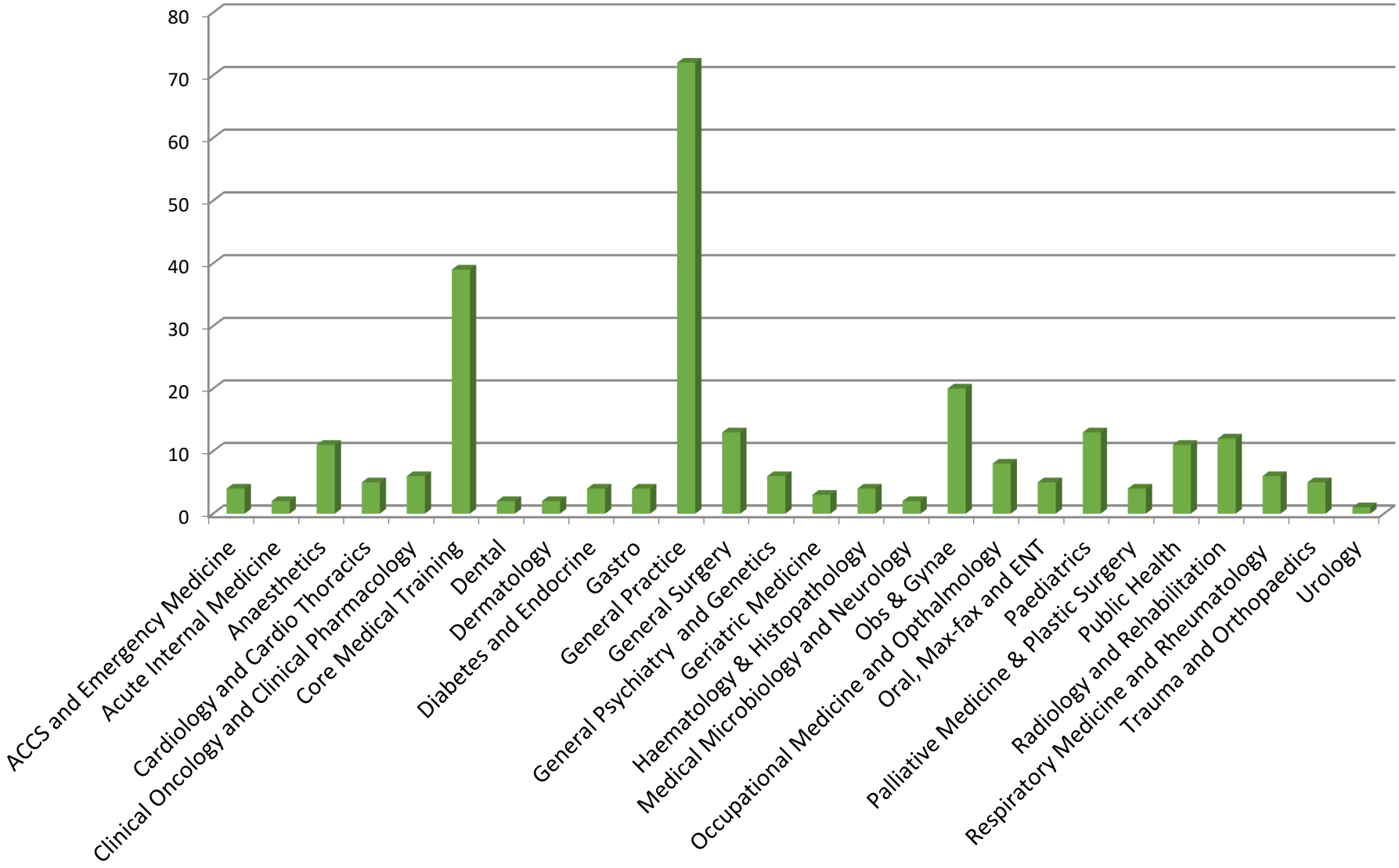
WHAT ARE THE BARRIERS TO REPORTING AND TACKLING UNDERPERFORMANCE?

WHAT ARE THE RISKS AND TO WHOM ?

