

Trainee in difficulty

a handbook for

Directors of Clinical Training



Second Edition

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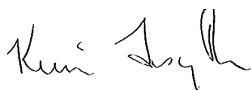
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Foreword

All supervising clinicians and Directors of Clinical Training like to see the best in their trainees — both the development of clinical skill/competence, and ensuring patient safety is paramount. Unfortunately there are times when trainees are not up to the task. Identification of such trainees requires considerable skill. There are a range of skills that DCT's or other supervising clinicians can use that aid them in the appropriate recognition of the 'trainee in difficulty'. This handbook provides key signposts that enable supervisory clinicians to identify such trainees.

Once identified, intervention with the trainee in difficulty requires additional skills. This is a sensitive area, and one that medical training does not address well. Without clear guidance many supervising clinicians are reluctant to embark on measures to enable thorough identification and remediation of trainees, yet remediation is critical for the professional success of the trainee and the safety of the patient.

This handbook provides clear pathways and insights for supervising clinicians to manage the trainee in difficulty. I strongly commend the messages of this publication to you.



Professor Kevin Forsyth
Chair

South Australian Medical Education and Training Health Advisory Council

This document is available as a digital download from the SA MET website www.samet.org.au

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A short guide to managing a trainee in difficulty

This is a practical handbook designed to help Directors of Clinical Training (DCTs) deal with prevocational trainees who are experiencing difficulties.

It provides information about:

- How trainees experiencing difficulties present p 7
- Assessing the severity of the problem p 9
- The range of underlying issues p 10 and p 16-18
- Speaking to the prevocational trainee and other key individuals p 12-15
- Formulating, implementing and reviewing an action plan for identified issues p 26-27

Early signs

- The disappearing act
- Low work rate
- Ward rage
- Rigidity
- Bypass syndrome
- Career problems
- Insight failure.

This handbook is not a policy document, neither does it provide all of the answers for dealing with prevocational trainees who are experiencing difficulties, but it has been written by experienced clinicians and medical administrators to assist others navigate the sometimes complex territory surrounding prevocational trainees in difficulty.

Key Messages

- Most trainees in difficulty can be assisted, over time, to become competent clinicians. A supportive approach, with common sense interventions, coordinated and monitored by the DCT, usually leads to a satisfying result for the trainees and their clinician supervisors.
- Do not jump to conclusions or decide too early what the actual problem is. Stick to the facts and get them directly from the source. Be circumspect with the number of people that you gather information from. Discuss the issues with the term supervisor and whoever raised the original concerns. “You can’t unknow what you know” - never accept someone telling you something ‘off the record’.
- Any risks to patient safety, risks to trainee safety, or allegations of criminal conduct require immediate action and referral.
- The role of the DCT is support and advocacy. The DCT is not the treating doctor, formal counsellor, or disciplinarian. In some instances the DCT will be required to refer the trainee for further assessment or assistance.
- All prevocational trainees should be encouraged to have their own General Practitioner (GP) and should seek early advice from their GP in the event of emerging health issues.
- There are several individuals within any health care organisation who may become involved when concern is raised about a trainee. It is important to identify local resources (p 29).

Three principles

- Patient safety should always be the primary consideration
- Prevocational trainees require supervision and support
- Prevention, early recognition and early intervention are the preferred approach.

Role of a Director of Clinical Training

DCTs are defined as clinicians in teaching hospitals who have been given the responsibility to organise and supervise the training for postgraduate trainees (either prevocational or vocational) in these hospitals.

The position of the DCT is seen as a key component in the training structure of postgraduate trainees and requires a senior clinician with special skills as a teacher, innovator, adviser and diplomat.

One of the fundamental roles of the DCT is to facilitate feedback to trainees about their performance. This extends to identifying postgraduate trainees who are experiencing difficulties and implementing effective support systems for them.

Many DCTs report that managing trainees who are experiencing difficulties is one of the most challenging aspects of their work. The reasons for this are numerous and include the following:

- The legal and industrial frameworks are complex and there are multiple public sector policies to consider.
- The DCT must negotiate the interface between the junior doctor's role as a trainee and as an employee.
- Effective communication skills are required to manage trainees who are experiencing difficulties, particularly those who have problematic attitudes and behaviours.

Employers have a legal responsibility to ensure that industrial conditions and legislated requirements pertaining to employment are upheld. This includes responsibility for managing performance and disciplinary matters, and ensuring that performance issues are responded to in a timely, fair and objective way.

Every public health organisation has processes for identifying, investigating, managing and supporting prevocational trainees who are experiencing difficulties. The DCT has a central role, sometimes using the support of medical administration and human resource departments. Occasionally, managing a trainee in difficulty may involve the Medical Board of Australia (MBA). Further information regarding the roles of others is provided later in this handbook.

Most trainees with difficulties can be assisted, over time, to become competent clinicians. A supportive approach, with common sense interventions coordinated and monitored by the DCT, usually leads to a satisfying result for the trainees and their clinician supervisors.

The conceptual framework

A doctor in postgraduate training is both a trainee (who is by definition on a learning curve) and an employee (of a public healthcare organisation which has specific expectations regarding responsibilities and performance).

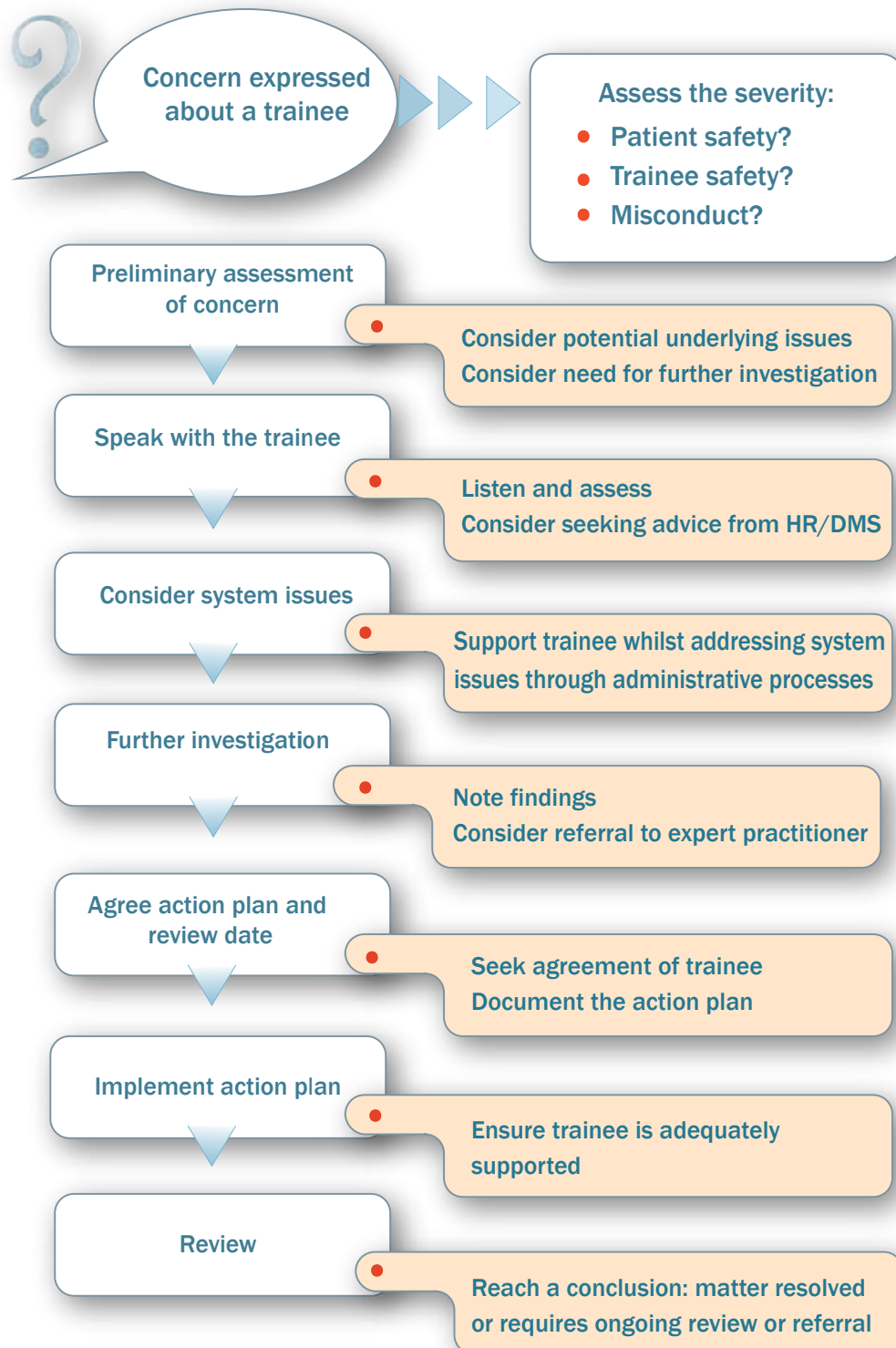
These two roles may at times conflict, making effective management challenging. Considerable attention has been paid to this issue in the writing of this handbook.

