Helping a Trainee in Difficulty

A Five-Point Plan for Medical Educators

- Early signs that a trainee may be in difficulty:
  - Poor demonstration of competencies
  - Staff or patient complaints
  - Juniors and peers don’t consult them
  - Hard to track down
  - Emotional outbursts
  - Appraisal avoidance
  - High sickness record.

For the full Oxford Deanery policy on Helping a Trainee in Difficulty see:

www.oxforddeanerycdu.org.uk

Oxford Deanery Career Development Unit (CDU)
Why have a Five-Point Plan?

Medical trainees can find themselves coming unstuck for all sorts of reasons. With the loss of the consultant ‘firm’ and reduced working hours making contact with individual trainees less consistent, it can be harder for Clinical and Educational Supervisors to spot when a trainee is starting to flounder, whether it’s a question of keeping up with the workload, dealing with health issues or getting on with colleagues. And this is compounded by many trainees being reluctant to admit they have problems in case it’s seen as a weakness.

This booklet gives medical educators a structured way of supporting trainees who have run into difficulties – the Five-Point Plan. The full Oxford Deanery policy for Helping a Trainee in Difficulty is on the Career Development Unit’s (CDU) website www.oxforddeanerycdu.org.uk and includes pro formas for the main two documents you will need if you have a trainee in difficulty – the Educational Review Report and the Performance Improvement Plan (PIP). The CDU also runs courses for Educational Supervisors and senior educators to provide skills practice in managing trainees using the Five-Point Plan, based on fictitious scenarios.

Experience shows that with structured support and encouragement the majority of trainees can be helped back on track. Fundamental to the Deanery’s approach are taking time to fully understand the trainee’s perspective and using complete transparency, sharing with the trainee all documentation involved.

There’s no doubt that managing a trainee in difficulty can be challenging and time-consuming. Yet this can also be an opportunity to use your expertise and ingenuity to identify positive ways of addressing the specific problems a trainee is facing. Feel free to contact the CDU if you need help.

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor concerns</td>
<td>Serious concerns</td>
<td>Concerns that threaten progression of training</td>
</tr>
<tr>
<td>Lead: Educational Supervisor</td>
<td>Lead: Clinical Tutor / DME plus Specialty Lead Educator</td>
<td>Lead: Clinical Tutor / DME plus CDU</td>
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<tr>
<td>Examples:</td>
<td>Examples:</td>
<td>Examples:</td>
</tr>
<tr>
<td>Exam failure</td>
<td>Poor overall clinical knowledge &amp; skills</td>
<td>Complex, longstanding issues</td>
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<tr>
<td>Poor knowledge/skills in a few areas</td>
<td>Persistent problem</td>
<td>Issues include serious disciplinary or health problem</td>
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<tr>
<td>Difficulty demonstrating competencies</td>
<td>Difficulty learning from experience</td>
<td>Problems with progression of training (ARCP outcomes 3,5; RITA E and some RITA Ds)</td>
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</table>

The CDU has identified the three levels of difficulty above to help educators categorise different types of trainee difficulty and see who needs to be involved. Because some roles and titles vary, the generic term ‘Specialty Lead Educator’ is used to mean Programme Director, College Tutor, Head of School and so on, whichever is appropriate.

