

Identifying the trainee in difficulty

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Summary

- Classification
- Competence and performance
 - Very late diagnosis and Late diagnosis
 - Early diagnosis
- Health and sickness issues

Classification

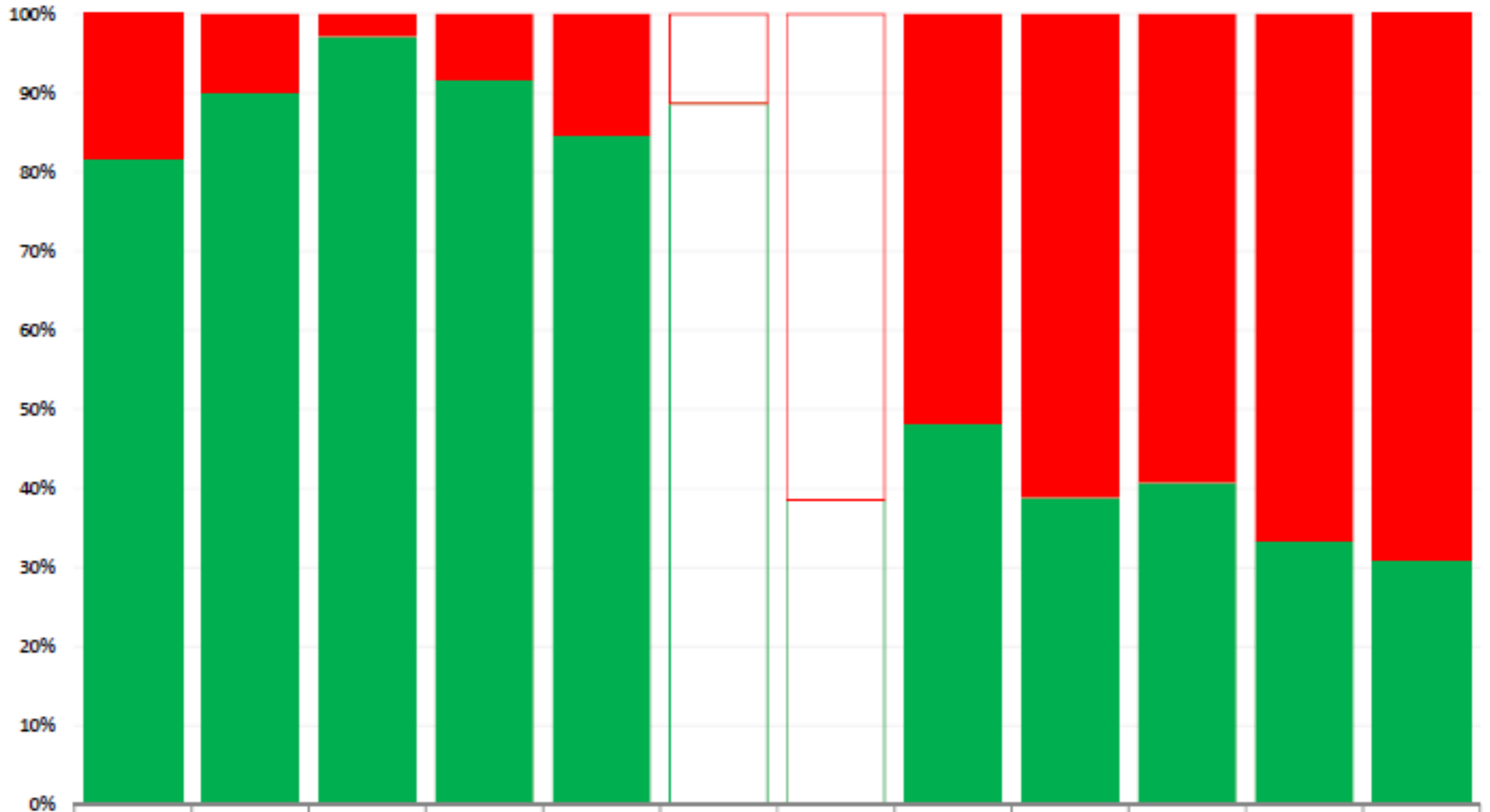
- Conduct
 - Personal
 - Professional
- Competence and performance
- Health and sickness

