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HEALTH EDUCATION & TRAINING INSTITUTE

TRAINEE IN DIFFICULTY

A MANAGEMENT GUIDE FOR DIRECTORS OF PREVOCATIONAL EDUCATION AND TRAINING

THIRD EDITION

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NSW GOVERNMENT Health

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FOREWORD

The transition from medical student to junior doctor is one of the most challenging stages of ones' medical career and between 5–10% of trainees will experience issues during the prevocational training period. Hospitals are responsible for providing junior doctors with appropriate education, supervision and feedback to support them through this transition. Supervisors are integral to maintaining a supportive and safe learning environment that facilitates the progression of doctors in training to competent and safe medical practitioners. This role extends to the identification of trainees who are experiencing difficulties.

Directors of Prevocational Education and Training (DPETs) report that supporting and managing trainees experiencing difficulties is one of the most challenging aspects of their role. The good news is that with early identification and intervention, the DPET and trainee can usually work together to address factors contributing to the trainees' struggles.

DPETs increasingly recognise the importance of promoting junior doctor wellbeing and mental health. Performance issues may signal an underlying mental health problem and DPETs are well placed to identify the workplace and training factors that may be contributing. This provides an opportunity to both help the trainee and advocate to strengthen a supportive workplace.

This practical guide provides advice on identifying and managing prevocational trainees who are experiencing difficulties and contains information about:

- Recognising how trainees experiencing difficulties present
- Identifying and understanding the range of underlying issues
- Assessing the severity of the problem
- Speaking to the trainee and other key individuals
- Formulating, implementing and reviewing improving performance action plans to address performance issues

The *Trainee in Difficulty* Guide includes information about relevant public sector policy frameworks, plus articles, websites and other useful resources. The third edition has been updated to include: consideration of assessment review committees and mandatory notifications; trainees with mental health issues; approaches when trainees identify issues with their supervisors; and preventative strategies.

This guide will assist senior clinicians and DPETs in developing an approach to assisting trainees facing challenges. It distills the practical experience of DPETs, experienced supervisors and medical administrators into a step-by-step guide to identify and manage the trainee in difficulty. I hope that DPETs will reach for the Trainee in Difficulty Guide when needed and also spend some time reading through the excellent resource and reference section.

Kind Regards

Dr James Edwards
Chair of the NSW Prevocational Training Council

ACKNOWLEDGMENTS

The third edition of the Trainee in Difficulty Guide was developed on behalf of HETI by Dr Jo Burnand. It was adapted and updated from the previous editions of the Trainee in Difficulty Guide, (2008 and 2012) originally written by Dr Jo Burnand and Dr Roslyn Crampton, in collaboration with Dr Narelle Shadbolt and Professor Merilyn Walton, with contributions from a number of Directors of Prevocational Education and Training and Directors of Medical Services.

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All case studies included in this publication have been written specifically for the Trainee in Difficulty Guide. They are fictitious and any resemblance to individuals or organisations is coincidental.