Postgraduate trainees face multiple internal and external stressors. Some stress heightens performance, but prolonged stress may lead to distress, and prolonged distress may lead to impairment.

The general approach to dealing with the postgraduate trainee experiencing difficulties rests on three principles:

- Patient safety should always be the primary consideration
- Postgraduate trainees require supervision and support
- Prevention, early recognition and early intervention are always preferred over a punitive approach in dealing with identified issues.

Trainee in difficulty: management outline





Early signs of trainees in difficulty

- **The disappearing act:** not answering pagers, disappearing between clinic and the ward, frequent lateness, excessive amounts of sick leave.
- **Low work rate:** slowness at procedures, clerking, completing letters and making decisions; coming early and staying late but still not getting a reasonable workload done.
- **Ward rage:** bursts of temper when decisions are questioned, shouting matches with colleagues or patients, real or imagined slights, disrespectful or dismissive speech and behaviour towards other health professionals.
- **Rigidity:** poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate or vexatious complaints.
- **Bypass syndrome:** junior colleagues or 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, defensiveness, counter-challenge.

— Adapted from Paice E. The role of education and training. In: Cox J, King J, Hutchinson A, editors. Understanding doctors' performance. Oxford: Radcliffe Publishing, 2006.

A word on Social Media

Social Media, such as Facebook and Twitter, are now part of most people's lives. They can be a valuable vehicle for connecting with others and for expressing oneself, but can also present problems for the user and be a source of stress.

Problems arising from a trainee's use of social media usually result from poor judgment regarding information available in public versus private spheres. Common issues include breach of patient confidentiality, defaming colleagues, disclosing personal information inappropriately, or blurring boundaries between professional and non-professional relationships.

Social media can also be a means by which Medical Education Officers (MEOs) or DCTs become aware that a trainee is experiencing difficulty. Trainees may post information relating to their emotional state or problems they are currently experiencing, or colleagues may raise concerns from reading posts by the trainee.

- Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students. A joint initiative of the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Students' Association and the Australian Medical Students' Association www.ama.com.au/socialmedia.

How do postgraduate trainees in difficulty present?

It is generally agreed that about 10% of trainees experience some difficulties during the prevocational years. Most problems, when appropriately identified and managed, can be resolved by the DCT working with the trainee.

About 3%–5% of trainees may have ongoing difficulties, requiring external intervention or referral to the Medical Board. The following list is not all-inclusive but gives some of the common ways in which postgraduate trainees experiencing difficulties may present.

Work performance

- not getting through workload compared with peers
- lateness
- absenteeism
- poor clinical skills compared with peers
- poor English language skills
- poor communication skills
- failure to perform tasks as directed
- departure from protocols and safe procedure guidelines
- overworking — working back when not rostered on
- ongoing prescribing errors
- failure to seek advice appropriately

Professional conduct and behaviour

- lack of insight into underperformance
- work avoidance
- aggressive behaviour
- bullying, demeaning or undermining others
- sexual harassment
- unethical or dishonest behaviour
- alcohol or drug abuse
- practising beyond capabilities
- inappropriate interactions with staff and patients

Physical and mental health issues

- excessive tiredness
- physical illness
- weight loss/gain
- eating disorders
- anxiety, irritability or depressed mood
- withdrawal or self-neglect
- disturbed behaviour
- failure to seek advice appropriately
- drug or alcohol dependence
- lack of insight into limitations

Other

- signalling an intention to resign or leave medicine

Referral sources

Many people are potential sources of information about a trainee in difficulty. The initial information you receive and the direction of your initial assessment will depend to some degree on the source of the referral.

Confidentiality should always be maintained — this applies to anybody who gathers information about a trainee in difficulty, before or after a referral.

Where possible get information directly from the source, not by second-hand report.

Term Supervisor

- Many concerns will come directly from the term supervisor, although usually someone else has spoken with the term supervisor first (eg, nurse, registrar).
- Complaints are usually about clinical performance, time management or other professional issues.

Registrar

- Complaints about time management, prioritising work tasks, clinical competence (not recognising or attending to a sick or deteriorating patient), incomplete work (follow up of investigations, consults), poor decision making.
- The registrar has often already informally approached a prevocational trainee in difficulty to address issues by the time they speak with the DCT or term supervisor.

Nurse Manager

- Complaints may include incomplete work (admissions, discharge summaries), being dismissive of requests to review patients, not being contactable or responsive to pager, having poor interactions and communications with nursing staff or not being a team player.

Trainee (self)

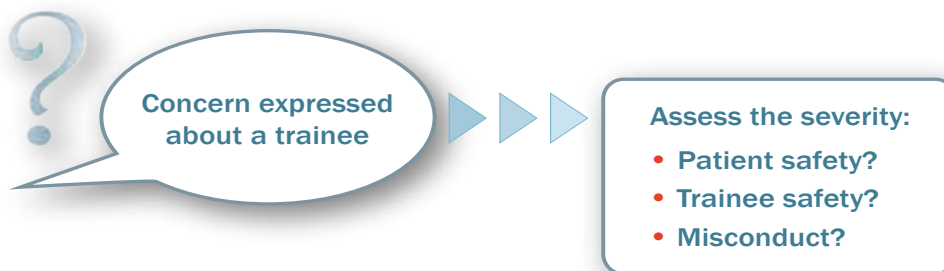
- Trainees who self-refer may have significant distress.
- Many trainees who experience difficulties do not identify themselves as having issues, but may present with a complaint about a related matter, such as workload or supervision by a registrar or term supervisor.