Late and very late diagnosis

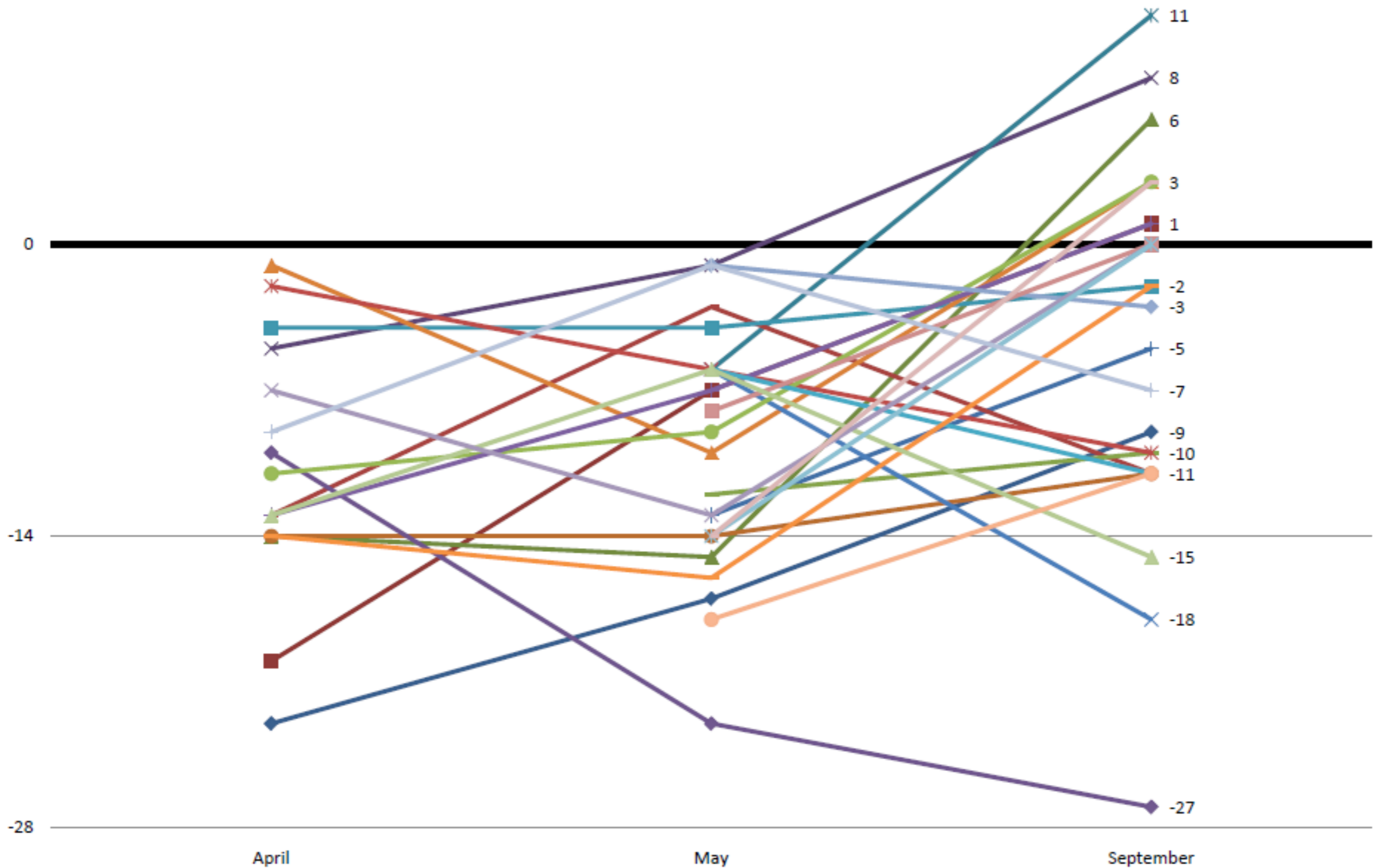
COMPETENCE: CSA FAILURE

West Midlands: May CSA results

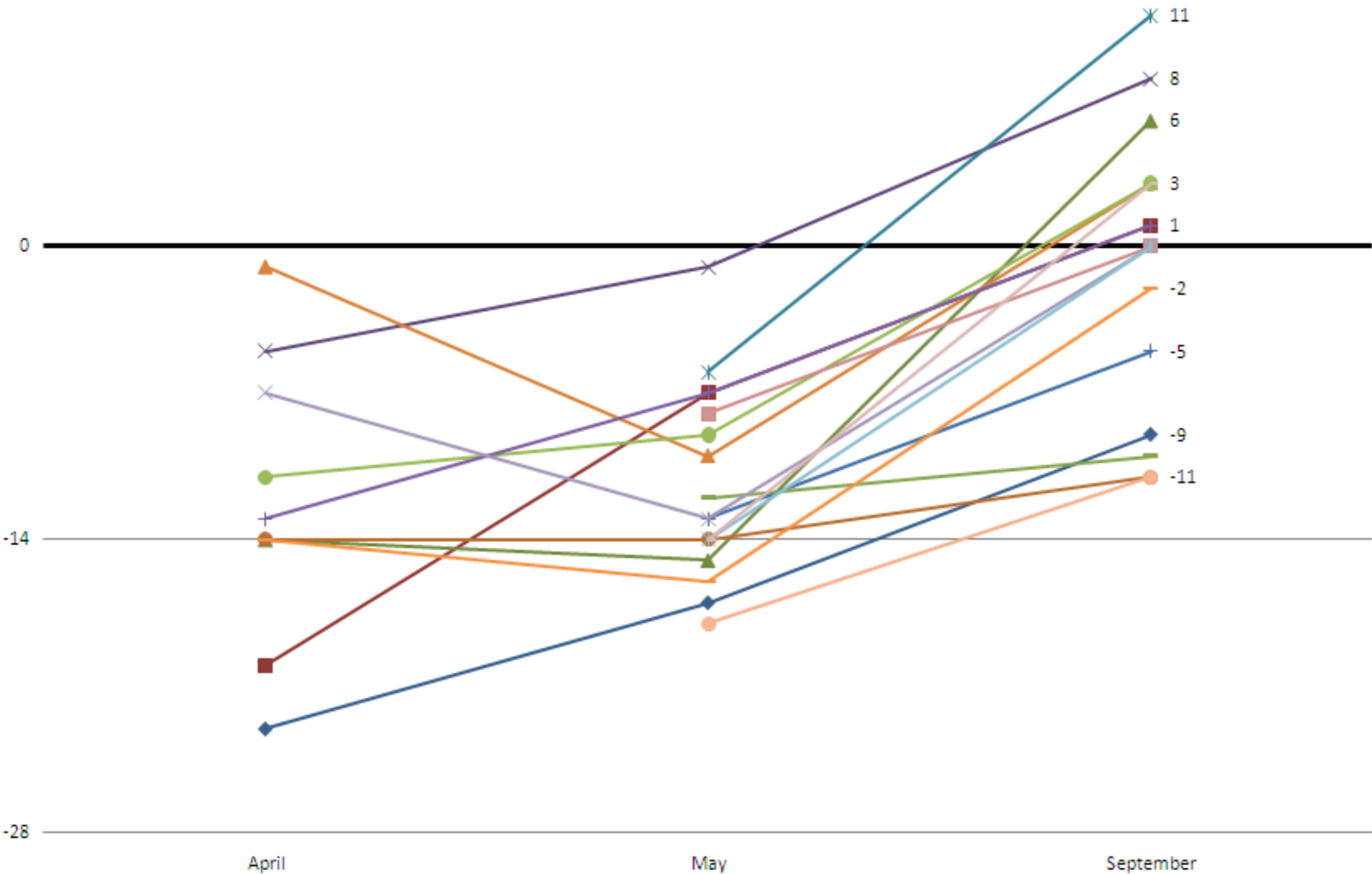
CSA results by Programme and PMQ