External services accessed



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



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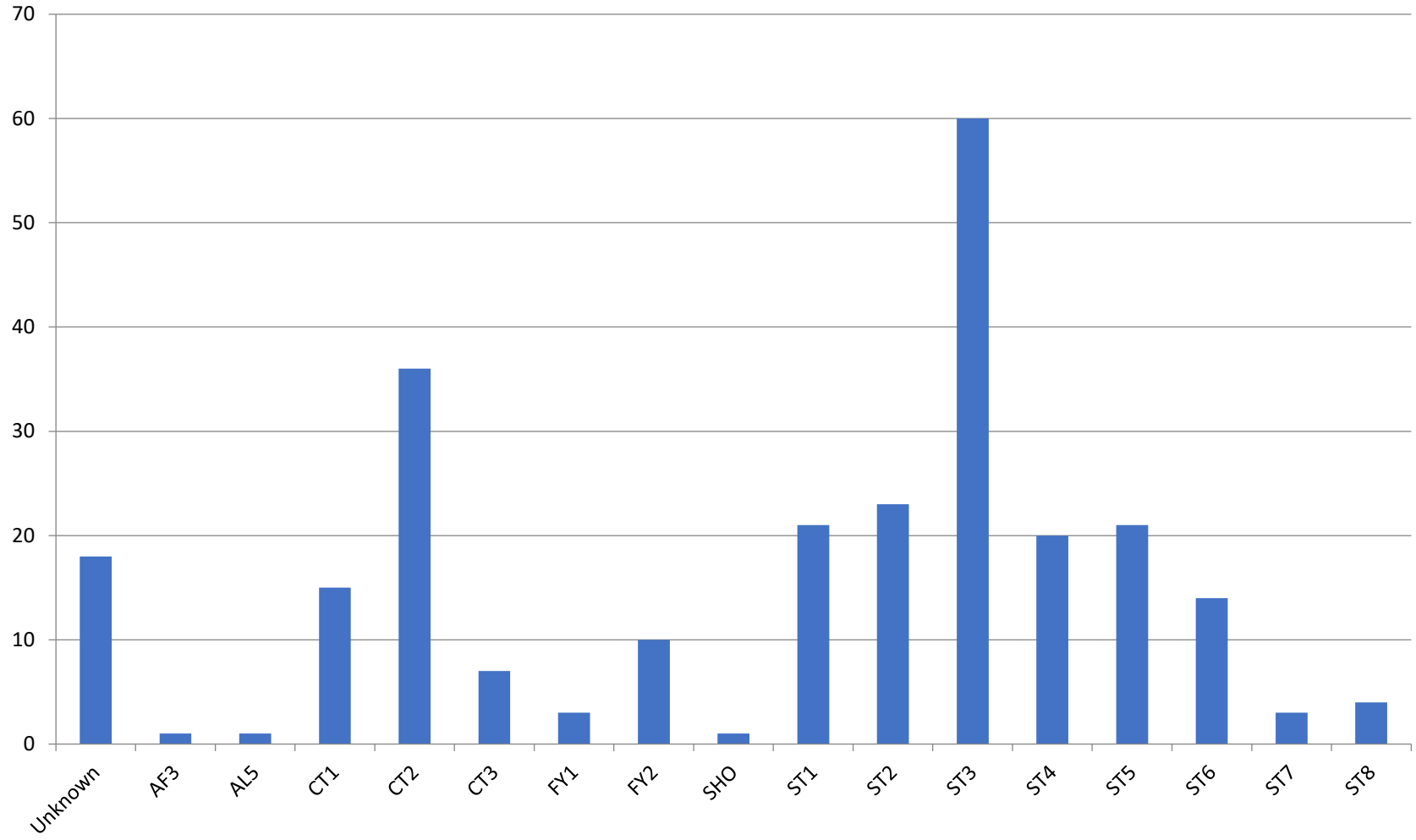
Useful resource one:
HEE EoE PSU

