

Trainee in Needs Importance of the 3 Ds

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TiN definition

A trainee in **NEED** is one whose progress is causing concern or who is not meeting curricular requirements. This may be due to

- ill health
- life events
- difficulties with learning or
- through less than satisfactory professional conduct

Prevalence 6-9%

- Lack of knowledge 48%
- Poor judgement 44%
- Inefficient use of time 44%
- Attitudinal, interpersonal conflict, family stress, psychiatric illness, substance abuse

Aims for the session

Discussion on 3 Ds

- **D**iagnose
- **D**ocumentation
- **D**irection setting
 - Provide formal management plan for TiNs
 - Provide a systematic approach to dealing with these often complex issues

10 minutes

Group discussion

- Work in threes
- Think on case/s encountered
- Share
 - Why you thought there were needs
 - What steps you took to address the issues
 - What you think could have been done differently
 - Where did you seek assistance

7 Key Early Warning Signs of a Trainee in Need/ Difficulty

- **The ‘Disappearing Act’**
 - not answering bleeps/ phones; disappearing between clinic/ Surgery and ward; lateness; frequent sick leave
- **Low work rate**
 - slowness in doing procedures, clerking patients, dictating letters, making decisions, late referrals/ prescription signing, not checking results
 - arriving early, leaving late and still not achieving a reasonable workload.
- **‘Ward Rage’**
 - bursts of temper, shouting matches
- **Rigidity**
 - poor tolerance of ambiguity, inability to compromise, difficulty with prioritising
- **‘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
- **Insight failure**
 - rejection of constructive criticism, defensiveness, counter-challenge

Where does the problem lie?

Teacher

Unsupportive
Overly critical
Unreasonable expectations
Disinterested
Non challenging
Failure to meet learner's needs

Learner

Knowledge
Skills
Attitudes

Work
(e.g. workload, unsupportive staff)
Social
(e.g. marital, financial)
Personal
(e.g. substance abuse, illness)
Training
(e.g. unsupportive STP, lack of guidance)

Environment

Diagnose:

RDM-p approach



Health Education England

The RDM-p model is a diagnostic framework to help guide your support for any trainee

The RDM-p model been adopted by the RCGP as the framework for CSR & ESR

Developed in 2006 by Tim Norfolk

- an independent occupational psychologist
- extensive experience of working with doctors in difficulty

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.

- Problems with building or maintaining *relationships* – with patients, colleagues or others.
- Problems with *diagnostics* – this could relate to gathering or interpreting information, prioritising or decision-making (not just clinical, but in making decisions for other parts of their lives too)
- Problems with *management* – management in this sense relating to organisational management rather than in the clinical sense. Things like organising their work, themselves or others
- Problems with *professionalism* – as in attitude, honesty, integrity or trust.

Case discussion

Violet is an ST3 trainee, has been at the practice for 4 months and has another 8 months to go. She is experiencing problems at home and you've noticed she seems unhappy and unenthusiastic when at work (for example, not following up on learning plans from tutorials and not having CBDs/COTs prepared for sessions you both have previously agreed on).

Video reviews show doctor-centred consultations and as a result she is getting poor patient feedback and received complaints. However, she documents her consultations and deals with paperwork and referrals very well. Having discussed this with her you've also picked up on her difficulty accepting feedback (irrespective of whether it is positive or negative). She makes you feel stressed. She feels everyone is against her.

Although she is always punctual (hardly ever late) she has taken above average sick leave in the last three months alone. In fact she doesn't even inform the senior receptionist about leave until the last minute.

Issues

- problems at home
- seems unhappy
- unenthusiastic
- doctor centred consultations
- poor patient feedback
- patient complaints
- find it difficult to receive positive or negative feedback
- above average sick leave
- **always punctual**
- **good documentation**
- does not prepare adequately for COT, CBD, tutorials
- does not inform senior receptionist about leave till the last minute
- makes me feel stressed
- **generally deals ok with paperwork and referrals**
- feels everyone is against

RDM-p category	The Evidence	Our reasoning/things we want to explore
R- R- R-	Dr centred consultations Poor patient feedback Patient complaints	Making them understand the importance of Pt centeredness/ team working & the explore difficulties in understanding this
D- D-	Sick leave Lack of insight	Has she been accessing her GP or Specialist Does she understand the issues?
M- M- M- M+ M+ M+	Problems at home Unenthusiastic Does not prepare 4 WpBA Always punctual Good documentation Ok with paperwork and referrals	<i>Problems at home usually imply a difficulty in managing one's life.</i> Organisation - People/ Team centeredness
P- P-	Attitude Seems unhappy	'Am I doing what I should be doing?'