Intervention: CSA course outcomes

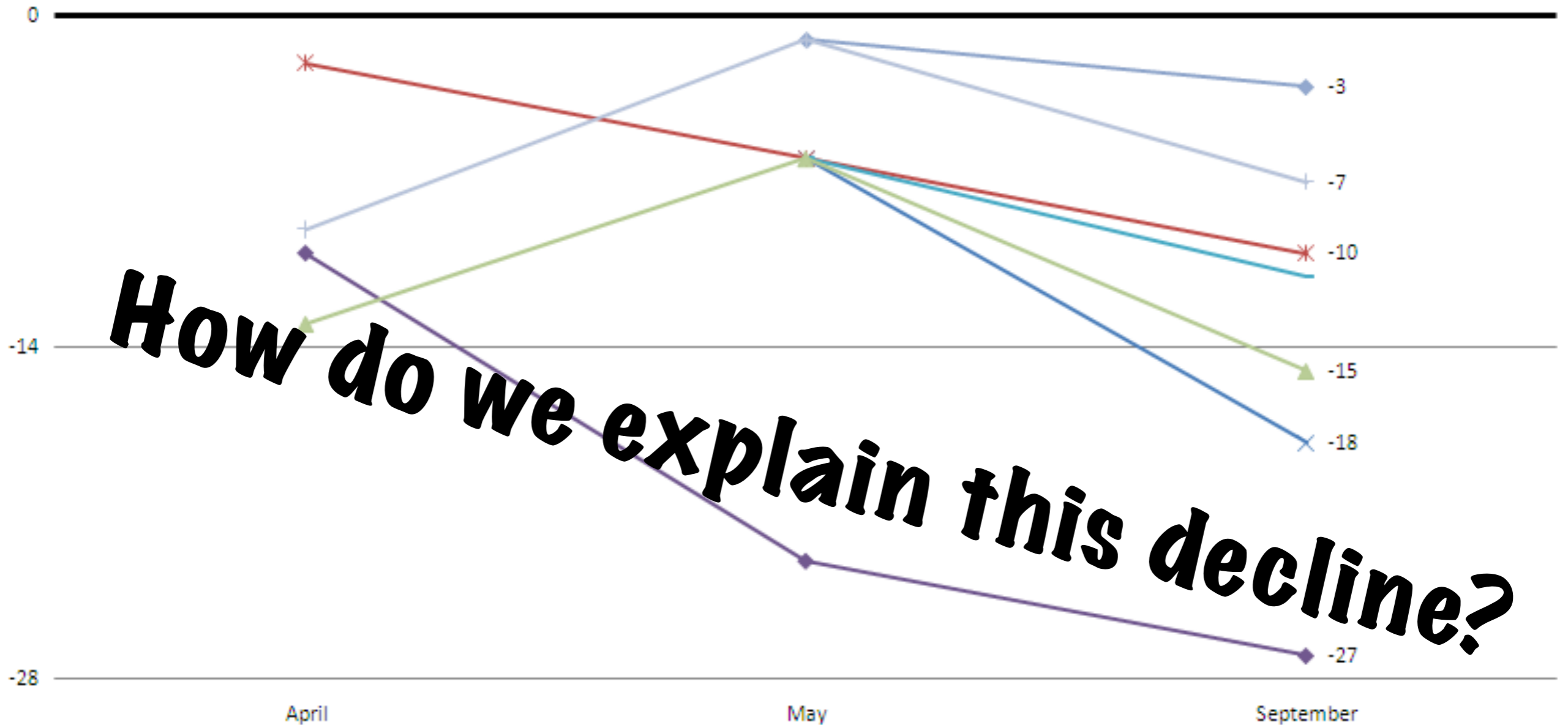


Getting better



Getting worse

7 of the cohort got worse



How do we explain this decline?

Possible explanations

- Not learning
- Regression to the mean
- Learning the **wrong** thing
- Learning the **right** thing, but other things such as **performance** are coming into play