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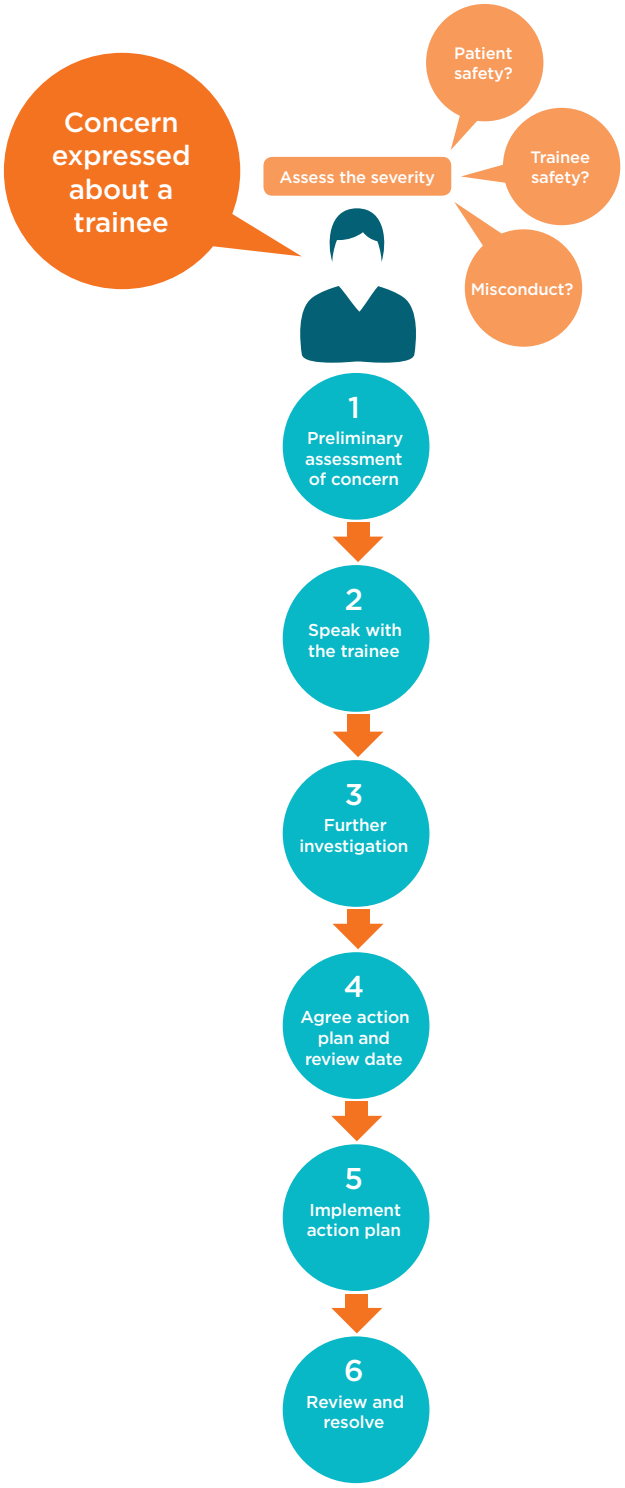

Most trainees with difficulties can be assisted, over time, to become competent clinicians. A supportive approach, with common sense interventions, coordinated and monitored by the DPET, usually leads to the resolution of issues.

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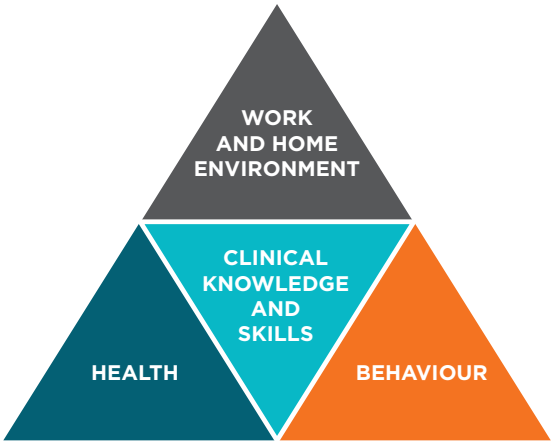

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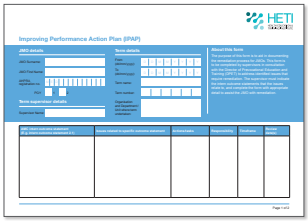

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TOPICS

- Referral sources
- How do trainees in difficulty present
- Potential underlying issues
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- Dealing with mental health issues
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- Documentation
- Notification to AHPRA
- Assessment Review Committee
- Resource and reference material

This guide is based on best practice principles and has been developed to assist senior clinicians to identify, manage and support trainees experiencing difficulties.

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1 BUILD RAPPORT → 2 EXPLORE REACTION → 3 EXPLORE CONTENT → 4 COACH FOR CHANGE

ROLE OF A DIRECTOR OF PREVOCATIONAL EDUCATION AND TRAINING

One of the primary roles of the DPET is to provide feedback to prevocational trainees about their performance. This extends to identifying prevocational trainees who are experiencing difficulties and implementing effective support systems that will optimise their chances of success.

