Trainees in Difficulty
How to Support Trainees

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Aim

To improve confidence and skills in constructively:

- supporting trainees
- addressing concerns
• Poor behaviour, which can include unpredictability, irritability, aggression, arrogance and hypersensitivity, can result in poor conduct including a failure to abide by organisational rules, poor team relationships and leadership, withdrawal or non-participation and a failure to comply with reasonable management requests.

• Behavioural issues can also put patient safety at risk.
Handling concerns about a practitioner’s behaviour and conduct

An NCAS good practice guide

Managing Trainees in Difficulty

(version 3)

Practical Advice for Educational and Clinical Supervisors

October 2013

NACT UK: Supporting Excellence in Medical Education
Principles

1. Early **identification** of problems and interventions is essential
2. Establish and clarify circumstances and **facts** – many sources if possible
3. Explore **cause(s)**
4. **Diagnose** and find **remediation**
5. **Document** clearly

- Updated from original published in 2008
- Increasing importance of ethnic and cultural dimensions
NACT UK Document Diagnostic Framework

1. Trigger event or incident
2. Investigate
   If serious then define the problem
3. Decide if individual or organisational issue, or both
4. Consider:
   1. Does it matter?
   2. Can they normally do/handle it?
   3. If yes, then why are they not doing it now?
Early signs

1. Rigidity
2. Ward Rage
3. Disappearing Act
4. Bypass Syndrome
5. Poor decision making/poor judgement
6. Career problems
7. Insight failure

1. Rigidity

- Difficulty recognising when corners must be cut/Unwillingness to compromise
- Difficulty in prioritising
- Problems in dealing with ambiguity and uncertainty
- Tendency to reject constructive criticism or get defensive
2. Ward Rage

- Flare-ups and inappropriate disagreements with colleagues
- Rows with nurses – reacting adversely when decisions are questioned
- Inappropriate confrontations with patients
- Complaints and counter-complaints
- Real rage
3. Disappearing Act

- Arriving late, leaving early
- Excessive casual sick leave
- On-site but can’t be found
- Bleep “broken”/“lost”
- Asking colleagues to hold bleep for an hour
- Not to be found in a crisis
4. Bypass Syndrome

- Patients ask to see a different doctor
- Nurses call senior colleagues first
- Junior colleagues go over the head or behind the back of the doctor
- Peers avoid being on duty with the doctor
5. Poor Decision Making or Poor Judgement

- Work rate seeming slow compared to colleagues
- Arriving early, staying late and still not getting a reasonable workload done
- Lack of confidence in own judgment/decisions
- Decisions made to avoid confrontations
- Decisions made with no clear line of reasoning
- Hasty judgments without considering all the facts
- Not knowing when to take advice/Unwilling to seek advice/Failure to recognise limitations
6. Career Problems

Why am I here?  
I wanted to be a florist

- Having difficulty with exams
- Feeling uncertain or disillusioned
- Indecision about the future
7. Insight failure

- Rejection of constructive criticism
- Defensiveness and counter challenges
- Unaware of personal impact
- Refusal of responsibility
8. Lack of engagement in educational processes

- Fails to arrange appraisals
- Delays workbased assessments until last minute
- Reluctant to complete portfolio
- Little reflection
The Performance Triangle

- Work & Home: Environment
- Clinical knowledge and skills
- Health
- Behaviour

Adapted from NCAS
The Trainee in Difficulty

- Clinical performance
  (knowledge, skills, communication)
- Personality and behavioural issues
  (professionalism, motivation)
- Sickness/ill health
  (personal/family stress, career frustrations, financial)
- Environmental issues
  (organisational, workload, bullying and harassment)
Who does what? Who needs to know?

**NHS Hospitals**
- Medical Director
- Clinical Director
- HR dept

**Postgraduate Medical Trainees**
- Directors
- Medical Education
- Clinical/Specialty Tutors
- Educational Supervisors
- Clinical Supervisors

**Deanery**
- Postgraduate Dean and Assoc Deans / Managers
- Heads of Schools
- Training Programme
- Trainee Support Team
- Educational Development Team
Serious Signs

- Issues around professional conduct e.g. confidentiality, research, improper relationships
- Competence or performance issues e.g. serious single mistake, poor communication, poor clinical results
- Significant health problems – mental or physical, substance abuse
Grave and significant matters

- ‘Gross’ misconduct – see Trust/Practice codes for these – e.g. harassment of colleague or patient
- Issues around personal conduct e.g. theft, fraud, assault
- Serious/highly significant clinical or professional misbehaviour or mistreatment of patient
How to run a meeting when concerned

1. Introduce meeting and purpose
2. Clarify confidentiality and time
3. Identify & agree the problem with the individual (incl. feedback and discussion)
4. Establish reasons for shortfall or difficulties (diagnosis)
5. Discuss & agree required action (the action plan)
6. Discuss resourcing of the action plan
7. Agree how to monitor & feedback progress
8. Document the session (open, agreed)
Clear documentation vital

1. Record good and poor performance
   - Enough info to guide an outsider

2. Make prompt file notes
   - Stick to facts. Evidence based not subjective
   - Quote verbatim
   - Only work info – unless mitigating & agreed
   - Meeting details: length, venue & participants
   - Be balanced
   - Include trainee’s comments

3. Be open
   - Records accessible and relevant, in-date and concise

4. Fair references

5. Locums too

Sourced from NCAS -
www.ncas.npsa.nhs.uk/toolkit/documenting
How should we give feedback?

How do we like to receive feedback?
Giving Difficult Feedback

1. Begin constructively and show empathy
2. Review specifics/incidents
3. Have facts and evidence
4. Challenge beliefs
5. Use reflective statements and reframing
6. Suggest other perspectives
7. Ask learner to accept responsibility
8. Name any resistance and negativity
9. Pull solutions from the trainee
10. Negotiate solutions
11. Set focused goals
12. Arrange review meeting and record
Key Overarching Principle

You genuinely WANT to help the other person’s professional growth
Receiving Feedback

1. In private & in confidence
2. Review specifics/incidents
3. Timely, as close to event as possible
4. Have opportunity to put our perspective
5. The giver is open and non-judgmental
6. The giver does not tell us what to do
7. The giver treats me as an adult and not a child
8. Time for discussion
9. We can devise our own action plan & solutions
10. Balanced so get some positive feedback too
Key Overarching Principle

The other person genuinely WANTs to help me move forward; and comments on both good and less good aspects of my behaviour - builds my self-awareness & self-confidence
Summary - what should the Educational Supervisor do?

- Prevention is better than cure
- Early identification, ask the question!
- Tackle early - *only gets worse!*
- Information is key – multi-source & keep good records
- Involve others early on & refer onwards as necessary
- Create a development plan with follow up
- Follow Hospital & Deanery procedures & use NACT UK guidelines
References

2. Knights & Kennedy 2006 Dysfunctional tendencies in medical students
7. NACT UK Managing trainees in difficulty – practical advice for educational and clinical supervisors, January 2008
8. NCAS Back on Track Framework October 2008