Introduction

At some point in their career, most medical professionals will find themselves in a situation where their professional performance is questioned in some way. In the majority of cases, the individual recognises the problem and is able to address it and reach a satisfactory solution. Each year however, a small number of trainees will find themselves facing difficulties which they either fail to recognise or acknowledge, or which for a variety of reasons they are unable or unwilling to seek help for.

The purpose of this document is to raise awareness of the initial steps to be taken when educational supervisors find themselves faced with a trainee in difficulty. It is not intended to be a comprehensive guide for the management of what can be very challenging situations for trainee and trainer alike. It should also be remembered that junior doctors are subject to the same disciplinary rules as other employees within the Trust and this guidance is designed to complement, not replace, standard Trust performance procedures.

In the majority of cases, a performance issue with a trainee is usually regarded as a training matter and often can be managed between the trainee and trainer. It is difficult to predict however when a situation which at first glance appears relatively minor might turn out to be the first sign something more complicated. For this reason it is very helpful to start documenting as early as possible. We are fortunate in having within the Trust a number of trainers who have considerable expertise in helping trainees in difficulty. The Education Centres are there to support trainers and can help them identify the most appropriate course of action.

There are a number of stages in managing a trainee in difficulty and a couple of possible difficulties to overcome.

- Identifying that a problem exists
- Managing the workplace to ensure a safe environment for patients, the trainee and other staff
- Identifying the cause of the problem
- Supporting the trainee in finding a solution

Two difficulties in managing trainees in difficulty

For trainees
- Not having insight

For supervisors
- Not having documentation
Identifying a doctor in difficulty

Spotting a trainee in difficulty is not always easy. When a trainee first joins a team, any initial concerns are frequently attributed to ‘settling in’. By the time a problem is recognised, it’s usually time for the trainee to rotate to their next post and the opportunity to intervene has been missed. In some cases there may be a behavioural element to a trainee’s difficulty. As a result, it is relatively unusual for only one person to be aware of a problem, although others may not have voiced their concerns. Signs of a trainee in difficulty may include:

- Anger
- Rigidity/Obsessionalism
- Emotionality
- Absenteeism
- Failure to answer bleeps
- Poor time keeping or personal organisation
- Poor record-keeping
- Change of physical appearance
- Lack of insight
- Lack of judgement
- Clinical mistakes
- Failing exams
- Reluctance to participate in the educational process
- Discussing a career change

Communication problems with patients, relatives, colleagues or staff?

Comments or complaints from patients or staff about:

- Bullying
- Arrogance
- Rudeness
- Lack of team working (e.g. isolation; unwilling to cover for colleagues; undermining other colleagues; (e.g. criticising or arguing in public/in front of patients)
- Defensive reactions to feedback
- Verbal or Physical Aggression
- Erratic or Volatile behaviour

It can’t be stressed how important it is to start documenting as early as possible. Particularly where other staff have reported concerns, it is very helpful to encourage them to commit their thoughts to paper.

One of the difficulties in collating such information is that complaints tend to be phrased in terms of the individuals opinion of the trainee. What is actually required is to document the behaviour that led to that opinion. It is much easier to engage with a trainee when it is possible to describe behaviours that they have exhibited, and in particular when it is possible to identify for them particular instances when such behaviour has caused concern for other staff/patients.

For example:

Opinion – He’s very arrogant
Behaviour – On Monday morning, he/she paid no attention to the views of other members of the team when seeing Mr X on the ward round

Summary
  Don’t dismiss early warning signs
  Seek the opinion of other staff members from different staff groups
  Ensure the trainee is aware that concerns have been raised
  Start documenting early
  Describe behaviours – Avoid judgements
  Give specific instances of unacceptable behaviour / performance
  Provide feedback as soon as possible after an event and follow up in writing

Appendices 1 and 2 provide an aide memoir of the steps to be taken in the early stages of managing a trainee in difficulty.
Managing the workplace

The first priority in any situation is to ensure patient safety. This will require an assessment of the trainee’s ability to continue working safely in their particular role.

