



Supporting Trainees in Difficulty

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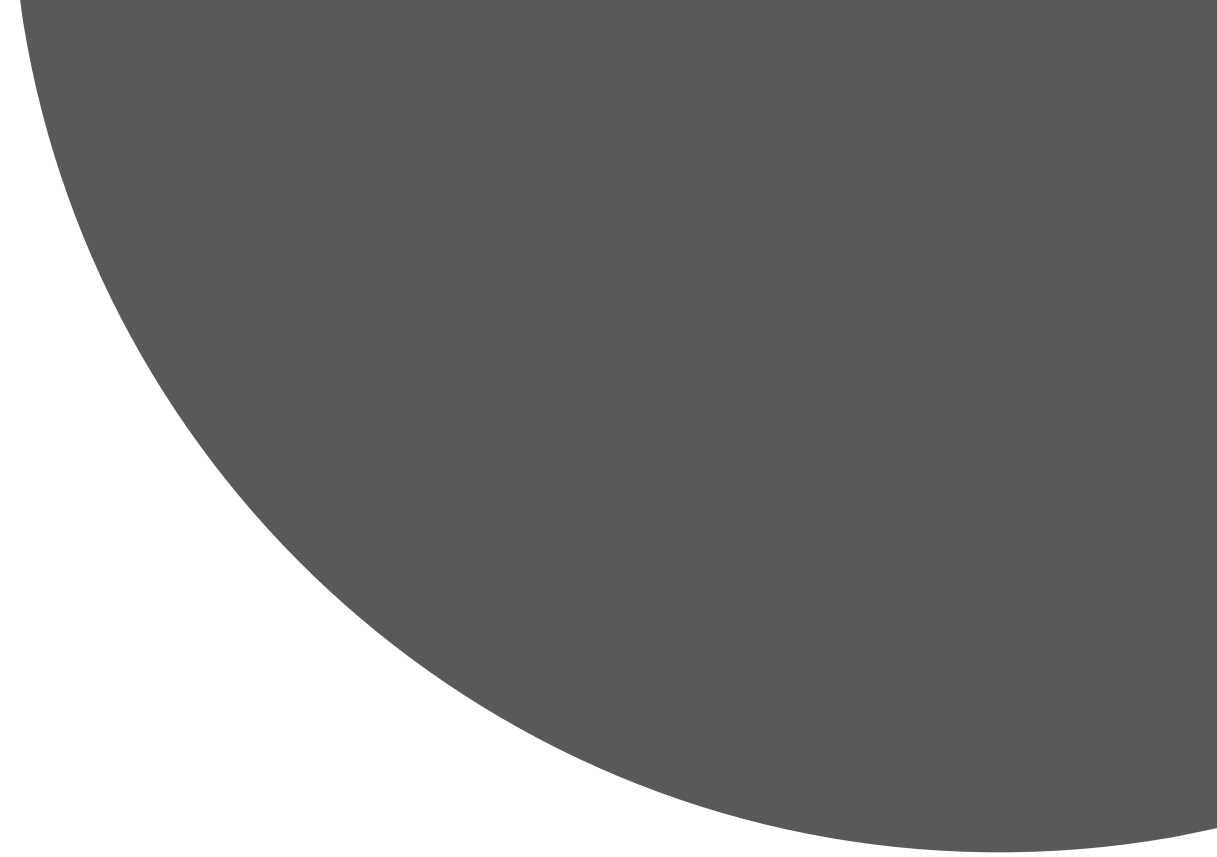
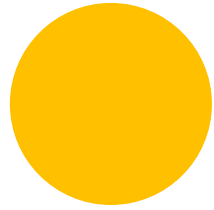
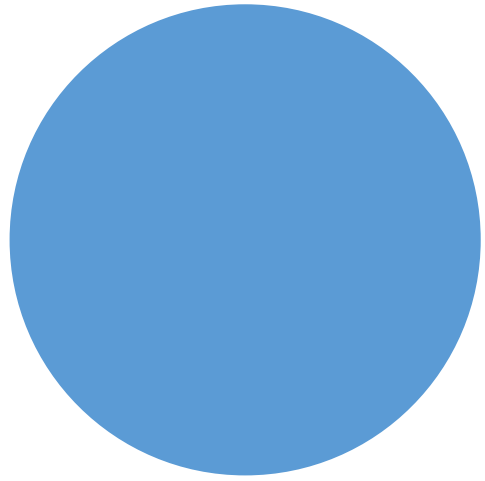
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Plan for this
workshop

Creating 'Learner
Friendly' Teams

Case Vignettes and
Group Discussion

Supporting Trainees in
Difficulty



Prevention is better
than cure



Creating a Learner Friendly Work Environment

- Moore and Kuol (2007) analysed students' recollections of excellent teaching; these included interest, positive affect, humour, fun, enjoyment, enthusiasm, commitment, dedication and compassion.
- ***'who a teacher was with their students'*** was more relevant in the recollection of good learning experiences than ***'what a teacher did with his/her subject'*** .

- Trainees are new to team working and may be overwhelmed by 'organisational' environment:

As organisational members, we learn to collaborate, influence, negotiate, motivate, and achieve results through our interaction with others, all of which can be highly charged with emotion (Turnbull, 2000).

- Induction to the Trust AND Induction to the MDT vital: trainees need support in understanding team dynamics/multi-disciplinary working.

Supervision:

McKimm (2009) suggests building in 10 minutes of 'talk time' at the beginning or end of supervision.

Trainee is invited to talk about any personal issues that may be causing concern.

This approach acknowledges the interplay between 'work' and 'life'.