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



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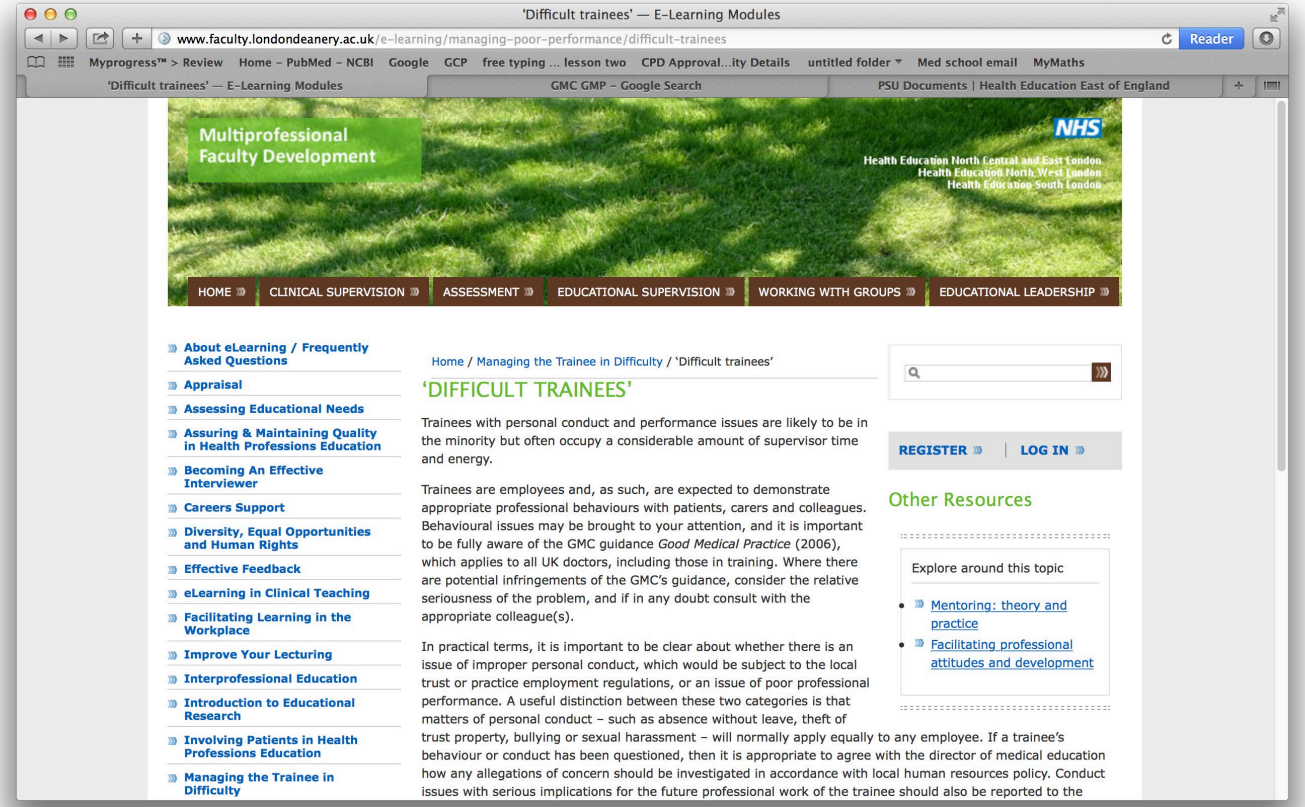
Hints and Tips

- 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



What are the issues?