Column 3 of the table opposite refers to an Educational Governance Group. Convened by the Director of Medical Education (DME) for Level 3 cases, the group should include Trust representatives, typically from HR, and the Medical/Clinical Director plus (as the DME sees fit) the Head of School, Programme Director and potentially the Clinical Supervisor and Educational Supervisor.
## Roles and responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Role Description</th>
<th>Responsibility for trainee in difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Supervisor</strong></td>
<td>Supervises clinical work</td>
<td>Early detection of difficulty</td>
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<td></td>
<td>Observation / feedback</td>
<td>Extra observation/feedback</td>
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<td></td>
<td>Ensures quality of care</td>
<td>Documents incidents</td>
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<td></td>
<td>Work place based assessment</td>
<td>Ensures patient safety</td>
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<tr>
<td><strong>Educational Supervisor</strong></td>
<td>Oversees educational progress</td>
<td>Liaises with Clinical Supervisor</td>
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<tr>
<td>(see also p4 of this booklet)</td>
<td>Conducts regular appraisals</td>
<td>Collates evidence</td>
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<td></td>
<td>Collates assessments</td>
<td>Conducts Educational Review, Report and PIP</td>
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<tr>
<td></td>
<td>Reports to ARCP / RITA panels</td>
<td>Reports to ARCP / RITA</td>
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<tr>
<td></td>
<td>Provides career advice and support</td>
<td>Identifies &amp; refers Level 2/3 to Clinical Tutor / DME</td>
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<tr>
<td><strong>Clinical Tutor / DME</strong></td>
<td>Deanery / Trust appointment</td>
<td>Supports supervisors</td>
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<tr>
<td></td>
<td>Oversees all medical postgraduate training in Trust</td>
<td>Manages Level 2</td>
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<tr>
<td></td>
<td>Pastoral support for trainees</td>
<td>Manages Level 3 and refers to CDU for support</td>
</tr>
<tr>
<td><strong>“Specialty Lead Educator”</strong></td>
<td>Specialty or programme perspective of educational processes</td>
<td>Supports educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialty specific advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Helps manage all trainees in difficulty</td>
</tr>
</tbody>
</table>

## Educational Supervisor Responsibilities in Detail

1. Help and support Level 1 trainee to get back on track:
   - Use the Five-Point Plan
   - Work with Clinical Supervisor and Specialty Lead Educator
   - Ensure appropriate processes – e.g. use standard documentation and share all documentation at feedback sessions
   - Identify any additional educational resources e.g. courses, shadowing, tutorials, reflective writing, teaching opportunities
   - Identify and help minimise contributory factors for trainee, e.g. arrange hospital accommodation if trainee does a long daily commute
   - Ensure pastoral support.

2. Refer Level 2 /3 to Clinical Tutor / DME

3. Support Level 2/3 processes

4. Liaise appropriately with ARCP panels, Educational Governance Group and Programme Directors/Heads of School

5. Ensure transfer of Educational Plan to the next Educational Supervisor when a trainee moves, making this explicit to the trainee.
### The Five-Point Plan

#### Investigate

**Purpose**

- Identify whether the reported problem indicates this is genuinely a Trainee in Difficulty or a one-off problem.
- Early identification and action prevents problems escalating to a more serious situation that could pose greater risk to the doctor, to colleagues, to patients and/or the organisation.

**Approach**

- Use multiple sources to establish facts and clarify circumstances. Gather written factual evidence about actual behaviour and incidents.
- Meet trainee at an early stage with the Clinical Supervisor and share reports/complaints.
- Keep an open mind, be supportive and provide an opportunity to speak with the trainee alone.
- Allow the trainee the option of making a written response to any complaints.
- Keep full contemporaneous records and share with the trainee.
- Consider immediate referral to Clinical Tutor/DME if problem is complex, longstanding or if patient safety might be at risk, suggesting Level 2 or 3.

*Remember, if it’s not written down, it didn’t happen.*

#### Interview

**Purpose**

- To establish rapport with the trainee.
- To make clear that it appears there is a problem.
- To explain the process of supporting the trainee in addressing the problem and the timeframe.
- To explain your role and boundaries as Educational Supervisor.
- To reassure the trainee that they will see all documentation in the process.
- To ask for and fully hear the trainee’s side of the story.
- To understand the trainee’s perspective.
- To gather sufficient information about the trainee’s experiences of the problem, their thoughts and feelings, and any contributing factors, to be able to write an Educational Review Report.
The Five-Point Plan

2

Interview
Approach

Start with open questions that can’t be answered ‘yes’ or ‘no’
How are things going for you? You mentioned that this started with a row with the F2 - tell me more about that. You’ve been given some 360 degree feedback from colleagues – how do you feel about this?

Continue with more probing and specific questions
Tell me more about what the person actually said. Have you resolved the argument? Can you give me an example of a time when you were at your most organised? How did you achieve this? How might you be able to achieve this level of organisation again?

Encourage the trainee to explore how they felt about a particular situation
What did you enjoy? How does this situation make you feel now?