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

1. The legal and industrial frameworks are complex and there are multiple public sector policies to consider.
2. The DPET must negotiate the interface between the junior doctor's role as a trainee and as an employee.
3. 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 these are responded to in a timely, fair and objective way.

Every public health organisation has processes for identifying, assessing, managing and supporting prevocational trainees who are experiencing difficulties. The DPET has a central role, sometimes using the support of medical administration and human resource departments.

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 DPET, usually leads to the resolution of issues.

THE CONCEPTUAL FRAMEWORK

A doctor in prevocational 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 guide.

Poor performance, poor behaviour or failure to progress is a symptom, not a diagnosis. In assisting prevocational trainees to meet expectations, it is important to understand what may be behind difficulties.

Prevocational 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 prevocational trainee experiencing difficulties rests on three principles:

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

KEY MESSAGES

- **Trainees are on a learning curve and need appropriate supervision, as well as regular informal and formal feedback to support their learning and progression.**
- **Supervisors have a critical role to play in supporting trainee's learning. Supervisors can further develop skills in assessment, giving feedback and responding to poor performance, through attending training.**
- **The majority of trainees who experience difficulties, with appropriate support, will ultimately become competent clinicians.**

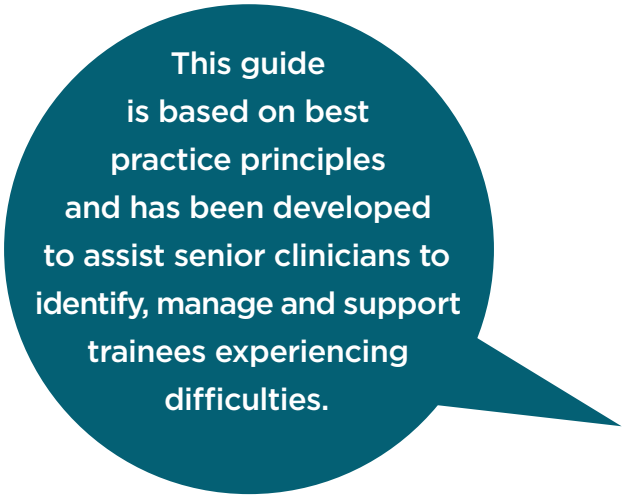
The decision about whether a trainee is ready to progress to the next stage of training (including being recommended for general registration) is ultimately entrusted to senior clinicians. Professional self-regulation depends heavily on the judgement of senior clinicians and this accountability to the professional and broader community cannot be overemphasised. All training providers are therefore required to have effective systems and processes in place to identify, manage and support trainees experiencing difficulties. This guide is based on best practice principles and has been developed to assist senior clinicians in this endeavour.

BASIC PRINCIPLES

In managing the interface between trainee and employee, adherence to principles of natural justice, fairness and impartiality are crucial.

The following principles are fundamental to an appropriate response and one that will optimise the chances of a successful resolution.

1. **Natural justice and procedural fairness** – Abiding by the principles of natural justice and procedural fairness ensures that any decision-making is fair and reasonable. All parties involved in the process should be given the opportunity to provide their side of the story to an impartial person. By impartial, it means that the person making the assessment should have no investment in or bias towards achieving a particular outcome.
2. **Timeliness** – 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 significantly affects the capacity to effectively resolve issues. Timeliness is very important. This also applies to setting timeframes around implementing and reviewing progress of remediation strategies.
3. **Confidentiality** – In collecting information, making assessments and responding to issues, due regard needs to be given to confidentiality. Most of the concerns that are raised with DPETs can be managed without involving anyone beyond the trainee and the original referral source.
4. **Documentation** – Meticulous attention to appropriate documentation is crucial. Documentation can be triaged to align with the level of concern but should always be objective, fair and balanced. In most cases, a copy should be provided to the trainee.



