Trainees in Difficulty

Brendon O’Leary
(with thanks to Claire Giles and Janet Rutherford)
TiD definition

A trainee in difficulty 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.
Trainees in Difficulty

• Don’t assume that a trainee who *performs* badly is a bad trainee........

• The trainer needs to be humble enough to explore their own potential role in this
Identifying the struggling trainee

- RDMp helps identify problems with **PERFORMANCE**
- SKIPE is a framework that can be used to help identify **CAUSAL/INFLUENTIAL FACTORS**
Where does the problem lie?

Teacher
- Unsupportive
  - Overly critical
  - Unreasonable expectations
  - Disinterested
  - Non challenging
- Failure to meet learner’s needs

Learner
- Knowledge
- Skills
- Attitudes

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

Steinert 2008: BMJ 336, 150-153
relate to someone, diagnose their needs, manage the process, and at all times ensure you act professionally.

Tim Norfolk
Evidencing

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

Collect evidence from several sources:

– Verbal statements from others:
– Written statements from others:
– Things you have noticed: This may be K, S & A
  • Record the specifics of the event.
– Things the trainee has noticed that they have difficulty with
Trainees in Difficulty – Looking for the Cause

<table>
<thead>
<tr>
<th>SKIPE</th>
<th>[ PERFORMANCE ]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAST FACTORS</strong></td>
<td><strong>CURRENT FACTORS</strong></td>
</tr>
<tr>
<td>PERSONAL HISTORY</td>
<td>WORK ENVIRONMENT</td>
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<tr>
<td>- upbringing/culture etc.</td>
<td>- training &amp;/or practice</td>
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<td>- primary relationships</td>
<td>- relationships</td>
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<td>- other significant influences/experiences</td>
<td>- resources</td>
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<tr>
<td>PROFESSIONAL HISTORY</td>
<td>non-work environment</td>
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<tr>
<td>(medicine)</td>
<td>- home &amp; social life</td>
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<tr>
<td>- medical education &amp; training</td>
<td>- relationships</td>
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<tr>
<td>- medical experience</td>
<td>- resources</td>
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<tr>
<td>PROFESSIONAL HISTORY</td>
<td>non-medicine</td>
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<tr>
<td>(non-medicine)</td>
<td>- responsibilities</td>
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<tr>
<td>EXTERNAL</td>
<td>INTERNAL</td>
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<tr>
<td>(i.e. interacting with the individual)</td>
<td>(i.e. acting within the individual)</td>
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<tr>
<td>WORK ENVIRONMENT</td>
<td>ATTITUDES</td>
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<tr>
<td>(training &amp;/or practice)</td>
<td>(via values/beliefs)</td>
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<tr>
<td>- relationships</td>
<td>PERSONALITY</td>
</tr>
<tr>
<td>- resources</td>
<td>(traits/attributes)</td>
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<tr>
<td>- workload</td>
<td>HEALTH &amp; CAPACITY</td>
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<td>- systems etc.</td>
<td>(physical/mental)</td>
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<td></td>
<td>(current/long-standing)</td>
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<tr>
<td>NON-WORK ENVIRONMENT</td>
<td>SKILLS</td>
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<tr>
<td>(home &amp; social life)</td>
<td>(including insight)</td>
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<td></td>
<td>KNOWLEDGE</td>
</tr>
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<td>current level of competence</td>
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current frame of mind
(i.e. alertness, mood, motivation etc.)

Performance = current level of competence
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• Skills and Knowledge
  – Don’t jump off into deeper issues until the ‘SK’ issues have been properly tested.”
  – BUT we tend to concentrate on ‘SK’ as we are more familiar with that and ignore other factors.
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Discussions with the trainee
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Discussions with the trainee
• Keep open and non-judgemental
• Establish an equal relationship based on honesty and respect
• Avoid assumptions
• Consider learning styles
• Include the trainee’s perspective, not just the evidence you have gathered
• Explore their goals
• Use motivational interviewing
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Ways to achieve an adult-adult relationship
Trainees in Difficulty – Looking for the Cause

Ways to achieve an adult-adult relationship

• Establish a safe environment – comfortable, open and honest
• Start low and go slow
• Build an accurate picture together
• Validate feelings and explore specifics before suggesting a trainee’s perceptions needs ‘adjusting’
• Encourage reflection and self-evaluation
• Develop a joint management plan
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Preventing Conflict
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Preventing Conflict

• Ensure good feedback skills
• Establish the supportive purpose of the session
• Build rapport initially by stressing the positives
• When moving onto a trickier area, explore the trainee’s perspective initially, avoid judgemental words, use Socratic questioning
• Watch verbals and non-verbals
• Tread carefully, be sensitive and validate feelings
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SID Framework

- **S** = Share your concerns
  - Colleagues, TPD, Deanery
- **I** = Involve the trainee
  - Always 2 sides to a story
- **D** = Document
  - Detailed, factual, accurate, relevant, objective and justifiable.
  - Use descriptive, specific and non-judgemental language
Coming up with a plan:
Poor Knowledge
Coming up with a plan: Poor Knowledge

- Identify if general or specific
- Get the trainee to evaluate their own knowledge using Curriculum Self-assessment rating scale, MCQ websites, PEP etc
- Do lots of RCA
- RCGP Essential Knowledge Challenge
- Get them to help out in nurse-led chronic disease clinics
- Look at the AKT feedback as well as their results
- Consider an AKT course
- Consider small study groups to share the work
- Cram stats
Coming up with a plan: Poor Motivation
Coming up with a plan: Poor Motivation

• Stephen Covey’s *The Seven Habits of Effective People* – find out what the trainee sees themselves doing in the future
• NLP – core values and the wheel of life
• Motivational interviewing
• Role modelling – share with them how you deal with your own difficulties
Coming up with a plan:
Constantly Uncertain/ Can’t Make Decisions
Coming up with a plan:
Constantly Uncertain/ Can’t Make Decisions

• Explore complexity theory – competence, capability, complexity, certainty and chaos
• Encourage them to explore ICE with the patient
• Encourage them to discuss dilemmas with pts and aim for shared decision making
• Don’t give them the answers every time they ask – facilitate them finding the answer themselves
• Encourage them to start learning in a non-linear way
Coming up with a plan: Lacking Confidence
Coming up with a plan: Lacking Confidence

• As before, but a bit more!
• Establish where they are on the transition curve
• Make sure they have enough clinical experience with effective feedback
• Encourage reflection
• Encourage them to find answers for themselves
• Encourage them to discuss their anxieties with their peers
Coming up with a plan:
The Muddly Consulter
Coming up with a plan: The Muddly Consulter

- Establish an agenda and encourage screening
- Signpost and summarise
- Work on systematic problem-solving skills
- Video regularly, stop a consultation every 2mins ‘What was going on in your head then?’
- Joint surgeries, taking turns to lead, making your reasoning explicit
- Create some discomfort by shortening their consultation timings
Coming up with a plan: Common Themes

- Review your approach regularly
- Ensure pt safety, *and be explicit about that*
- Debriefs, nominated supervisor for every surgery
- Regular random case analysis, videoing, joint surgeries
- Role play as a way of reinforcing altered behaviour
- Increase number CBDs and COTs
- Give praise where due and be prepared to challenge too
- Encourage reflection and self-evaluation
- Timetable regular reviews
- Talk, talk, talk and share your concerns with others
- DOCUMENT