Trainee colleague

- Peers are often very adept at identifying colleagues who are experiencing difficulties.
- Colleagues should be able to raise concerns about a trainee leaving routine work for other doctors, poor clinical handover, or increased sick leave absences.

Patient or patient's relatives

- It is rare that a patient or relative directly complains about a trainee, so consider it a red flag if it occurs.
- Local complaints usually involve poor communication skills or professional behaviours.
- Complaints to the Medical Board and Health and Community Services Complaints Commissioner by patients and relatives usually reflect concerns about clinical management, often relating to communication issues.



Assessing the severity of the situation

Assessing the severity of the situation will guide important decisions on:

- timeliness of intervention (today, within the next few days, within a week)
- need for external advice (from medical administration, human resources, Medical Board)
- need for referral (for example: general practitioner, psychiatrist, psychologist)
- level of documentation required.

Most situations involving trainees will be of low level concern and may only require discussion with the term supervisor and the trainee, but any risks to patient safety, risks to trainee safety, or allegations of criminal conduct require immediate action and referral.



Flags for immediate action and referral

- Patient safety (actual act or near miss involving trainee)
- Trainee safety (suicide risk or significant impairment)
- Allegations of criminal conduct (eg assault) or professional misconduct

Some questions to ask:

- Has the trainee's behaviour caused serious harm? (Patient safety)
- Is the trainee at risk? (Trainee safety)
- Have allegations been raised that might represent a criminal act or misconduct? (Sexual harassment, working while intoxicated)

Remember

- In high risk situations involving harm to patients or trainees, JMO managers and DCTs may also need support and the opportunity to debrief.

Resources

- The student and junior doctor in distress Med J Aust 2002 177 (1) www.mja.com.au
- Helping a trainee in difficulty. A five point plan for medical educators is available at: <http://www.oxforddeanerycdu.org.uk/downloads/index.html>
- Doctors' health and wellbeing www.bma.org.uk
- Are you ok? www.jmohealth.org.au

Preliminary assessment
of concern

Consider potential underlying issues

Potential underlying issues

Competence

- deficient knowledge
- poor communication
- poor time management
- poor record-keeping or documentation
- inexperience
- performance anxiety

Lifestyle

- ill health
- poor general health
- fatigue or exhaustion
- unhealthy lifestyle — poor nutrition, lack of exercise, lack of relaxation and recreation
- social isolation due to shiftwork and long hours

Extrinsic factors

- relationship issues
- accommodation and transport difficulties
- pregnancy and parenting
- financial issues
- visa and migration issues
- language and cultural issues
- uncertainty regarding career choice

Psychological

- heightened stress reaction or burnout
- lack of self confidence
- fear of making mistakes
- fear of failure
- highly self critical
- shame and humiliation
- perfectionist or obsessive tendencies
- heightened distress over patient death
- detachment, loss of empathy
- poor attitude
- lack of insight
- lack of motivation
- emerging or existent mental illness (anxiety, depression, bipolar disorder, anorexia)
- alcohol or drug abuse
- difficult personality traits

Work environment

- unfamiliar discipline of being a hospital employee, not a student
- junior status: having to respond to the immediate demands of other staff
- frequent transitions to new work environments
- interpersonal conflict within the team
- excessive workload
- inadequate support for medical and administrative tasks
- inadequate supervision and support
- inadequate role definition/orientation
- bullying or harassment
- sexual harassment
- limited control or autonomy
- generational differences and expectations

Doctors' mental health

A recent survey of doctors' mental health was undertaken by beyondblue with some startling results.

- Doctors reported substantially higher rates of psychological distress and attempted suicide when compared to other professions and to the Australian population as a whole.
- One in five medical students and one in ten doctors had suicidal thoughts in the past year, compared with one in 45 people in the wider community.
- More than 40% of medical students and 25% of doctors are highly likely to have a minor psychiatric disorder, such as mild depression or mild anxiety
- Work stress, general mental health issues and specific mental health problems are more common in younger doctors and female doctors.
- High psychological distress is experienced by 3.4% of doctors surveyed. This is significantly higher than the general population.
- Doctors under the age of 30 report more than four times the level of emotional exhaustions than those over the age of 61.

Source: beyondblue National Mental Health Survey of Doctors and Medical Students October 2013

Mindfulness practice

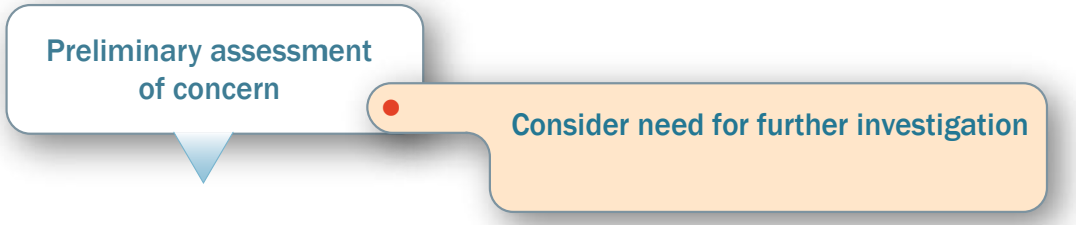
Mindfulness involves awareness and a kindly acceptance of what is occurring in the present moment.

Mindfulness meditation is a form of practice that helps people discover that there is value in having a greater awareness of the 'here and now' with a friendly, non-judgemental and interested attitude. Regular practice at bringing attention over and over again to the present moment has been shown to decrease rumination about the past and/or worrying about the future. Practitioners also learn to see into their habitual reactions to stress and therefore realise there is a choice about responding in healthier and more adaptive ways. The kindly attitude to present moment experience also has been shown to increase self compassion which correlates with higher compassion to the self and others, and lower likelihood of depression symptoms.

Research has shown mindfulness can effectively reduce stress, anxiety and depression.

Source: Sharpiro et al. *Mindfulness-Based Stress Reduction for Health Care Professionals: Results from a Randomized Trial*. International Journal of Stress Management 2005, Vol 12, No 2, 164-176

Hoffman et al *The Effect of Mindfulness-based Therapy on Anxiety and Depression: a meta-analytic review*. Journal of Consulting and Clinical Consulting.



**Preliminary assessment
of concern**

Consider need for further investigation

Preliminary assessment of concern

First you will need to decide whether or not there is a problem. This will involve gathering some information and making some assessment of required actions.

- Do not jump to conclusions or decide too early what the actual problem is.
- Stick to the facts — and get them directly from the source.
- Be circumspect with the number of people that you gather information from. Recognise that interviewing people will heighten their awareness of the trainee, which in turn could influence future interactions and perceptions. Information should always be collected and provided on a need-to-know basis.
- At the very least, discuss the issues with the term supervisor and whoever raised the original concerns.
- “You can’t unknow what you know” — whenever you are gathering information, never accept someone telling you something “off the record”. Accepting off the record advice may place you in the difficult position of not being able to act on critical information. One way of avoiding this is by stating the purpose of the discussion and making it clear that in your role as DCT you have a responsibility to ensure that concerns about trainees are followed up appropriately.
- It is recognised that underperformance is often contributed to and in some cases solely a result of deficiencies in the system. In this circumstance the trainee should be assured that the difficulties that he/she is facing may be contributed to by system issues, although the trainee will still require support and, in most cases, continuation of the process outlined in this handbook. System issues are beyond the scope of this handbook but are addressed extensively in the SA MET Accreditation Standards for prevocational trainees.