Reflect, clarify and summarise
This gives the trainee the opportunity to hear someone else explain what has happened, to check and perhaps to alter his/her understanding by gaining some insight; and for you to check whether you have properly understood e.g. Let me check … there seem to be two main themes…… does that make sense to you?

End the interview on a positive note
Express confidence in the trainee as far as possible and reiterating your intention to try to help.

The Five-Point Plan

3

Educational Review Report
Purpose

This report is primarily for the trainee, providing an agreed record of educational progress that specifically:

- Lists issues of concern
- Records actions and plans, eg PIP (p10)
- Provides a framework for Monitoring & Review (p12)
**The Five-Point Plan**

### Educational Review Report

**Approach**

See Report proforma on p24-25 of the Deanery’s full policy at www.oxforddeanerycdu.org.uk

1. **List issues of concern**
   - Document the evidence, interpretation and trainee’s perspective of the current concerns
   - Set the concerns in the context of an educational and career history
   - Identify and record any contributory factors

2. **Record actions/plans**
   - Agree plans with the trainee
   - Objectives should relate to issues of concern
   - Identify additional educational resources needed such as courses, workshops etc
   - Identify plans to reduce any practical contributory factors
   - Use Report to write Performance Improvement Plan (PIP)

3. **Provide framework for Monitoring & Review**
   - Record arrangements for supervision that allow for additional observation and feedback whilst ensuring patient safety
   - Plan for monitoring using consultant led WPBA and Multi Source Feedback
   - Ensure arrangements for review to provide a balanced and agreed account of the situation.

### Performance Improvement Plan (PIP)

**Purpose**

To provide a specific learning strategy for each identified need.

Based on the Educational Review Report, the PIP:

- Provides clarity about both the implications and criteria for success
- Builds in Monitoring & Review steps
See PIP Proforma on p28 of the Deanery’s full policy at www.oxforddeanerycdu.org.uk

1 Identify specific objective for each concern using SMART criteria (below)
2 Tailor educational methods to preferred learning style
3 Plan how to assess progress for each concern
4 Define specific criteria for success
5 Decide review points to assess progress against criteria for success

SMART criteria:

- **Specific** (what is the expected objective, and output, and what will they do to achieve it)
- **Measurable** (how will the output be measured)
- **Achievable** (are the objectives, methods and outputs and timeframes realistic)
- **Relevant** (are the objectives relevant to the concerns raised)
- **Time-bound** (by when, with agreed milestones).

**The Five-Point Plan**

**Performance Improvement Plan (PIP)**

**Approach**

- To ensure the arrangements for PIP are on track
- To ensure progress is being made and competencies are being reached
- To identify any new or ongoing issues of concern and take appropriate action
- Contribute to reports for RITA and ARCP panels.

**Monitoring & Review**

**Purpose**

- Agree review date and review intervals as part of completing PIP
- Agree the monitoring procedure such as WBPA, MSF and so on and record on PIP
- Meet to have a formal review of progress at the agreed interval
- Conduct meeting using Interview approach on p7
- Summarise progress in a brief Progress Report (which is primarily for the trainee) to ensure clarity about what has been achieved and what is still needed to complete the PIP.
Helping a Trainee in Difficulty
Summary of Principles

- Trainee difficulties are divided into 3 levels of concern
- Educational leadership for each level is identified and accountable
- Educational Supervisors and Clinical Tutors/DMEs have specific responsibilities
- Educational Governance Group is convened and chaired by the Clinical Tutor/DME
- Educational continuity (transfer of Performance Improvement Plan to the next Educational Supervisor when a trainee moves; this is made explicit to the trainee)
- Standard documentation is used for each part of the process.

Resources

Oxford Deanery Helping a Trainee in Difficulty policy:
www.oxforddeanerycdu.org.uk


www.support4doctors.org

www.medicalcareers.nhs.uk — has a section for educators

*So You Want to be a Brain Surgeon?* (Eccles S & Sanders S, OUP, third edition 2009).

The Five-Point Plan for Helping a Trainee in Difficulty

1. Investigate – is this a trainee in difficulty or a one-off problem?
2. Interview
4. Performance Improvement Plan

Oxford Deanery Career Development Unit (CDU)
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www.oxforddeanerycdu.org.uk