Diagnosing the Cause with “SKIPE”

SKIPE defines a set of causal and influential factors, which can affect an individual’s development in any of the three performance domains (Relationship, Diagnostics, Management), and can also affect the professionalism that underpins them

- S – Skills -
- K – Knowledge
- I – Internal Factors - attitudes/values, personality traits/styles and health/capacity
- P – Past Factors - upbringing, cultural and educational roots, experiences in training practices and hospitals
- E – External Factors - relationships, resources and expectations

Evidencing

May start as “gut feeling” but try to evidence with clear statement of areas of concern

Collect evidence from a number of different people (including the trainee):

– **Verbal statements from others:**

- A receptionist might say *‘He’s always late for his surgeries.*
- *Another doctor might say ‘Patients enquires 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 K, S & A**

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

– **Things the trainee has noticed** that they have difficulty with

What do you do with the evidence?

- Examine each piece of evidence
- Step back and review your collated evidence
- Meet with your trainee
 - Let them digest
 - Invite them to comment
- Finally discuss ways of making things better

The approach should parallel the principles of “good Consulting”

- i. Person-centred
- ii. Systematic and thorough
- iii. Fair and respectful

Documentation

- Evidence should be documented
- Meetings must be documented with a copy sent to the trainee for agreeing the accuracy
- Keep a signed (trainer & trainee) copy
- With the consent of the trainee share the report with TPD/ ?AD
- Summary of the report to be added in trainee's e-P under the “Educator’s Notes”

Who should be involved

- GPStR
- Clinical Supervisor
- Educational Supervisor
- GPST TPD
- Clinical Tutor/ DME (if in Hospital post)
- AD
- HR
- Regulatory organisations

Direction setting - Structured intervention

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Directed at the source of the problem (learner, environment, teacher) and to the nature of the problem

- Draw up a learning contract
- Define objectives, communicate expectations
- Additional teaching/support, mentoring
- Counselling, sick leave
- Further information gathering (psychology report, previous teachers, etc.)
- Reduce workload
- Protected time
- Regular feedback on progress against agreed objectives

- Change the environment (training practice etc.)
- Change the trainer

- Dismissal....in association with careers advice, support, constructive feedback etc., etc!

90% of problem learners succeed after structured intervention

Management of underperformance



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- **Knowledge & skills**
 - Needs assessment
 - Focused intervention
 - Assessments/ feedback
- **Ill health will require the involvement of**
 - Trainee's GP
 - Occupational health
- **Unprofessional behaviour may require**
 - Supportive mentoring,
 - Close clinical supervision and
 - Feedback to address and change the beliefs behind the undesired behaviour
- **May involve disciplinary action by**
 - Deanery
 - The employing authority
 - Referral to the GMC.

Contract of educational & performance objectives



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- Regular WPBA
 - CBD every 2 weeks
 - COT every every 2 weeks
 - Video consultations
- Weekly joint consulting session (involve other CSs/ TPDs)
- All learning points to go onto learning log
- All learning objectives onto PDP
- All PDP entries to be SMART
- Self appraise video consultations every 2 weeks and record on e-P
- Regular Progress Reports in “Educator’s Notes”

- Undergo assessment – Ref to PSU
 - Structured assessment/ counselling/ Exam support
 - Occupational Physician
 - Educational Psychologist