EARLY DIAGNOSIS

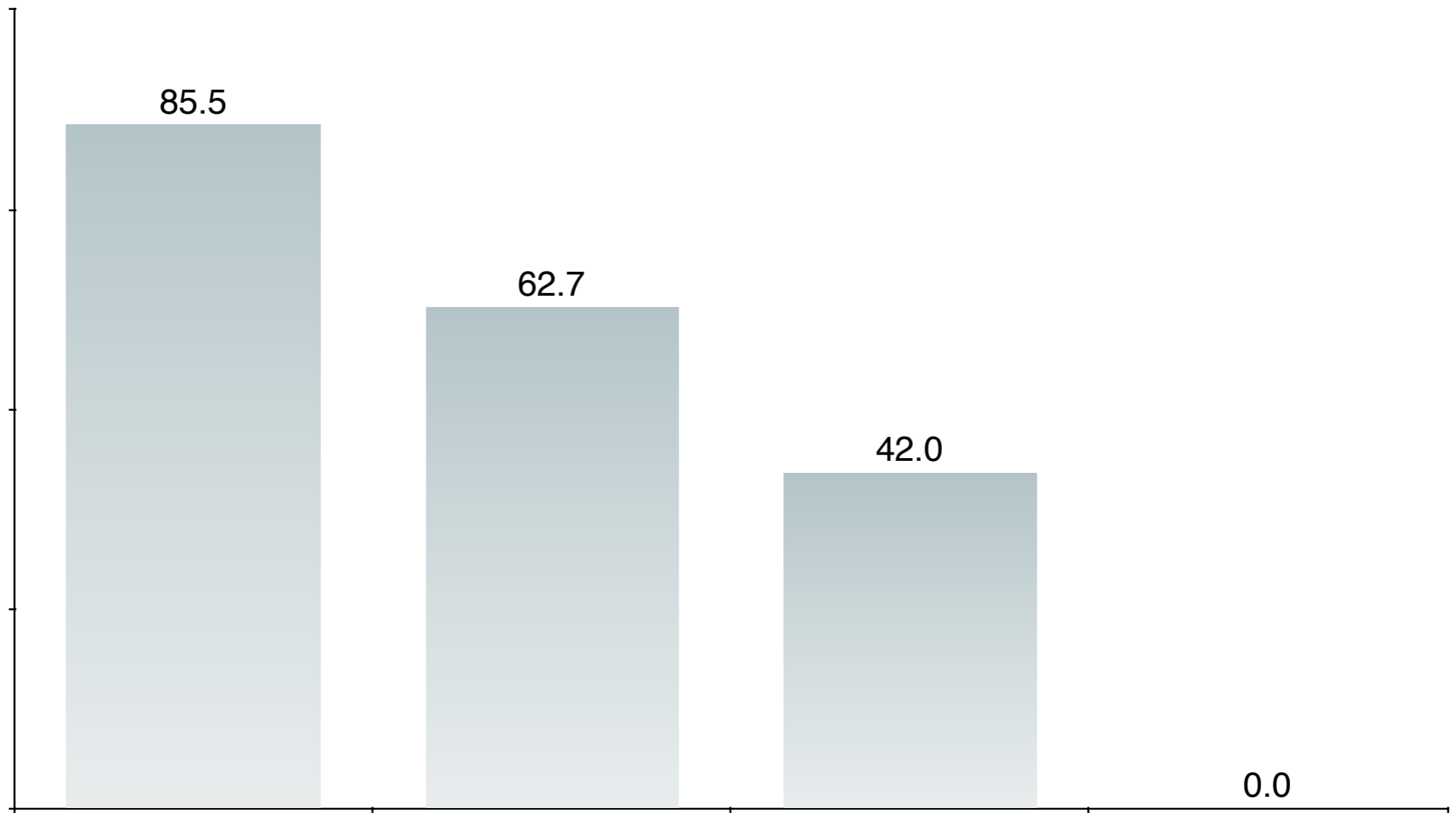
AKT FAILURE

AKT predicts CSA

CSA first time takers by AKT result

AKT outcome	CSA Pass	CSA Fail	%
<i>Passed 1st attempt</i>	1147	194	85.5
<i>Passed 2nd attempt</i>	116	69	62.7
<i>Passed 3rd attempt</i>	21	29	42
<i>> 3 attempts</i>	0	6	0

First time CSA pass rate



Taking opportunities

EARLY DIAGNOSIS BY WPBA

Case study: ARCP fail (*6)

ST1	GP	Panel opinion
ST1	Secondary care	No problems
ST1	Secondary care	Problems (not signed up)
ST1	Secondary care	No problems, Panel opinion
ST2	GP	Problems, Panel opinion
ST2Ex	GP	No problems
ST2Ex	GP	Panel opinion
ST3	GP	AKT -9, -6; CSA -6; Panel opinion

Sitting on the fence?



Satisfactory

Panel opinion

Unsatisfactory

Assessing the ST1 trainee

EDUCATIONAL SUPERVISION

Clues to future poor performance

- Time to first ePortfolio entry
- Time to first COT
- Failure to achieve minimum assessments
- Number of log entries
- Quality of learning log and PDP entries
- Demographic data
- Selection score

How good is the CSR?