SECTION 1: MANAGEMENT OUTLINE

1 Preliminary assessment of concern
- Consider potential underlying issues
- Consider need for further investigation

2 Speak with the trainee
- Listen and assess
- Consider seeking advice from HR/DMS

3 Further investigation
- Note findings
- Consider referral to expert practitioner

4 Agree action plan and review date
- Seek agreement of trainee
- Document the action plan

5 Implement action plan
- Ensure trainee is adequately supported

6 Review and resolve
- Reach a conclusion: matter resolved or requires ongoing review or referral

HOW DO PREVOCATIONAL TRAINEES IN DIFFICULTY PRESENT?

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

About 3–5% of trainees may experience ongoing difficulties, requiring further intervention or referral to the Director of Medical Services or Human Resource Manager in the health service.

Trainees experiencing difficulties can present in a variety of ways. The diagram on the opposite page shows some of the ways in which trainees experiencing difficulties might come to your attention.

EARLY SIGNS OF DIFFICULTY

The disappearing act	Not answering phones or 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	Aggressive or passive aggressive responses when decisions are questioned, shouting matches with colleagues or patients, disrespectful or dismissive speech and behaviour toward 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. in Cox J et al, 2006.

COMMON PRESENTATIONS

Work performance

- Not getting through workload compared with peers
- Lateness
- Absenteeism
- Poor clinical skills compared with peers
- Poor communication skills
- Departure from protocols and safe procedure guidelines
- Overworking – working back when not rostered on
- Ongoing prescription errors
- Failure to seek advice appropriately
- Lack of insight into limitations

Behaviour and attitude

- Lack of insight into underperformance
- Work avoidance
- Aggressive behaviour
- Bullying, demeaning or undermining others
- Sexual harassment
- Unethical or dishonest behaviour
- Practising beyond capabilities
- Inappropriate interactions with staff and patients
- Difficulties working within a team

Health issues

- Excessive tiredness
- Physical illness
- Anxiety, irritability or depressed mood
- Weight loss/gain
- Eating disorders
- Withdrawal or self-neglect
- Disturbed behaviour
- Drug or alcohol dependence
- Stress management issues

Other

- Signaling an intent to resign or leave medicine

In assisting prevocational trainees to meet expectations, it is important to understand what may be behind the difficulties.

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 may have spoken with the term supervisor first (for example, a registrar or nurse).
- Complaints may be 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 approached the trainee informally to address issues by the time they speak with the DPET or term supervisor.

JUNIOR MEDICAL OFFICER (JMO) MANAGER

- JMO Managers often have a lot of contact with trainees and are a common source of referrals. Some of the issues identified as early warning signs such as late arrivals, increased sick leave or other periods of absence may first come to the attention of the JMO Manager.
- Trainees may also more easily confide in a JMO Manager who are often perceived to be one step removed from the medical hierarchy and therefore the assessment process. This applies both to trainees experiencing issues as well as trainees concerned about a colleague.
- Most DPETs work very closely with the JMO Manager and this supports early identification and resolution of issues.

NURSE MANAGER

- Complaints about incomplete work (admissions, discharge summaries), being dismissive of requests to review patients, not being contactable or responsive to phone calls or pagers, having poor interactions and communications with patients, relatives or nursing staff, 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, inadequate supervision or difficult interactions with a registrar, colleague or term supervisor.

TRAINEE (COLLEAGUE)

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

PATIENT OR PATIENT'S RELATIVES

- It is reasonably infrequent that a patient or relative directly complains about a trainee, so consider it a red flag if it occurs.
- Complaints usually involve poor communication skills or professional behaviours.
- Complaints to the Medical Board and Health Care Complaints Commission by patients and relatives usually reflect concerns about clinical management. These complaints often also involve inadequate communication.

