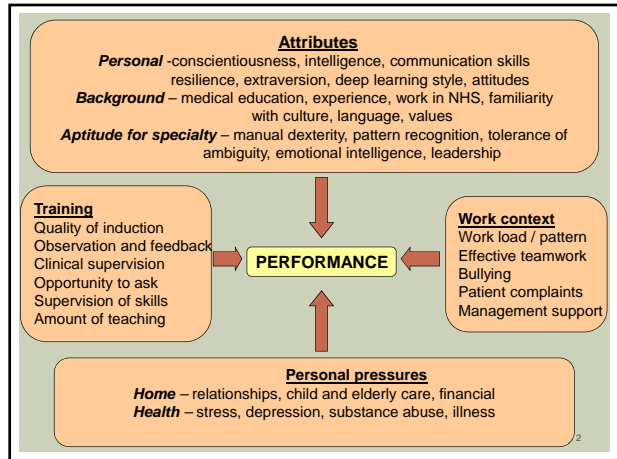


Helping Trainees in Difficulty



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WINDSOR TRAINERS AWAYDAY
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REFLECTION POINT

Why don't we deal earlier (or at all) with doctors in difficulty?

- Note down 3 things that stop you, personally.



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Factor	What is it?	Action steps
Capacity	A fundamental limitation that is unlikely to change	Decision of last resort: they have to change role/job
Learning	A deficit of knowledge, skills or experience	Train, develop or provide the lacking experience
Arousal Motivation	Boredom (too little) or trying too hard (too much)	Work closely: give more scope if bored; otherwise coach, counsel, guide
Distraction	A problem elsewhere causing a problem here	Listen, identify the issue, set limits and 'contract'
Alienation	Deep rooted feeling of injustice leading to the desire to sabotage	Don't try to handle yourself: poor prognosis, refer upwards

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Social experience triggers survival response SCARF Model

The diagram illustrates the SCARF Model. At the top, a red arrow labeled 'Threat' points left, and a green arrow labeled 'Reward' points right. A blue arrow points upwards from the center of the space between the red and green arrows.

Status - relative importance to others
Certainty - being able to predict the future
Autonomy - sense of control over events
Relatedness - sense of safety with others – friend or foe
Fairness - perception of fair exchanges between people

Rock 2008
http://www.your-brain-at-work.com/files/NLJ_SCARFUS.pdf 5

REFLECTION

- How do you like to receive feedback?
- What style of feedback do you find difficult to receive?
- What feedback do you find difficult to give? Why?

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TAKE HOME REFLECTION POINT. ARE YOU A SUPERVISOR OR A MENTOR?

- What are you there to do?
- What falls more naturally to you?
- What do you do best?
- What do you enjoy most?
- What might others praise you for? [have you ever asked?]
- What is there time for?
- What would you like to be able to do?
- What do you know you don't do or don't do well?
- What might others say you don't do...?

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TASK – BUILD YOUR OWN TRAINEE

GROUPS of 4

- **Build your own trainee with 'expectations'.**
 [egs "the boss is always right...", "never admit mistakes – a good doctor is always right", ... "my personal life has nothing to do with my work life"...
 "last time I told my ES my weaknesses they used them against me"....,
 "your such a lovely doctor I feel I could tell you anything"....]
- **Create an issue[s] or event[s]**
 [e.g. issues arising during ST1 placement, or feedback from staff about rudeness/lateness/dress code, poor eportfolio work]
- **Nominate someone to role-play the trainee. 'Trainees' may need some time alone or with the other 'trainees' to develop their back stories.**
- *NB you will not know till later whether you will 'keep' this trainee/scenario or pass it over for another group to handle!*

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EDUCATIONAL APPRAISAL INTERVIEW

- Poor performance is a symptom, not a diagnosis and overall performance should be explored with the trainee at a supportive educational appraisal meeting.
- The issues should be explored with an open mind and placed in the context of the overall assessment of performance and competence progression
- *The trainee should be absolutely clear about any issues of concern, how they relate to the curriculum/competencies and what would happen if this problem is not addressed.*

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PREPARING AND CONDUCTING INTERVIEW

- Before the interview
- Practicalities and contracting
- Exploring areas of concern
- Pitfalls

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DEFENSIVE POSITIONS TO AVOID

KING; BMJ 1999; 318 : S2-7200

- Obligation
- Moral high ground
- Burying and fudging
- Minimising
- Colluding

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HOW TO REACT (1) KING; BMJ 1999; 318 : S2-7200

- Name and explore the resistance - "You seem bothered by this. Help me understand why"
- Keep the focus positive - "Let's recap your strengths and see if we can build on any of these to help address this problem"
- Try to convince the trainee to own one part of the problem - "So you would accept that on that occasion you did lose your temper"

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HOW TO REACT (2) KING; BMJ 1999; 318 : S2-7200

- Negotiate - “I can help you with this issue, but first I need you to commit to ...”
- Allow time out - “Do you need some time to think about this?”
- Keep the responsibility where it belongs - “What will you do to address this?”

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PIPS TIPS

- Specific objectives [*curriculum linked?*]
- Focus on learning needs
- Relates to identified concerns
- Educational method tailored to preferred learning styles
- Involves change in behaviour
- Monitored by assessment
- Success criteria by external exams?
- Formal, frequent review dates

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Learning Objective	Learning Methods	Demonstration of PIP Competence	Success criteria	Review date:	Date completed :
4. Reduce contributory factors					

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