Gathering initial information: some basic principles

- Most of the concerns that are raised with DCTs can be managed without involving anyone beyond the trainee and the original referral source.
- Information needs to be gathered with due regard to confidentiality, fairness and natural justice.
- The principle of fairness is that all parties involved in the process should be given the opportunity to provide their side of the story to an impartial person.
- The principle of natural justice is that the person investigating the incident should have no investment in or bias towards achieving a particular outcome.
- Always speak directly with the person who made the complaint (eg, if the term supervisor reports that the Nursing Unit Manager has complained about the trainee, then speak directly with the Nursing Unit Manager — never rely on information collected second or third hand).
- When the complaint is of poor work performance, determine specifically which aspects of performance are unsatisfactory (eg, time management, application of knowledge, communication).
- If calling a trainee to a formal meeting to discuss performance, 24 hours notice is appropriate.
- If a serious mental health issue is apparent on initial investigation, immediate action will be required (eg, referral to family physician or psychiatrist).
- If the situation is assessed as severe with regard to patient safety or conduct issues, a more formal process is required from the outset and you should seek advice from the Director of Medical Services and your Human Resources department.
- The trainee must have the opportunity to be accompanied by a support person during formal investigative processes.

Resources

- SA Health (Health Care Act) Human Resource Manual 4 -1-7 Managing Poor Performance, Discipline and Termination and in particular 4-1-7-4 Determining the Appropriate Disciplinary Action.
- Australian Health Practitioners Regulation Agency <http://www.ahpra.gov.au/Notifications.aspx>
- Health and Community Services Complaints Commission: <http://www.hcscs.sa.gov.au/for-service-providers-addressing-complaints/>
- SA Ombudsman: www.ombudsman.sa.gov.au
- beyondblue <http://www.beyondblue.org.au/>
- Mindfulness: Mindful movement <http://mindfulmovement.net.au/index.php/home/home/>



Speak with the trainee

Listen and assess

Consider seeking advice from HR/DMS

Speaking with the trainee

Speaking with the trainee at an early stage is essential:

- 1 To act in accord with the principles of natural justice and procedural fairness.
- 2 To help you gather the information you need to make an assessment.
- 3 To give the trainee the opportunity to respond to and resolve the issue before it progresses any further. In most cases, speaking with the trainee will be the most effective intervention that you will undertake in resolving the problem.

Ensuring natural justice and procedural fairness:

- The trainee has a right to know within a reasonable timeframe that a concern has been raised. Most matters should be raised within a day or so of the matter coming to your attention. Delaying the initial conversation with the trainee for too long significantly affects the capacity to effectively resolve issues. Timeliness is very important.
- The trainee has a right to know the details, including who has raised the concern. For most matters this is reasonable and will enable you to have a meaningful conversation with the trainee.
- The trainee has a right to respond to any concerns raised and present their side of the story. For this reason they require as much detail as possible about the concerns raised.
- The person responsible for the assessment or investigation should not have reached any conclusions regarding causation or outcome before speaking with the trainee and giving them an opportunity to explain their side of the story.
- The person responsible for the assessment or investigation should identify any potential conflicts of interest or sources of bias before commencing an assessment or investigation. Human Resources advice should be sought in cases where a conflict of interest is identified.

Resource

- A *Record of meeting with postgraduate trainee* form is available on page 36.

The quiet chat*

Plan

- Pick an appropriate place and time (private and planned).
- Decide what needs to be covered at the initial meeting
- Have relevant information handy
- Think about possible solutions before the meeting

The interaction

- Put the person at ease. Establish rapport
- Explain the purpose of the meeting – provide details of the concerns raised
- Listen to the trainee's side of the story
- Gather information and clarify any uncertainties
- Focus on communication
- Use open ended questions, encourage the other person to talk
- Actively listen. Listen for any underlying needs. Give verbal and non-verbal feedback indicating comprehension
- Look for disparity between verbal and body language
- Be aware of your body language. Maintain appropriate eye contact
- Acknowledge the trainee's thoughts and feelings: "You are frustrated", "That's another way to look at it". You can validate feelings without agreeing with the viewpoint
- Be willing to give praise where it is due
- Clarify issues – repeat back and/or paraphrase. "It sounds like what you are saying is ... Is that what you mean?"
- Be prepared to negotiate on some difficult issues
- Be honest with feedback. Be direct and constructive with observations and suggestions
- Set short term, achievable, measurable goals
- If the need for referral to an expert mental health practitioner is immediately evident, assess the urgency
- Document the important aspects of the discussion and outcome
- Agree on a time and place for the next meeting
- End the meeting on a positive note
- Maintain confidentiality.

Avoid responding to emotional cues with the following behaviours, which may block further disclosure:

- Offering advice and reassurance before the main problems have been identified
- Ignoring psychological or emotional distress
- Explaining away distress as normal
- Switching the topic
- "Jolly"ing someone along.

*Adapted from the *Teaching on the Run: Junior Doctor in Difficulty* module

Identifying the problem and the potential solution

Problems relating to the postgraduate trainee can be grouped into four broad categories:

1. Clinical performance problems

- Knowledge deficit
- Difficulty with procedural skills
- Time management issues
- Clinical decision making
- Global underperformance.

2. Behaviour and attitudinal problems

- Behavioural issues and unprofessional conduct
- Lack of insight frequently compounds issues and hampers effective management.

Derailing personality traits are described on page 18 and in the case studies that follow.

3. Communication problems

- General interaction with patients and families
- Non-English speaking background (English as a second language)
- Clinical communication – case presentations
- Clinical communication – telephone consultations
- Clinical communication – clinical handover
- Written communication – medical record
- Special skills requiring development.

4. Health problems

- Acute or chronic physical health problems
- Emerging or chronic mental health problems
- Substance dependence/abuse.

Other extrinsic issues

In some cases, the issue may be related to the training position or the broader system (see page 11, Work environment). As a DCT you will have a role in addressing environmental and systemic factors that affect the ability of trainees to do their work, usually with the advice and support of the Education and Training Program Committee as appropriate.

Hints

The general approach rests on three principles:

- Patient safety comes first.
- Trainees require supervision and support – interns in particular are not registered to practice unsupervised, nor do they have the skills and experience required.
- Prevention, early recognition and early intervention are the preferred approach.

Punitive approaches are rarely indicated and only when intentional violations have occurred. See the section on disciplinary processes (page 32).

Think about basic self-care issues:

- Nutrition
- Rest
- Exercise
- Work–Life balance

All postgraduate trainees should be encouraged to have their own GP and should seek early advice from their GP in the event of emerging health issues.



Suicide is a real problem – early intervention and referral are critical if you are concerned about the trainee's safety.