SOCIAL MEDIA ISSUES

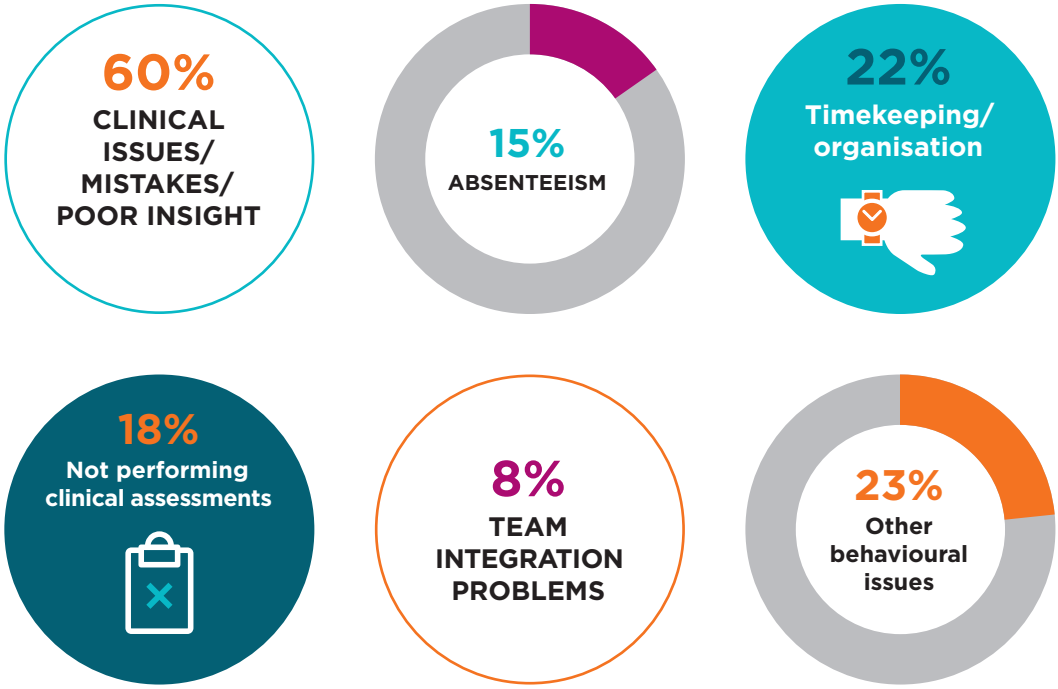
Social media is now part of most people's lives. Problems arising from a trainee's use of social media usually result from poor judgement regarding information available in public versus private spheres.

Issues may include breaches of patient confidentiality, defaming colleagues, disclosing personal information inappropriately, or blurring boundaries between professional and non-professional relationships.

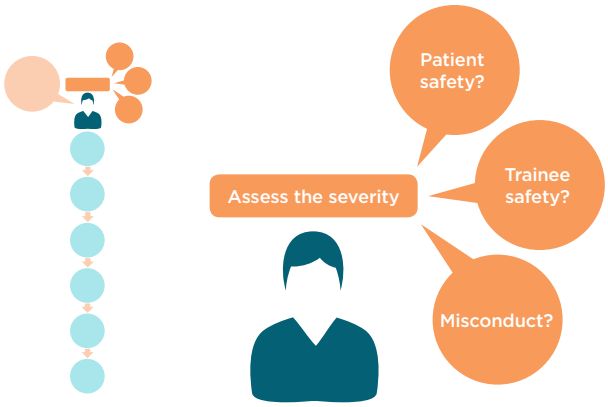
Social media may also be a means by which DPETs and JMO Managers become aware that a trainee is experiencing difficulty. Trainees may post information relating to their emotional state or problems they are currently experiencing, or colleagues may raise concerns from reading posts by the trainee.

For more detailed scenarios please refer to: *Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students* available at **https://ama.com.au/article/social-media-and-medical-profession**

COMMON PRESENTING FEATURES AT THE POINT OF REFERRAL



Source: Black et al, 2009.



ASSESS THE SEVERITY

The preliminary assessment of severity will guide important decisions on:

- Timeliness of the intervention (today, within the next few days, within the next week)
- Need for external advice (from medical administration, human resources)
- Need for referral (for example: general practitioner, psychiatrist, psychologist)
- Level of documentation required.

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

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)

'FELICITY' – PART A

Felicity is a PGY1 currently doing a vascular surgery rotation. The term supervisor rings you because he is concerned that Felicity seems to be struggling with the term.