EDUCATIONAL SUPERVISION

What use is a CSR?

- If it says the trainee is competent or excellent - it does not necessarily mean that they are
- If it says the trainee is poor in relation to colleagues or NFD - it probably is significant
- In either case, free text comments allow assessment of the reliability and validity of the grading
- In general, trust CSRs from GP more than those from Secondary care

What is important?

Grading?

Feedback?

What's good?

CSR acceptable

CSR needs further information

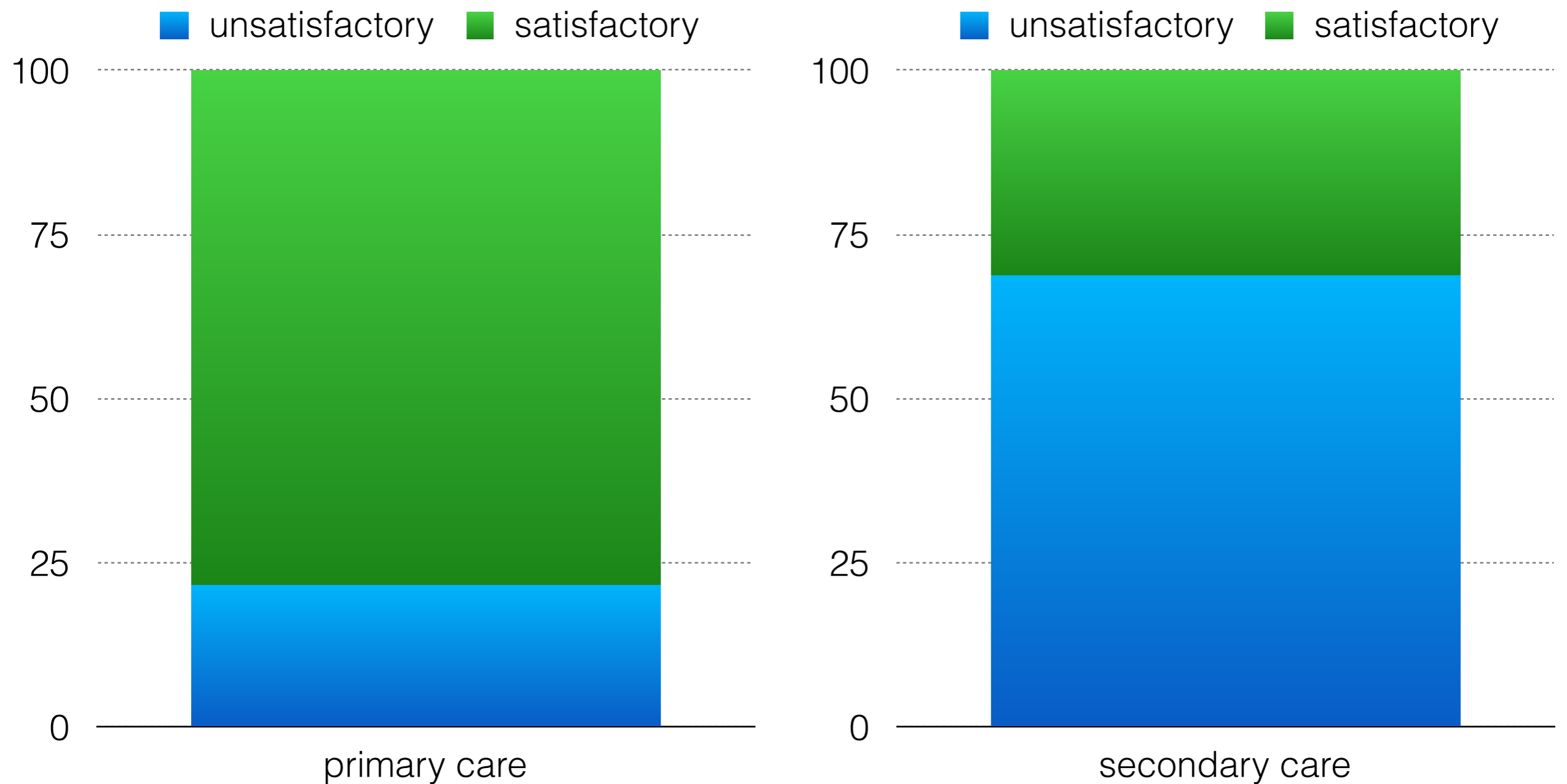
Free text comments are specific and constructive