Developmental conversations: Sharing Our Stories

What has enabled you to survive and thrive in your career?

Vulnerable Periods in Trainees Careers

- educational challenges, exams, revision or anxiety concerning career decisions
- Work pressures, lack of team support/unhelpful team dynamics
- unfamiliarity, inexperience
- personal health problems/sickness within the family
- personal relationship difficulties/ domestic pressures
- cultural isolation, culture shock (e.g. overseas graduates)

Trainees in Difficulty

To be differentiated from a Difficult Trainee!

What is a 'trainee in difficulty'?

- 'A learner who does not meet the expectations of a training programme because of a problem with **knowledge, attitude or skills**'

Steinert (2008) BMJ 336 150-153



7 Signs of a Trainee in Difficulty

Paice 2006



THE DISAPPEARING ACT: not answering beeps; lateness; sick leave; going missing between clinic /ward



LOW WORK RATES: slowness at procedures/decision-making/report writing; coming early and staying late



WARD RAGE: temper outbursts when decisions questioned; shouting matches with colleagues/ patients; imagined slights



RIGIDITY: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle-blowing'



BYPASS SYNDROME: junior colleagues /nurses finding ways to avoid seeking their opinion or help



CAREER PROBLEMS: difficulty with exams; uncertainty about career choice; disillusionment with medicine



INSIGHT FAILURE: rejection of constructive criticism; counter-challenge; defensiveness

Three case studies:
Sophie,
Martin and
Sam

1) What is happening?

- What are the signs that this is a trainee in difficulty?

2) Why is it happening?

- Training Issue?
Personality/Behavioural
- Health
- Environment: local/training

How could
you support
these trainees
as their...

- Clinical supervisor
- Educational Supervisor?

Case 1

- Sophie was the 'mum' of her friendship group in medical school – always the first to notice when someone was upset;
- Now working as CT 1 in a psychiatry assessment unit away from her FY placements. Everyone is very slick, and the team manages high patient turnover efficiently. They seem to have a well-established social group that she doesn't feel part of at all.
- Sophie is regularly calling in sick on the morning of her shift, complaining of an upset stomach, migraine and other self-limiting illnesses. She's often late to handover, disappears from ward for brief periods and sometimes doesn't respond to bleeps.
- When other junior doctors point out that they have been doing their tasks for her, Sophie gets defensive, insists she is pulling her weight and complains to her Clinical Supervisor of feeling bullied.

Case 2

- Martin was consistently in top decile at medical school – assignments were always submitted on time and assessments prepared for diligently.
- During his first CT1 job, a patient he had clerked, died by suicide soon after admission. He found the SI investigation very difficult.
- Now he is in his 2nd CT post. He takes longer than others to complete tasks e.g. re-writing prescription charts, filling out discharge summaries. He displays meticulous attention to detail, keeps checking dosages in BNF (even for very common prescriptions), always asks seniors to check his work. As a result, he sees significantly fewer patients than his colleagues.
- The ward is well managed by a respected team of experienced, caring senior doctors and MDT. Objectively there is a very low rate of SI's. However, Martin complains colleagues are 'cutting corners and patients' are at risk.

Case 3

- Sam's mother always wanted him to be a doctor and sacrificed a lot to support him through medical school. She gets angry with him when his academic performance dips; he works hard to live up to her expectations.
- Sam is now a CT in psychiatry. He has a bad reputation with the FY doctors /nurses. Almost everyone has a story about a time Sam has shouted at them. Junior nurses have started to ask FYs to pass on messages to Sam, rather than bleeping him. FYs have started contacting the ST/ Consultant with questions about patient care.
- Sam took two attempts to pass MRCPsych Paper A, and has not passed his paper B. He is a CT 3 trainee and is running out of time...



***BREAKOUT
SESSION***



Case Studies

- Case 1 (Sophie) disappearing act and insight failure
- Case 2 (Martin) low work rates and rigidity
- Case 3: (Sam) ward rage, bypass syndrome, career problems

Supporting a trainee in difficulty



Why is it important to help?

Improved patient safety

Impact on the individual, who has invested many years in training

Impact on their team, who may become demotivated

Each failure reduces trainee confidence, reflects to an extent on the trainer/s and strains budgets with extended training requirements

- Trainees in difficulty will require advice and guidance from a range of people, as will their supervisor!
- Keep contemporaneous records of all encounters with the trainee in accordance with employer, 'deanery' and professional body guidelines.
- Use WPBA **diagnostically and be explicit** about labelling all causes for concern and that these are recorded. Is this a problem with ***Knowledge, Skills or Attitude?***
- Ensure feedback is explicit and based on observable behaviours, with specific suggestions for improvement (Be SMART!)

Effective Feedback

Planned, considering
the place, timing and
environment

Explicit-orientate
trainees to process

Descriptive
Specific
Honest

Focus on behaviour,
not personality

Incremental
Challenges

Promote
opportunities/varieties
of tasks

Verified by the
recipient

Trainees should learn
to give and receive
feedback

Trainer

- Know your structures- CS/ES support, involve TPD, Head of School, etc?
- Occupational Health/ Human Resources/HEE/GMC- remember, ***you cannot be their doctor.***
- Contemporaneous records important as trainees move jobs frequently.
- ARCP panels need to be aware of the issues to support trainees better.

Trainee

- Ask for support!
- Meet with Mentor, CS, ES and TPD as appropriate
- Professional Support and Wellbeing unit/Staff Health Services
- Using reflective practice as a method to learn and grow in difficult clinical situations.
- Address physical or mental health problems head on!

Questions, Comments?