His main concerns are about Felicity's time management skills and ability to prioritise tasks. The term supervisor tells you that the registrar has tried to work with Felicity over the last couple of weeks but there has been no noticeable improvement and she seems to be getting more flustered.

You know from discussions at the General Clinical Training Committee that the vascular surgery term can be quite busy and that the registrar is often in theatre.

You recall meeting Felicity during orientation week. She went to medical school in another state so is new to the hospital but when you have spoken to her at teaching sessions, she appeared to be settling in well.

You seek more information from Felicity's term supervisor. Whilst he has some concerns he confirms that there is no immediate risk to patients and he is not concerned about trainee safety.

‘FELICITY’ – PART B

You make a time to catch up with Felicity the following day. She is initially a little defensive and tells you that she did not have term orientation and that the registrar is always in theatre. As you continue your discussion, Felicity admits that she sometimes struggles to prioritise tasks and that she would welcome more input from the registrar.

You let Felicity know that you will talk to the registrar about providing more support and that you will catch up with her in two weeks. You encourage her to contact you in the meantime if needed.

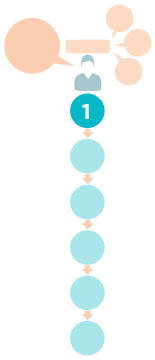
You speak with the registrar. He agrees to provide Felicity with a term orientation. You suggest that each morning, he assists Felicity with compiling a task list and then catch up with her during the day to review how things are going, as well as providing clearer expectations about when he should be called.

When you follow up two weeks later, Felicity reports that things have improved and she feels more confident about prioritising tasks. She also tells you that the registrar has been more responsive to her calls. The term supervisor confirms that even though the term remains busy, Felicity seems to be managing the patient load much more effectively.

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.**



1 Preliminary assessment of concern

SOME GUIDELINES

- Do not jump to conclusions or decide what the actual problem is prematurely.
- 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 a 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 DPET you have a responsibility to ensure that concerns about trainees are followed up appropriately.

GATHERING INITIAL INFORMATION: BASIC PRINCIPLES

- Most of the concerns that are raised with DPETs 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.
- Always speak directly with the person who made the complaint (eg, if the term supervisor reports that the Nursing Unit Manager has complained about a trainee, then speak directly with the NUM. Never rely on information collected second or third hand).
- When the complaint is about poor work performance, determine specifically which aspects of performance are unsatisfactory (eg, time management, application of knowledge, communication).
- If calling the trainee to a formal meeting to discuss performance, 24 hours notice is appropriate.
- If a serious mental health issue is apparent or suspected on initial assessment, immediate action will be required (eg referral to general practitioner 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 (or equivalent) and/or your human resources department.
- The trainee should have the opportunity to be accompanied by a support person during any formal investigative processes.

Emphasis is on the need to act fairly and without bias – keep an open mind.

POTENTIAL UNDERLYING ISSUES

CLINICAL KNOWLEDGE AND SKILLS

- Deficit in knowledge
- Deficit in clinical reasoning
- Poor decision making
- Time management
- Poor communication
- Poor record keeping or documentation
- Difficulty working in teams

HEALTH

- Acute illness
- Chronic illness
- Poor general health
- Lack of self care (nutrition, exercise, recreation, follow up of health issues/ screening)
- Fatigue/sleep deprivation
- Emerging or existing mental illness (anxiety, depression, bipolar disorder, anorexia)
- Alcohol or substance abuse
- Burnout

BEHAVIOUR (AND ATTITUDE)

- Heightened stress reaction or burnout
- Lack of self-confidence
- Highly self-critical
- Perfectionist or obsessive tendencies
- Detachment, loss of empathy
- Poor attitude
- Lack of insight
- Lack of motivation
- Difficult personality traits

In high-risk situations involving harm to patients or trainees, DPETs and JMO Managers may also require support and the opportunity to debrief.