* How closely do they need to be supervised
* Which components of their job require them to work without direct supervision (e.g. on-call commitments)
* Are they safe to continue prescribing

In addition, thought should be given to the impact on the team and also the impact of the team on the trainee

* Are other members of the team ‘carrying’ the trainee
* Can they be relied upon
* Is a dysfunctional team part of the problem

In all this it is also worth bearing in mind that the trainee has a contract of employment which gives them both certain responsibilities as well as certain rights. Any suggestion of a change in the work of a trainee (e.g. suspending from on-call duties) must be discussed with medical staffing in the first instance. It would be hoped that the Education Team would also be involved before a situation escalated to this degree.
Identifying a cause

Having identified that a problem exists, the next step is to determine the underlying cause so that the situation can be managed in the most appropriate way. It may well be that there are multiple contributing factors. Some common themes to consider are:

- Ill health – physical or mental
- Drug / alcohol abuse
- Family difficulties – e.g. the birth of a child
- Language barrier
- Attitudinal / personality problem
- Financial difficulties
- Relationship problems
- Poor interpersonal skills
- Lack of knowledge
- Lack of confidence
- Poor role models
- Cultural background
- Bullying / harassment (not just from senior medical staff!)
- Dysfunctional team working

Ill health, either physical or psychological, is a particularly important cause to consider. As a profession we are notable for our reluctance to admit to our own illnesses and to seek the appropriate support and treatment. Health problems should always be suspected when a trainee who has been performing satisfactorily is noticed to change. In reality, trainees are with individual trainers for such short periods that a distinct change may not be noticeable, but training committees undertaking regular reviews of trainees may be in a position to pick this up if there is change in the quality of assessments a trainee is receiving. Where health matters are suspected of being relevant to a trainee’s performance, Occupational Health should be contacted for further advice.

It is at this stage that the supervisor needs to sit down with the trainee to discuss the concerns. Although this can be an uncomfortable experience for both trainer and trainee, in the long term the sooner it is done the better. The meeting should be held in a confidential environment with sufficient time set aside.

Some trainees will have been aware that they have a difficulty but will have been reticent about seeking help for fear of appearing to be failing. They may therefore welcome the opportunity to discuss the situation and be willing to accept support in resolving the issues.

On the other hand, the trainee may appear to deny that a problem exists. It is not uncommon for a trainee to lack insight into the situation and this can be a very difficult situation for the supervisor to deal with. The situation can arise however where a trainee appears to lack insight, but in fact is very much aware of a problem but is unable/unwilling to admit to it in front of a senior colleague. In this context, it is
important to consider cultural influences, in particular the openness with which difficulties can be discussed.

In the early stages following the identification of a problem, it may be difficult to identify the underlying cause/causes. In these circumstances, we would very much encourage supervisors to contact the education team for support and guidance. We can provide access to a variety of tools and help with their use e.g.

- Multi-source feedback
- Case based discussion
- mini-CEX
- OSATS
- Video interview facilities

Occasionally, a trainee may continue refusing to accept that a problem exists, or the problem may be such that a formal disciplinary approach is required. It is for these situations that it is essential to ensure proper documentation is maintained. Wherever possible, written statements should be obtained from staff who have raised an issue. It can also be valuable to solicit statements from other members of staff as corroboration. Seeking the views of the multidisciplinary team can often produce fresh insights into a situation as well as supporting the supervisor against suggestions of a ‘personality clash’ etc.

Having met with the trainee, it is essential to document the meeting. The checklist in Appendix 1 gives an idea of the information required in the notes of such a meeting. It is important that the trainee is provided with a copy of the notes both as something for them to reflect upon and to ensure that they are aware that a concern exists and what is the nature of that concern.

Summary

- The cause of a trainee’s difficulties may not be immediately apparent
- Consider ill health
- Try to establish if the trainee has insight
- Is additional evidence required to diagnose the problem / support the accusations
- Clearly document the outcome of any meetings and provide the trainee with a copy
Supporting the trainee

When concerns are raised about a trainee’s performance, it is all too easy for the trainee to envisage their career in ruins. The majority of situations are not irretrievable, especially if identified and acted upon early enough, and it is important to reassure the trainee of this.