Resources

- Australian Curriculum Framework for Junior Doctors <http://curriculum.cpmec.org.au/>
- The following resources were developed by the UK National Health Service for the UK context, but still provide a useful overview of the management of trainees in difficulty:
 - ▶ Helping a trainee in difficulty. A five point plan for medical educators is available at: <http://www.oxforddeanerycdu.org.uk/downloads/index.html>
 - ▶ National Clinical Assessment Service (NCAS) NHS UK www.ncas.nhs.uk .
- Hays BC, Jolly BC, Caldon LJ, McCrorie P, et al. Is insight important? Measuring capacity to change performance. *Medical Education* 2002; 36 (10): 965-971.

Derailing personalities

It is important to differentiate between extrinsic factors related to a term rotation and intrinsic personality factors.

Some common intrinsic issues include:

Emotional instability: reduced emotional resilience

Underlying issues:

- Sick or depressed
- Oversensitive to criticism
- Poor perception of work place
- Disengagement or avoidance
- Fearful or anxious
- Unable to manage
- Poor job fit.

Action:

- Consider providing a mentor or referral to a psychologist
- Provide support but do not reward 'sick' role
- Provide defined time-out then re-challenge
- Offer career counselling.

Poor teamwork and poor insight

Underlying issues:

- No self-awareness
- Often perceived as arrogant
- Cultural medical model
- Blames others
- Disruptive to the team
- Reluctant to participate outside 'usual' duties
- Dishonest
- Manipulative
- Highly intelligent.

Action:

- Needs insight into own performance
- Provide evidence of their effect on performance of others
- Demonstrate advantages of modifying approach
- Specific behaviours may need performance management
- Document issues.

Perfectionism

The perfectionist group has a common group of personality traits in medicine.

Underlying issues:

- Overwhelmed and overworked
- Time management difficulties: have to do everything perfectly
- Anxious
- Self-blaming
- Very compliant
- Dependent on approval of others.

Action:

- Reality check: the perfect is the enemy of the good
- Set boundaries
- Promote self care
- Give permission to switch off
- Structure lifestyle — leave work at work
- Consider referral for cognitive behavioural therapy with a psychologist.

Case study 1: Depressed intern



Case study 2: Global deficits, lacking insight

Concern expressed about a trainee

You meet one of the surgeons in the car park who insists that his new trainee “hasn’t got a clue” and he would be better off without him on the team. He tells you that his unit is too busy, the patients too sick and that he should only have the best trainees allocated to his team. He expects you to do something immediately.

Preliminary assessment of concern

You speak with the surgical registrar and the Nursing Unit Manager of the ward. They confirm that the trainee frequently leaves procedures to the after-hours residents, cannot prioritise clerical tasks, and has failed to detect significant changes in patients’ conditions by not noting nursing staff observations. He seems unfamiliar with placing IV cannulas and prescribing medications.

Speak with the trainee

The trainee is an experienced subspecialty surgeon of significant local standing in his previous job who emigrated to Australia and is working to obtain AMC qualifications.

He feels that he is doing a “paperwork” clerkship, but that he is applying the diligence he feels is necessary to the task and cites the fact that he works back every night as clear evidence of his performance.

He blames others on the team/ward for constant interruptions slowing him down and poor hospital systems in place for routine tasks. He is dismissive of the skills of the other staff and dismissive of your attempt to tease out the problems. He has no insight into the shortcomings described.

Further investigation

In your assessment you consider whether the unit is geared to support a trainee. You have another discussion with the term supervisor and the surgical registrar. It emerges that the trainee did not receive an appropriate orientation, particularly with regards to term expectations and resources available to assist, access to appropriate protocols or local practices.

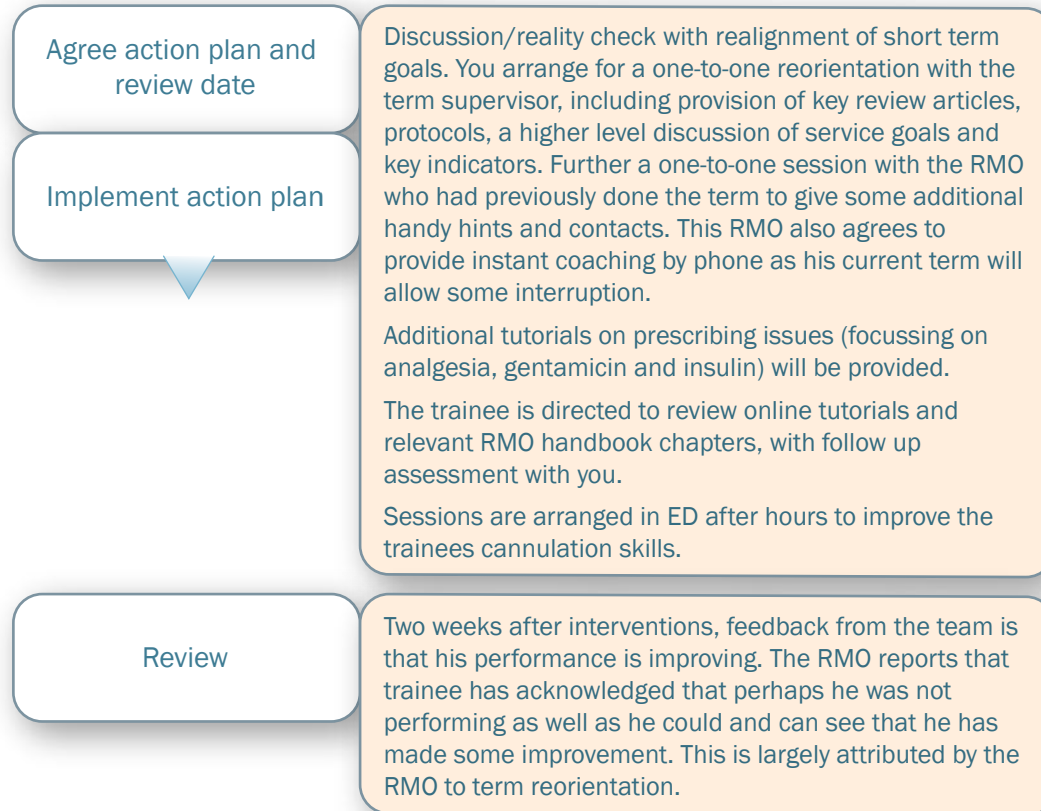
When you have further discussion with the trainee, he confirms that he did not have orientation, nor indeed an appropriate hospital orientation, particularly with regards to highlighting important issues within the Australian context.

You have further discussion of his previous clinical practice. Basic skills such as cannulation and catheterisation were not required in his country of origin as they were never performed by medical staff (considered wasteful of professional time and ability). Procedures were usually prepared for (and cleaned up) by nursing and ancillary staff.

You identify mismatched expectations with regards to current practice and clinical context. The trainee had initially anticipated that with some retraining he would be able to move back to his previous area of expertise.



►►► Case study 2: Continued



Case study 3: Tearful trainee

Concern expressed about a trainee

A PGY2 trainee presents to you (the DCT) for the third time, tearful and stating that she has been slighted by nursing staff on ward, then treated dismissively by radiology staff and now by the TMO Unit. You seek permission to discuss the issue initially with the TMO Unit staff.

Preliminary assessment of concern

You phone the TMO Unit Manager, who states that the trainee has been taking frequent sick leave.