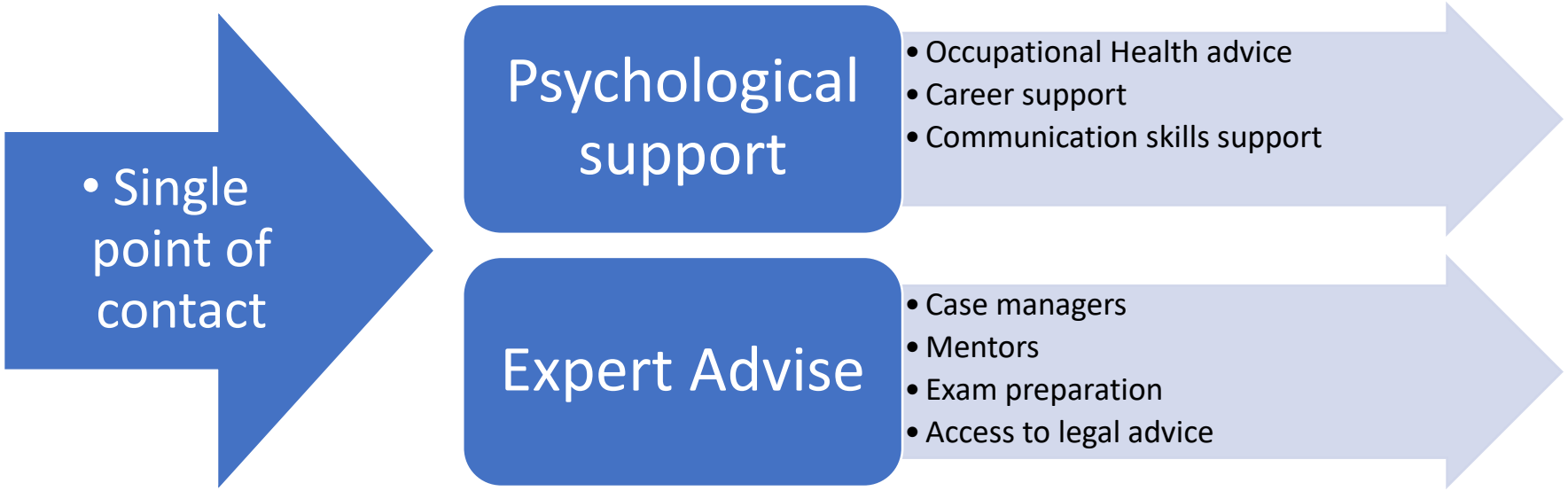
Relate concerns to the 4 domains of the GMC Framework for *Good Medical Practice:*

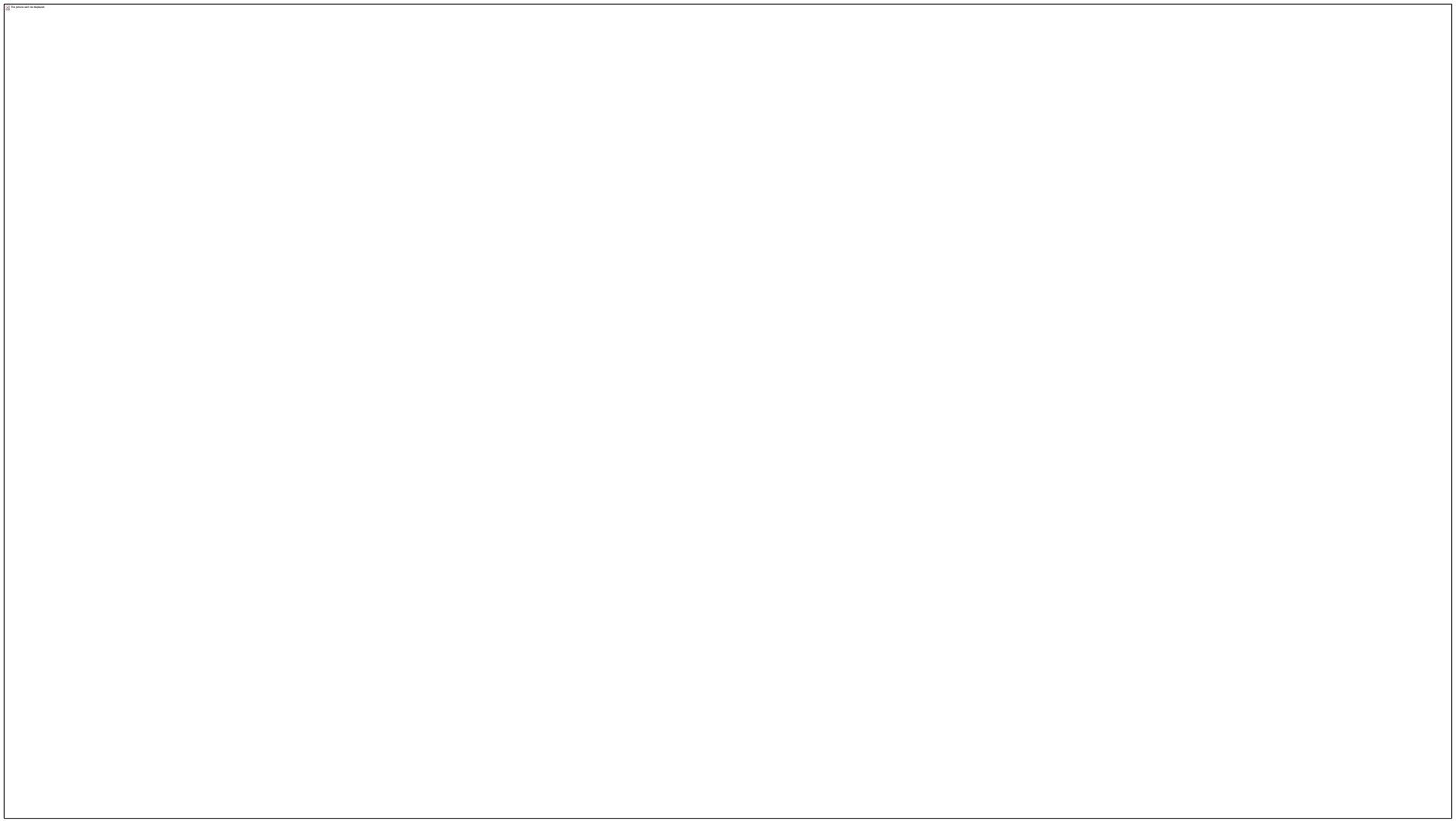
- Domain 1 Knowledge, Skills and Performance;
- Domain 2 Safety and Quality;
- Domain 3 Communication, partnership and teamwork;
- Domain 4 Maintaining trust