It is all too easy to ‘take on’ the trainee’s problems as your own but that is not the case. Your responsibility is to help the trainee in finding their own solution.

The trainee may well be overwhelmed at this stage with a sense of a career in ruins and it is the role of the educational supervisor to assist them in identifying objectives which will bring them back on course. Those that have undertaken a mentoring course will find the skills they have learned there invaluable.

Allow the trainee to describe the situation as they see it. If necessary, challenge them, perhaps by asking how the situation might be perceived by their colleagues, nursing staff on the ward etc. Try to identify an aspect of the problem that the trainee feels able to deal with.

In the face of an overwhelming list of potential issues, it is then important to create a learning plan which sets a series of objectives, ideally meeting the SMART criteria:

- **Specific**: It should be absolutely explicit what is to be achieved / what level of performance will be considered acceptable.
- **Measurable**: The means by which it is to be judged whether or not the objective has been achieved should be clear. This might mean the use of a formal assessment exercise, the assessment of time keeping, the accuracy of clinic letters etc.
- **Achievable**: The objective should be realistic in the current context and the necessary resources be available. This may mean an undertaking to provide additional training/supervision on the part of the trainer, providing access to courses etc.
- **Relevant**: The objective should address the concern being considered.
- **Time limited**: A specific date should be set by which the objective should be achieved.

In following these criteria, we can be seen to have afforded the trainee with the best possible opportunity to improve their performance. Clearly some of these factors are beyond the control of the trainee and trainer. In these circumstances the Education Centres exist to provide support for all parties in trying to achieve a satisfactory outcome.
When the Education Process fails

Very rarely we may find ourselves in a situation where a doctor’s performance cannot be managed through the educational process and consideration will need to be given to terminating their contract. Needless to say, this is likely to have a very major impact on the future career of any doctor in training and is a process that the Trust would wish to pursue only as a very last resort. The process will follow the Trust’s procedures for managing poor performance in Medical Staff and will in the first instance require a performance review under the direction of the Medical Director’s team. The National Clinical Assessment Service is principally concerned with the performance of doctor’s who have completed training and will not generally involve themselves with training issues. Referral to the GMC may however need to be considered.

Before commencing such a process it is essential that there has been adequate documentation of the situation, in particular written evidence covering:

- The incidents that have given cause for concern
- That the trainee has been made aware of the concerns that exist
- Formal assessment of the trainee’s performance
- The support provided to the trainee
- Opportunities provided for the trainee to improve their performance to a specified level within an appropriate time frame
- Reassessment demonstrating a failure to make satisfactory progress
Appendix 1
Educational Supervisors Checklist

What problem has been identified?
  What are the actual behaviours that have caused concern?

Are these concerns documented?
  If not, can you put it in writing?
  Can other staff members provide supporting statements?

Have you talked to the trainee?
  Are they aware of the concerns?
  What are their views?
  Is there a health problem?
  Are there external factors?

Have you documented your meeting with the trainee?
  Is the trainee aware of this documentation?
  Have they received a copy?

What are the workplace implications?
  Is the trainee a risk to patients?
  Is the trainee a risk to themselves?
  Can / should the trainee remain at work

Does this need referral to the Clinical Tutor?

Does this need referral to Medical Staffing?

Have you set a review date?
Appendix 2
Summary of meeting with trainee

Date, time and location of meeting

Trainee’s name

Educational supervisor’s name

Other’s present and their respective roles

Concerns identified
  Specific behaviours
  Specific instances
  Supporting evidence (not just hearsay)

Good aspects of trainee’s performance

Trainee’s perspective

Can situation be handled locally

SMART objectives for trainee

Any additional commitment from trainer

Any changes to working environment

Interim review date

Action to be taken in event of objectives not being met

Copies to:
  Trainee
  Training Programme Director
  Foundation Tutor
  Clinical Director