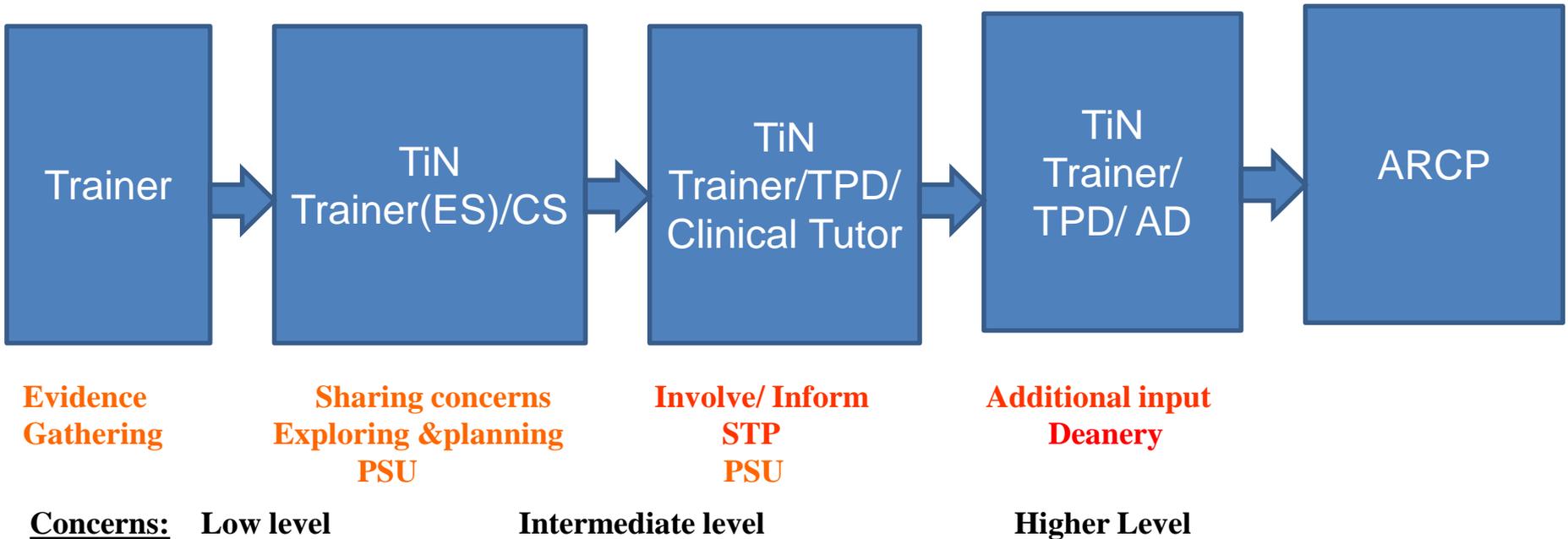
What should be done?

- Inform Partners and PM but no other staff
- Inform OOH organisation Medical Director
- Contract of educational objectives
- More proactive in teaching, rather than reactive - Very specific learning tasks, in small chunks
- More joint surgeries
- Exhaustive record of discussions from structured teaching sessions
- Keep record of all the educational activities

- Challenge more and take less for granted
 - Review consultation records
 - Screen referrals before sending
- Reduce Learner's workload
 - Few home visits/ supervised home visits
- More proactive in seeking feedback from colleagues

- Monthly review of performance compared to agreed objectives
- Documentation in form of daily diary & monthly progress report in the
- “Ed Notes”

Pathways & Process



- Trainees should inform their training programme director and where relevant, their employer if they are the subject of a formal complaint, involved in a serious untoward incident or if they are referred to the GMC.
- If the Deanery or employing body receives information from the GMC concerning a trainee, they should inform the trainee and his / her employer
- Educational Supervisors / College Tutors must also inform the TPD immediately of any trainee whose performance they deem to be sufficiently impaired as to lead to the possible award of an adverse ARCP outcome
- If it is felt that there is a significant risk to patients, the trainee's colleagues; then LE or the Deanery, should modify the trainee's duties in order to reduce that risk; this may involve removing the trainee from the clinical environment

- Takes notice of feedback from others (like consultants and trainers)
- Flag up trainees in needs early and
- Assign someone to follow them up & updating all involved & T-eP documentation

An unsatisfactory ARCP outcome



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May lead to a

- Period of targeted training or
- Requirement to undergo a defined further period of training.
- Additional support may also be identified including
 - Careers support
 - Recommendation for less than full time training
 - Rarely supernumerary placement
- Occupational health and /or specialist referral.

The Deanery will endeavour to provide additional resource to support recommendations

Q & A