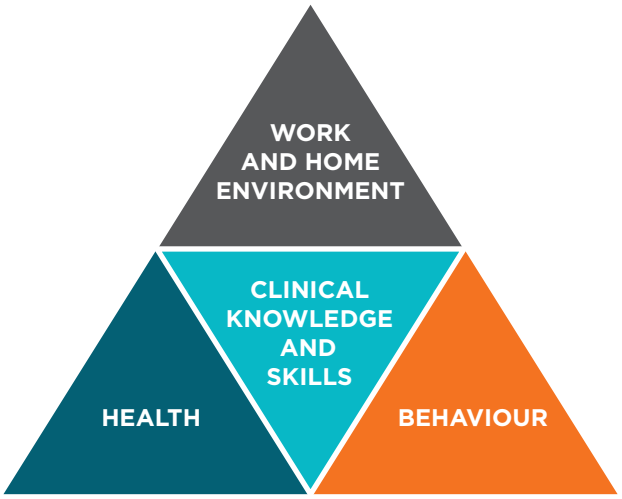
ENVIRONMENT

Work

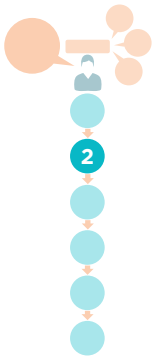
- Unfamiliar discipline of being a hospital employee, not a student
- Junior status (having to respond to the immediate demands of other staff)
- Frequent transitions to new work environments/new teams
- Interpersonal difficulties with supervisors
- Interpersonal conflict within the team
- Critical clinical incident, medical error
- Excessive workload
- Inadequate support for medical and administrative tasks
- Inadequate supervision and support
- Inadequate role definition/orientation
- Bullying or undermining behaviour
- Sexual harassment

Home

- Relationship issues
- Accommodation or transport difficulties
- Pregnancy and parenting
- Financial issues
- Visa and migration issues
- Language and cultural issues



The performance triangle, NCAS, 2004. *This model was developed by the National Clinical Assessment Service in the UK to highlight factors that may impact on clinical performance.*



2
Speak with the trainee

INITIAL DISCUSSION WITH THE TRAINEE

Speaking with the trainee at an early stage is essential:

1. To act in accordance 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 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. [Remember – any person who decides on a matter without hearing both sides, though that person may have made the *right* decision, has not adhered to the principles of natural justice.]
- 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.

THE QUIET CHAT[1]

PLAN

- Pick an appropriate place and time (private and planned).
- Decide what needs to be covered in the initial meeting.
- Have relevant information handy.
- Think about possible solutions before the meeting.
- Anticipate that the trainee may be initially defensive or upset.

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.

1 Adapted from Teaching on the Run Module.

‘BEN’ – PART A

The geriatrics term supervisor rings you to complain about one of the prevocational trainees currently doing a geriatrics term. It is week four of the third rotation of the clinical year. Although the geriatrics term is structured as two separate teams, one with a PGY1 and the other with a PGY2, in practice, given that the geriatrics unit is on a dedicated ward, both trainees work across the two teams. This is largely an informal arrangement, worked out by the trainees themselves, but serves to even out the workload, as depending on which team is on take, one team will tend to be very busy with the other one much quieter.

Ben is the PGY1 doing the term and the subject of the concerns.

The NUM has complained to the term supervisor about Ben’s attitude. Ben is frequently not on the ward and seems to leave most of the work to the other trainee on the term, a competent and diligent PGY2. When he is on the ward, Ben is dismissive of nursing requests to complete tasks and spends a lot of time on the computer in the doctor’s room. The term supervisor tells you that he has had a conversation with Ben about being more of a team player, but that he wasn’t convinced that Ben fully appreciated the issues.

You later speak with the JMO Manager and learn that Ben has indicated that he wants to do orthopaedics. During orientation week, he tried to swap as many of his terms for orthopaedic rotations and was very annoyed when the JMO Manager pointed out to him that his rotations had to comply with Australian Medical Council and registration requirements. Nevertheless, as a compromise, she agreed to Ben’s request to swap into an orthopaedics term as his first rotation. Ben clearly impressed the Head of Orthopaedics. His first end of term assessment was glowing. Likewise, his second end of term assessment, doing Emergency Medicine in a peripheral hospital, was also very positive.

