

# Supporting Trainers of "Trainees in Difficulty"

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# **Aims and Expectations**

Why are you here?

and

What do you want to get out of today?



# What we were planning to cover!

- What do we mean by the term, trainee in difficulty?
- Different types of trainee in difficulty
- Understanding of roles and responsibilities
- Supporting and respecting the trainee
- Caring for yourself
- Support we can offer
- Other sources of support
- Other things you want us to cover



# The Trainee in Difficulty

"A trainee in difficulty is failing, for reasons of health, conduct, knowledge or skills, to make progress at the appropriate rate to meet curricular requirements for the relevant stage of training, or who is otherwise causing concern"





# 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"



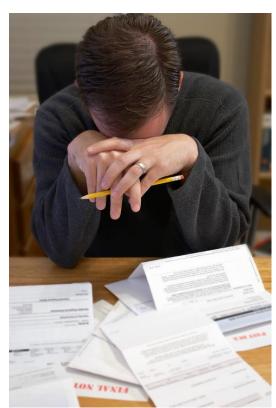
# **Group Work**

- 1. What are the barriers to reporting and tackling underperformance?
- 2. What are the risks and to whom?



# Barriers to reporting/dealing with professional concerns

- 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





# Barriers to reporting contd What the research shows

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



# Types of Concern

- Clinical performance
- Personality and behavioural issues
- Sickness / III health
- Life events
- Training environment



#### Roles and responsibilities: Who's who

- The Trainee
- Clinical / educational supervisors
- College Tutors / DME / TPD / HoS / AD / DD / PGD
- PSU
- The employing organisation
- GMC





# **Important Principles**

- Supportive, fair and consistent approach
- Early identification of concerns
- Early involvement of trainee
- Collate feedback objectively
- Action plan for support and record progress
- Document each stage; keep trainee informed
- Trainer should seek advice and support early Don't work in isolation



# Recognise your limitations

#### You are <u>not</u>:

- 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





#### Who to involve

More senior educators

..... and where appropriate

- Medical Director / HR
- Occupational Health
- Professional Support Unit



### The PSU

- Support for trainees (and trainers)
- Signposting to support services
- Need to maintain confidentiality
- In defined circumstances will escalate to the PGD and then possibly on to the employer's MD, GMC or police



### Bear Traps

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



# Challenging scenarios

- Lack of insight
- Blaming of training environment
- Alleging discrimination
- Claiming to be a whistleblower



#### **Scenarios**





#### Scenario 1

You are the ES of a trainee who is not progressing or engaging with the portfolio despite your best efforts

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



# **Coping Skills**

You already have them! from coping with clinical work
How do you cope with a patient who is not getting
better?

You are only 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 longterm



#### Scenario 2

The same trainee says the underperformance is because the training environment is poor; workload too high, can't get to clinic, not enough opportunistic teaching etc

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



# **Coping Skills**

Again what would you do if this were a patient

#### For a trainee:

- 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



#### Scenario 3

You refer the trainee to the PSU and they decide to move the trainee to another Trust. When you ask why, the PSU say it's confidential

- What are your thoughts and emotions now?
- Do you think the PSU could support you more?
- If so, how?



#### Resilience in this context

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



# Resilience exercise



#### Scenario 4

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

How can we support you?



#### **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



#### **Scenario 5**

- You are the ES of a very difficult trainee with attitudinal problems; you think you're doing the best you can, but the trainee has made 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 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





# Key messages



- Be fair, consistent and objective
- Know your role and responsibilities
- Know how and who to contact for support
- Ensure trainee is supported too