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?

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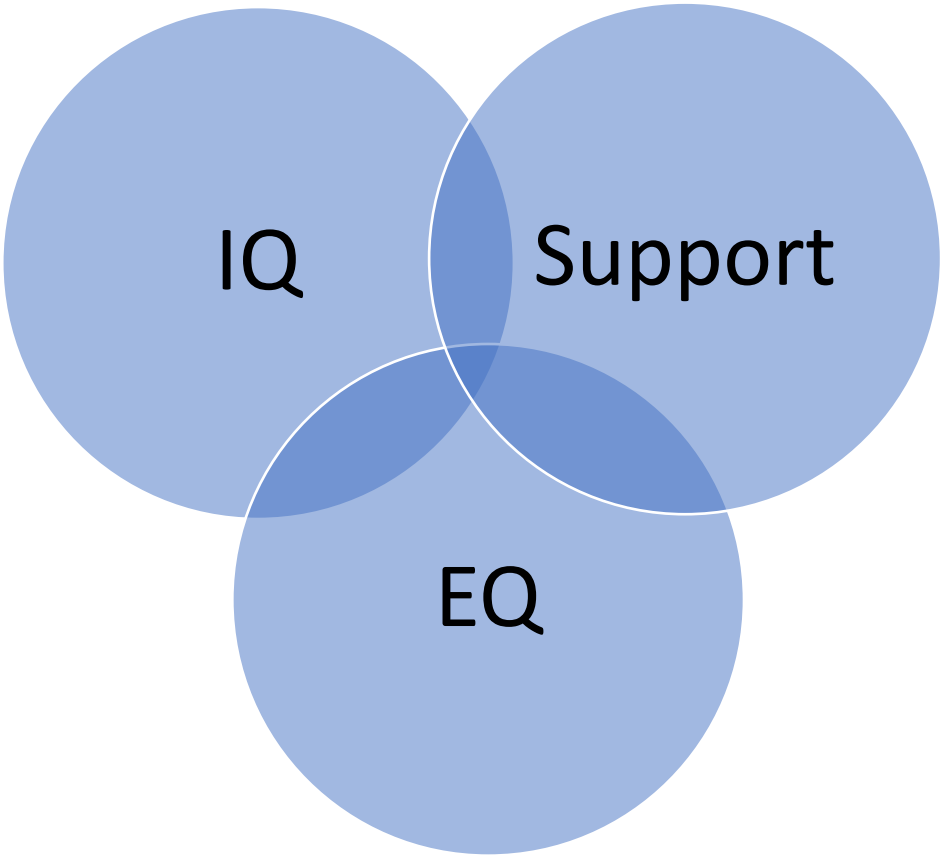
Capacity for Change



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