The trainee has also requested additional leave to travel overseas on short notice, suggesting indirectly that she will resign if leave is not granted, saying "locum shifts are much more profitable". The trainee has already been promised a training position in her specialty of choice.

The TMO management staff report that the trainee has some difficulties getting along with colleagues, who are becoming unwilling to assist her, claiming that she frequently spends time in the RMO lounge speaking to friends and family on her phone, and that she often leaves early after passing on work to evening JMOs.

Speak with the trainee

You gently explore reasons for sick leave to exclude extrinsic causes of coping difficulties, then discuss more functional ways of smoothing relations with colleagues and staff.

The trainee is referred for psychological therapy as her distress is evident.

Further investigation

You explore the truthfulness of comments relating to her professional behaviour and you ensure clinical competency and patient safety. You judiciously seek the views of supervisors, the senior resident and registrar and find polarised opinions. Senior clinicians are impressed by the trainee's clinical performance, but the senior resident and registrar find it difficult to manage her emotional state.

Agree action plan and review date

You arrange a follow-up appointment with the trainee for two weeks after her visit to a clinical psychologist and when her mid-term assessment will have been completed.

Review

On review, the trainee acknowledges that some of her difficulties involve issues that she is working through with her psychologist. You discuss her professional behaviour and develop a performance plan to be monitored with the assistance of term supervisors.

Further investigation

Note findings

Consider referral to expert practitioner

Principles of documentation

Only a minority of difficulties with postgraduate trainees escalate to formal disciplinary processes or require referral to the Medical Board, but effective management requires appropriate documentation from the earliest stages. Documentation improves continuity of management when the trainee changes rotations, avoiding duplication of effort and helping to ensure that problems are adequately addressed at an early point in the trainee's career.

Triage your documentation – with some adaptation, this is the same skill set as making a clinical record.

Low level concerns

These will be by far the majority of the issues that you deal with on a day-to-day basis.

- Diary entry
- Always record date, time and individuals involved
- Record telephone calls
- Record main discussion points
- Record agreed actions.

Medium level concerns

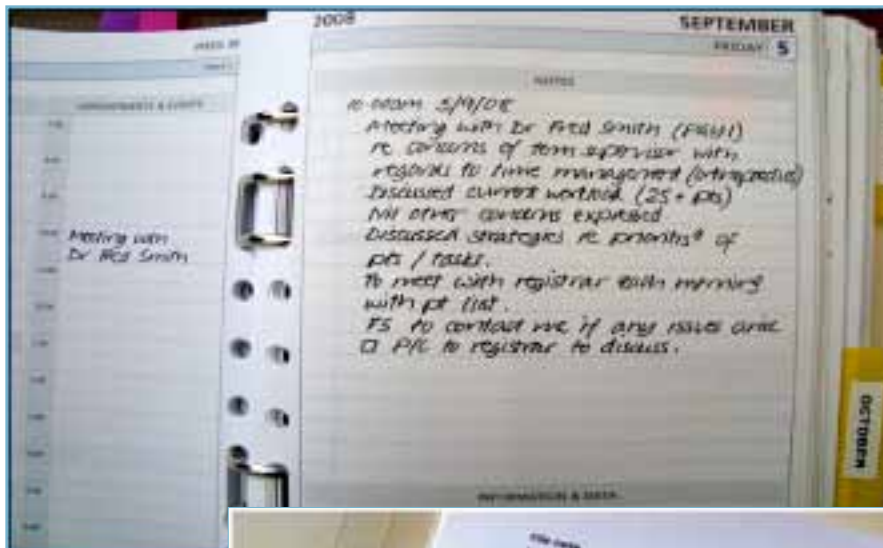
- File notes: required if you believe that the complexity of the situation requires more detailed notes or if there is a high chance of the matter proceeding down a more formal pathway
- Always record date, time and individuals involved
- Stick to facts and include a balanced account of meeting or telephone call
- Hint: use a Dictaphone to facilitate contemporaneous and accurate notes.

High level concerns

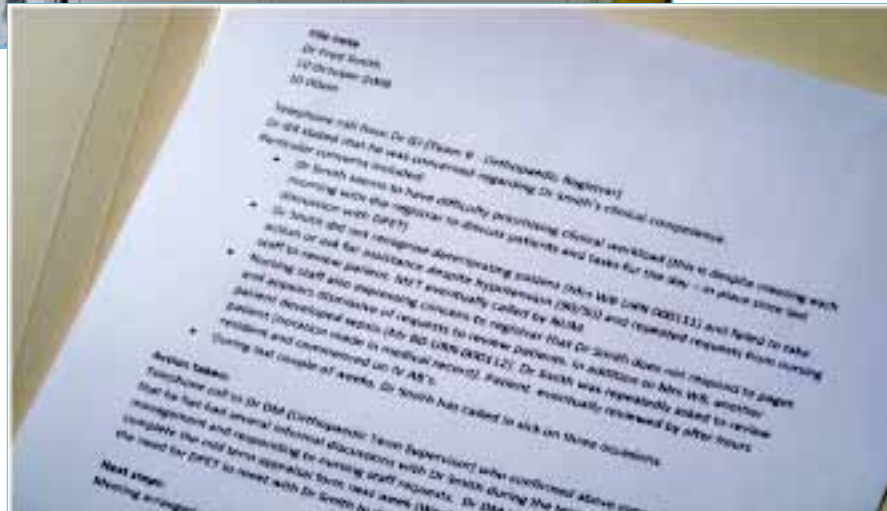
These are for serious allegations that from the outset may result in disciplinary or other formal action (eg, allegation of sexual harassment, misconduct, emerging severe psychiatric disturbance in the trainee).

- Documentation is very important because it becomes the evidence justifying actions taken in managing the situation.
- In all serious cases you will be seeking early advice from the Director of Medical Services and/or Human Resources. This will include advice regarding both the format and content of documentation, as well as where the documentation should be kept and for how long.

Notes and records



Use a diary entry for low level concerns.



Use a file note for medium level concerns.

Resources

- A 'Record of meeting with postgraduate trainee' form is on page 36.
- A 'Postgraduate trainee action plan' form is on page 37.

Further investigation

Note findings

Consider referral to expert practitioner

Referring the trainee

The role of the DCT is support and advocacy. The DCT is not the treating doctor, formal counsellor, or disciplinarian. In some instances, the DCT will be required to refer the trainee for further assessment or assistance.

All postgraduate trainees, as with all doctors, should be encouraged to have their own GP and to seek early advice should health or stress issues arise.

Referrals to GPs and psychiatrists:

- Not all doctors are comfortable treating other doctors and it may be useful to develop a list of local GPs and psychiatrists who are willing to treat doctors. Doctors' Health SA (DHSA) provides clinical services to doctors on 24-hour confidential help line and can be contacted on 08 8366 0250.
- They will need to have a capacity and willingness to review trainees urgently. This generally means being able to see them during lunchtime, after hours or at short notice.

Referral to psychologists:

- Establish a list of contacts of local psychologists and counsellors who are experienced in treating doctors.

Employee Assistance Program (EAP):

- All employees, including postgraduate trainees, are able to access confidential counselling through the EAP. For further information refer to your local human resources department.