There is little or no formative feedback to the learner

Where underperformance is noted or concerns are highlighted, free text comment is made and evidence cited

Where grades are 'borderline' or 'below expectation', insufficient free text comment is made and little or no detail about concerns provided

CSR report quality by place



Deciding what the problem is

EDUCATIONAL SUPERVISION

Underperforming trainees

Underperforming trainees

- Must be told that their performance is not acceptable
- Must be told what they have to do to improve
 - In terms of professional competencies
 - e.g. "Demonstrate the competencies of Data-gathering, Medical Complexity and Holistic Care", not "Pass the CSA"
- Must be given time to change

Content: RDMP

Relationships

Diagnostics

Management

Professionalism

Relationship

- issues in the relationship between the trainee and others
 - With patients
 - Working with colleagues and in teams; e.g. staff at practice or in hospital
- Signs & symptoms
 - a lack of empathy
 - not adapting language and style to the circumstance
 - not picking up and responding to verbal and nonverbal clues
 - poor negotiating skills

Diagnostics

- The process of **making a decision** is problematic. It doesn't only refer to making a diagnosis: it could be difficulties in making a decision for patients, colleagues, the practice, the hospital or oneself
- Signs & symptoms
 - Data gathering and interpretation problems
 - Analytical skills – once data has been gathered, finding it difficult to **prioritise** it in terms of relevance or significance
 - Finding it difficult to offer **alternative** options, suggestions or explanations.
 - Decision making skills – **procrastination**, not knowing when to treat, to refer, to wait and see, etc.
 - Examination and technical skills – not conducting **examinations and tests** (including medical instruments) in an appropriate manner; blindly ordering all the tests under the sun.

Management

- Not clinical management
- Used in a more general sense: the wider handling of one's professional responsibilities - not only patients but to colleagues AND oneself.
- It's about the administrative and organisational side of things and not the clinical protocol
- Signs & symptoms
 - Managing particular events – for example if a trainee finds it difficult to structure the consultation, manage their referral letters or pace a meeting.
 - Managing comprehensive/ongoing events – maintaining adequate records after home visits, not keeping up with information management and technology and so on
 - Managing relationships – not being able to provide continuity of care or being unable to monitor or improve one's interaction with colleagues.
 - Managing oneself – being unable to monitor and maintain one's own performance, learning and development, not being able to manage one's work-life balance (mental health), and not keeping on top of one's physical health or well being

Professionalism

- Includes things like **honesty**, **integrity** and **trust**
- **Altruism** (an unselfish concern for the welfare of others; selflessness)
- **Respect** for people
- Maintaining an **ethical** approach to practice
- Having respect for your contractual responsibilities
- A problem in the professionalism domain is usually an **attitudinal** problem that may stem from the person's core values and/or personal code of ethics.
- Signs & symptoms
 - Not showing respect for patients, colleagues, staff and others; for instance by being judgemental or not treating them
 - Not acting within one's professional roles/boundaries, not appreciating the effect of one's behaviour/actions on others
 - Not adhering to established professional codes of practice

THE SICK DOCTOR

How to deal with sickness

- Short-term
 - Light touch
- Multiple short illnesses; uncomplicated medium-term
 - Careful documentation: 10 day rule
 - Risk assessment
- Long term
 - Refer: DiD

CONDUCT PROBLEMS

Conduct

- Notify the Deanery - await advice
 - Download DiD paperwork from web site
 - Risk assessment
 - Trainee
 - Patients
 - Employer
 - Others (colleagues, team, carers, relatives)
 - Deanery
- Obligation to notify GMC

Questions?

Sources

- A unifying theory of clinical practice: Relationship, Diagnostics, Management and professionalism (RDM-p) Tim Norfolk *Quality in Primary Care* 2009, 17(1) p37-40
- *The RDMp Manual* Dr Ramesh Mehay, Programme Director (Bradford GP Training Scheme) www.bradfordvts.co.uk