



# Managing trainee performance: arranging a formal review

## Before the review

- Invite appropriate people:
  - ◆ Include senior Deanery personnel such as a Clinical Tutor, Programme Director or GP Associate Adviser
  - ◆ Provide opportunity for the trainee to be seen without their trainer
  - ◆ Invite the trainee to bring someone for support if appropriate

## At the review

- Meet in protected time, in an appropriate place.
- Make clear the purpose of the meeting and issues of confidentiality.
- Allow the trainee to describe progress and any concerns first.
- Share the details of the issues with the trainee and let them have a copy of your record of any complaints or feedback if appropriate.
- Explore the trainee's self-awareness and insight regarding the issues.
- Understand the reasons for the problems by investigating whether these issues are longstanding or recent by exploring the trainee's career history and referring to other feedback from current and previous jobs. The following information should provide a guide:
  - ◆ If longstanding, the cause of the problems may be due to poor motivation, inadequate training or personal qualities:
    - ◇ Inadequate training, even at a previous stage in their career, may result in poor clinical ability and lack of confidence, which can lead to stress, difficult or obstructive behaviour and absenteeism. It may be due to either lack of training or provision of training that has not met the trainee's learning needs or style. This is commonly seen in doctors who have not been trained in this country where there may be unrealistic expectations of their ability in the context of the NHS.
    - ◇ Longstanding motivation problems may be due to poor job satisfaction or wrong career or specialty choice.
    - ◇ Problems that are unlikely to be helped through standard education may be due to inherent personality traits and may require specialist coaching.
  - ◆ If recent onset, the cause of the problem may be due to:
    - ◇ Distraction due to stress, illness or personal circumstances. Explore any problems with recent traumatic events or current professional relationships, including both the team and patients. Explore health and personal circumstances that might be causing distraction.
    - ◇ A dysfunctional department, team or professional relationship. It is possible that the trainee is a scapegoat and the issues may not necessarily reflect the trainee's performance.
- Develop a strategy to address the issues. If due to:
  - ◆ Stress (due to professional or personal circumstances) - consider referral to Medic Support, compassionate leave or adjustment of duties in association with the Trust or other employer.

## Managing trainee performance arranging a formal review

- ◆ Health - advise them to see their GP and/or Occupational Health and ask trainee's permission to work with them to make appropriate adjustments to work or learning commitments.
- ◆ Dysfunctional department may need team meeting and help for the trainee to cope better with the situation such as help with conflict management or assertiveness.
- ◆ Inadequate training problems may need further in-depth assessment of educational need including:
  - ◇ observation of clerking/consultations/OPD appointments
  - ◇ observation of practical procedures /surgery
  - ◇ case note reviews /discussions
  - ◇ MCQ's to test knowledge
- ◆ The scope, content, supervision and relevance of the educational programme should also be reviewed
- ◆ Longstanding issues resulting from poor motivation or problems due to personal qualities may be addressed by referral to the Career Development Unit at an early stage.
- ◆ Most trainees in difficulty have a mixture of the above problems, which requires careful analysis and collaboration with others, such as Occupational Health and the Trust or other employer. Doctors in training are often in six month job rotations and it is important to ensure careful handover from one consultant trainer to another. It may be helpful to appoint a senior member of the Deanery to coordinate help and facilitate communication.
- A personal development plan should be negotiated which should address the issues and incorporate other learning priorities. Available educational resources and the trainee's preferred learning style should be taken into account. It could include:
  - ◆ Targeted personal reading and study
  - ◆ Teaching from key members of the team to include observation and feedback
  - ◆ Courses and workshops - Deanery and national
  - ◆ Coaching and clinical supervision.
- Agree monitoring and review arrangements
  - ◆ Set a specific date and time for a further review.
  - ◆ Monitoring could include observation of practice, multisource feedback (agree the type and recipients). The new F2 competency assessments can be helpful.
- Provide clarity about the implications for successful completion of training:
  - ◆ Set the issues in the context of overall educational progress and ensure a balance between positive and negative aspects
  - ◆ Consider the effect of the issues on satisfactory completion of training, the RITA process or the Summative Assessment trainers report and relate issues to specific criteria.