Communication skills training:

- English language courses tailored to medical or business purposes, or referral to a speech pathologist or language tutor can make a vital difference for some trainees.

Resources

- A form for recording your local referral contacts is on page 35.
- Doctors' Health SA (DHSA) 08 8366 0250 (24 hours) www.doctorshealthsa.com.au



Agree action plan and
review date

Seek agreement of trainee
Document the action plan

Developing and implementing an action plan

Once concerns regarding a postgraduate trainee have been raised and investigated, the DCT will generally be responsible for coordinating an action plan to address identified issues. Early identification of a trainee in difficulty and effective intervention at this stage may well prevent issues from escalating.

The primary aim is to provide support to the postgraduate trainee and remedial action to re-establish appropriate levels of performance.

One means of support is providing a clearly articulated action plan. A suggested proforma of an action plan is provided on page 37.

A documented action plan is intended to support the postgraduate trainee and address the issues that have been raised by providing clear expectations regarding actions, responsibilities, expected outcomes and review dates. Such an action plan should be developed in consultation and agreement with the postgraduate trainee and a copy should be provided for them.

When developing an action plan, include review dates to ensure that appropriate assessment of progress is made and that any other required actions are identified.

Implement action plan

Ensure trainee is adequately supported

Action plan: Commonly used strategies

- Quick fixes:
 - ▶ a more thorough orientation to the term can repair a number of difficulties by realigning the expectations of supervisor, registrar and trainee
 - ▶ a quiet chat by the DCT with the term supervisor or the registrar about increased support and supervision can alleviate distress
 - ▶ provide a helpful term description and practical manual
 - ▶ discussion with a recent successful trainee can identify tips for success in the term, such as efficient practices or good uses of information technology.
- Frequent, thorough and immediate feedback on tasks including medical record charting, prescribing, letters, handover communications.
- Action to correct knowledge deficits:
 - ▶ recommending specific texts and review articles
 - ▶ ensuring easy access to helpful tools, including handbooks, protocols and CIAP (particularly for safe prescribing).
- Targeted supervision:
 - ▶ direct assistance with time management, such as prioritising of tasks with the registrar
 - ▶ prompting the trainee to carry their patient list and details; and relevant referral forms and prescribing guidelines with them
 - ▶ prescribing review (usually with registrar or, for registrars, consultant), - e.g. ECG review, chest CXR review.
- Regular review with DCT to ensure these interventions are taking place and are effective.
- Reduction in overtime or rostered hours.
- Buddy system.
- External courses.
- Allocation to specific terms (with a supportive Term Supervisor with capacity to assist).
- Supernumerary position in specific terms, whenever patient safety is potentially an issue.
- Other support strategies
 - ▶ communications and linguistic support
 - ▶ psychological support or counselling
 - ▶ referral (GP, psychiatrist, physician)
 - ▶ career counselling or assessment by an occupational psychologist.
- The use of simulation to remediate performance.

Review

Reach a conclusion: matter resolved or requires ongoing review or referral

Review

An action plan for managing a trainee in difficulty must include a plan for reviewing the success of the intervention. The action plan should state the intended outcomes, which should be *Specific, Measurable, Achievable, Relevant and Time framed* (SMART). On the review dates set in the action plan, progress towards the intended outcomes should be assessed. On review, the action plan might need to be amended or extended.

If a trainee in difficulty cannot be managed successfully by the DCT with the cooperation of the trainee, further referral may be required.

Roles and responsibilities of others

There are several individuals within any hospital who may become involved when concern is raised about a trainee. Given the variation in organisational structures, it is important that each DCT identify local resources. There is always someone to ask – even about low level concerns.

Medical administration

Most organisations have medical administration (however named). There is usually a senior doctor responsible for the line management of medical practitioners within the organisation. Generally named Director of Medical Services or Director of Clinical Services, this doctor has responsibility for managing performance issues for medical staff.

In some organisations, there is a General Manager. Most General Managers are non-medical, but they usually have a good understanding of local policies and procedures and can provide advice.

Human resources

All public health organisations have a workforce development unit which includes HR. HR personnel can provide advice on industrial and other legal matters relating to employment. They should always be consulted in disciplinary matters or if you are unsure how to proceed with a matter. Any allegations of bullying, sexual harassment, or breach of code of conduct should be referred to HR for advice.

When seeking advice from HR, record the information as you would in any consultation: the person, their position, the date and time of the discussion and the main discussion points. It helps to identify the seniority of the person you are dealing with. If you are not comfortable with the advice given, seek advice from a more senior person. Given the intersection between trainee and employee, some of the issues can be quite complex and you will need advice from a HR person who is experienced in dealing with medical staff.

Education and Training Program Committee

Each facility is required to have an Education and Training Program (ETP) Committee adequately resourced, empowered and supported to develop and implement institutional postgraduate training policies. This committee will have in its membership, a range of individuals experienced with management of trainees. They will also be able to access resources outside the facility.

Generally, issues should be dealt with on a need-to-know basis. Most trainee matters can be discussed in a de-identified way, but remember that if a trainee in difficulty is being rotated to another hospital, that hospital needs to be aware of ongoing issues. Similarly, a new term supervisor needs to be aware.

Deciding when to inform others is always difficult. Wisdom and experience are critical to effective intervention. Seek advice from an experienced DCT in the network or beyond.

Clinical Governance Unit

All Area Health Services have Clinical Governance Units (or equivalent) responsible for patient care, for minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care throughout the organisation.

SA MET

SA MET has a broad range of skilled personnel who are deeply involved and committed to the education, training and welfare of postgraduate trainees in South Australia. SA MET will often be able to provide or direct DCTs to specific resources and is also able to provide an advocacy service for supervisors and trainees which is confidential. Contact should be made through the Manager, SA MET.

Role of Medical Board and AHPRA

The Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA) has as their primary objective the protection of the public and maintenance of the highest possible standards of medical care.

AHPRA is the responsible authority for granting medical graduates provisional registration, and for granting general registration at the completion of a satisfactory internship. The MBA has set national standards for internship, which include:

- Evidence of satisfactory completion of at least 47 weeks equivalent full time experience as an intern in supervised clinical practice completed in approved hospital, general practice or ambulatory locations. The 47 weeks of experience must be completed within a period of no more than three years. It excludes annual leave but may include up to two weeks of professional development leave.
- Interns are required to perform satisfactorily under supervision on the following terms:
 - ▶ A term of at least 8 weeks that provides experience in emergency medical care. Generally, this is a term in emergency medicine or select general practices with exposure to emergency medicine.
 - ▶ A term of at least 10 weeks that provides experience in medicine.
 - ▶ A term of at least 10 weeks that provides experience in surgery.
 - ▶ A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service). These terms provide experience in additional areas such as but not limited to aged care, anaesthesia, general practice, medicine, palliative medicine, psychiatry, rehabilitation medicine and surgery.
- Terms must be accredited against approved accreditation standards for intern training positions by an authority approved by the MBA. (This is SA MET in SA).
- There must be written confirmation that the applicant has met the above requirements including:
 - ▶ Satisfactory term supervisor reports.
 - ▶ An overall satisfactory rating awarded by the Director of Clinical Training, Director of Medical Services or other person authorised by the hospital and acceptable to the Board as appropriate to sign off on the satisfactory completion of internship.

If an intern is underperforming for any reason and his/her progress to registration will be delayed, AHPRA should be informed. This is so that AHPRA is aware of the situation if and when the intern applies for a renewal of provisional registration. However, AHPRA does not play a role in remediating or counselling interns or in arbitrating between interns and employers.

Sometimes an intern has general performance issues which mean progress to registration is delayed or unlikely to be achieved, but which do not amount to an impairment or professional misconduct. This is not a matter for the MBA and where possible, these underperformance issues should be dealt with by the employer.

Performance management may require slower progress through training. An internship is normally for one year, but AHPRA grants provisional registration to interns for two years, and a few trainees may take that long to complete internship. It is worth noting that dismissal before completion of internship will not result in that person losing provisional registration.

There cannot be a fixed rule about how much time an underperforming trainee should be given to improve performance. The answer depends on the nature and depth of any difficulties, the contributory circumstances, and the trainee's potential for improvement. It is the employer's responsibility to make employment decisions based on fairness to the trainee, safety for the patients and the needs of the health service.



Referral to the MBA is not a punitive or disciplinary response, but rather, one aimed at supporting the trainee in the achievement of their career goals.

When a trainee's difficulties seem to indicate impairment, the trainee should be assisted to access appropriate care and consideration should be given to notifying the MBA. (Alternatively, the trainee could be encouraged to self-notify.) Notification should always occur when drug and alcohol abuse is suspected, when there are issues amounting to professional misconduct or when there are indications that the trainee is suffering from a mental illness that has the potential to place patients at risk. If in doubt, the MBA is more than happy to offer advice on individual cases.

Hint

Referral to MBA always involves medical administration. The Chief Executive of the hospital must be notified of any referral.

Resource

- Medical Board of Australia www.medicalboard.gov.au

Disciplinary processes

Most problems involving postgraduate trainees will be managed effectively through informal processes, but occasionally disciplinary processes will be necessary to address serious or ongoing performance problems, misconduct or inappropriate workplace behaviour. All matters involving postgraduate trainees that are likely to result in disciplinary action should be referred to medical administration and HR.

HR or medical administration will be primarily responsible for most formal disciplinary processes involving prevocational trainees. The DCT's role is generally to provide support or advocacy for the trainee.

An intern who is not performing at a satisfactory level must not be recommended for general registration.

A small number of trainees will be judged incapable of achieving the standard required to continue in medical practice. The progress of trainees and the process of remediation should be thoroughly documented before any decision is taken. The management of a trainee in difficulty involves issues under employment and industrial law and it is critical that the Director of Medical Services and HR department are involved early in the process if there is a possibility of disciplinary measures being required. The decision to terminate employment lies with the local health network Chief Executive.

DCTs should therefore be familiar with the SA Health (Health Care Act) Human Resource Manual: 4-1-7 Managing Poor Performance, Discipline and Termination and in particular 4-1-7-4 *Determining the Appropriate Disciplinary Action*.

Resources

- Code of Ethics for the South Australian Public Sector <http://www.oper.sa.gov.au/page-351>
- SA Health (Health Care Act) Human Resource Manual 4 -1-7 Managing Poor Performance, Discipline and Termination and in particular 4-1-7-4 Determining the Appropriate Disciplinary Action.
- Preventing Workplace Bullying - A Practical Guide for Managers - http://www.stopbullyingsa.com.au/documents/bullying_employers.pdf
- A form for recording your local administrative contacts is on page 34.

Further reading

- beyondblue National Mental Health Survey of Mental Health of Doctors and Medical Students <http://www.beyondblue.org.au/about-us/news/news/2013/10/07/beyondblue-launches-world-first-doctors-mental-health-survey-results>
- Cox J, King J, Hutchinson A, McAvoy P, editors. Understanding doctors' performance. Oxford: Radcliffe Publishing, 2006. See in particular: chapter 6. Paice E. The role of education and training, pp78-90.
- Firth-Cozens J, Morrison LA, Sources of stress and ways of coping in junior house officers *Stress Medicine* 1989; 5: 121-126.
- Hume F, Wilhelm K. Career choice and experience of distress amongst interns: a survey of New South Wales internship 1987–1990. *Aust N Z J Psychiatry* 1994; 28: 319-327.
- Hurwitz TA, Beiser M, Nichol H, et al. Impaired interns and residents. *Can J Psychiatry* 1987; 32: 165-169.
- Lake FR, Ryan E. Teaching on the run tips 11: the junior doctor in difficulty. *Med J Aust* 2005; 183: 475-476. http://www.mja.com.au/public/issues/183_09_071105/lak10465_fm.html
- Paice E, Rutter H, Wetherell M, et al. Stressful incidents, stress and coping strategies in the pre-registration house officer year. *Med Educ* 2002; 36: 56-65.
- Postgraduate Medical Education Councils Conference Proceedings. The student and junior doctor in distress — “our duty of care”. *Med J Aust* 2002; 177 (Suppl): 1-32.
- Willcock SM, Daly MG, Tennant CC, et al. Burnout and psychiatric morbidity in new medical graduates. *Med J Aust* 2004; 181(7): 357-360.

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Local administrative contacts

- Director of Medical Services (or equivalent):

Name: _____

Number: _____

Mobile: _____

- Human Resources:

Name: _____

Number: _____

Mobile: _____

- Chair of the Education and Training Program (ETP) Committee:

Name: _____

Number: _____

Mobile: _____

- Clinical Governance Unit (or equivalent):

Name: _____

Number: _____

Mobile: _____

- Other local resources:

Name: _____

Number: _____

Mobile: _____

Name: _____

Number: _____

Mobile: _____

Local referral contacts

- General Practitioners

Name: _____

Number: _____

Mobile: _____

Name: _____

Number: _____

Mobile: _____

- Psychiatrist

Name: _____

Number: _____

Mobile: _____

- Psychologist

Name: _____

Number: _____

Mobile: _____

- Employee Assistance Program Details

Name: _____

Number: _____

Referral

- Doctors' Health SA (DHSA) 08 8366 0250 (24 hours) www.doctorshealthsa.com.au

- Doctors' Health Advisory Service NSW www.dhas.org.au

- SA MET www.samet.org.au

- Medical Board of Australia <http://www.medicalboard.gov.au/>

Record of meeting with postgraduate trainee

The principles of fairness, natural justice and confidentiality should apply in all dealings with trainees experiencing difficulties. Appropriate documentation, made contemporaneously, supports these principles.

Trainee's name		Level	Date
Current rotation		Term supervisor	
Meeting convened by			
Notes taken by			
Purpose of meeting			
Issues			
Actions			
Follow up			

Postgraduate trainee action plan

Trainee name		Level	Current rotation	Term supervisor	
Person completing this action plan				Plan date	Review date
Agreed actions		Expected outcome*		Person responsible	Review date
1					
2					
3					
4					
Referred to Hospital training program committee:		Referral for specialist assistance:			
Involvement of DMS		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Involvement of HR		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signed:					
Trainee		Term supervisor			
Date		DCT Date			
* Ensure that planned outcomes are "SMART": Specific, Measurable, Achievable, Relevant, Timeframed. Ensure that the trainee has adequate support.					