The JMO Manager goes on to say that she has heard rumblings from some of the other prevocational trainees, that Ben has been going to theatre a couple of afternoons a week, at the invitation of one of the orthopaedic surgeons. The other JMOs are complaining because they think Ben is getting special treatment and on those days, he often leaves his routine ward work for the evening JMO.

You speak with Ben. He confirms his enthusiasm for orthopaedics and tells you that he is finding the geriatric term a bit boring. Whilst Ben appears intelligent and committed to pursuing orthopaedics training, he also seems overly confident and lacks insight. You speak with him about the importance of team work and seek his agreement that he will undertake a more equitable share of the ward work.

- Focus on communication.
- Use open ended questions. Encourage the other person to talk.
- Actively listen. Listen for any underlying needs. Given verbal and non-verbal feedback indicating comprehension.
- Look for disparity between verbal language and body language.
- Be aware of your body language. Maintain appropriate eye contact.
- Acknowledge the trainee's thoughts and feelings: "You seem really 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 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 a 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

Avoid responding to emotional cues with the following behaviour, 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
- "Jollying" someone along.

GOOD DOCUMENTATION IS VITAL

- **Record good and poor performance**
- **Make prompt notes (see section on Documentation for further information)**
  - **Stick to facts, evidence based, not subjective**
  - **Record meeting details – time, venue, length and participants**
  - **Only include information pertaining to work (unless mitigating and agreed)**
  - **Balanced account**
  - **Include trainee's comments (verbatim quotes can be useful)**
- **Be transparent and open (records are discoverable. Think about the principles of best practice: records which are accessible, relevant, concise and contemporaneous).**

A record of meeting template is available in the Resources section

KEY POINTS

- ✓ Clarify issues for discussion.
- ✓ Use empathy to convey respect and support.
- ✓ Highlight resistance (defensive behaviour, arguing).
- ✓ Identify patterns of behaviour.
- ✓ Avoid collusion (professional boundaries).
- ✓ Guide trainee to own solutions and objectives.
- ✓ Keep trainee informed of concerns and next steps.

Like patients receiving bad news, trainees may sometimes be unable to hear anything beyond the first statement of the fact that concerns have been expressed about their performance. They may need some time to absorb this information. During this stage, it is likely that they will be reacting affectively not cognitively, and may express anger, become defensive or passive. Empathy can be very effective in conveying respect and support.

'BEN' – PART B

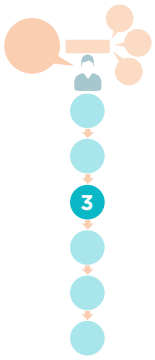
A week later, the term supervisor rings you again. He is furious. Yesterday he saw one of his long-term patients, a 78 year old female, living independently, who presented quite unwell with abdominal pain and confusion. The term supervisor suspected a UTI and arranged for her admission to the ward. When the patient arrived on the ward, Ben ceased the antibiotics and engaged the family in a discussion about end of life care, without any consultation with either the registrar or the consultant. The family were very distressed and complained to the nursing staff.

During the discussion with the term supervisor, it also emerges that Ben has continued to leave many of the tasks to the other prevocational trainee and the nursing staff have been complaining that he is often rude and dismissive of their requests of him to review patients.

It is now week 5 of the rotation and the term supervisor has met with Ben to undertake the mid-term assessment. Whilst Ben has rated himself 4s and 5s across all the outcome statements, the term supervisor has given him a number of 2s, including for patient safety, communication, patient management, professionalism and clinical responsibility.

You decide to meet with Ben, along with the term supervisor. Ben continues to present as overly confident and lacking insight. He dismisses the value of the geriatrics term and repeatedly reminds you that he has received very positive reports in his first two terms.

You are concerned that Ben is at risk of failing the term and as this is his core medical term, you clearly point out to him that this might delay his progression to general registration. You work with Ben to develop an IPAP, seeking his input on remediation strategies. You let Ben know that you will be seeking feedback from nursing staff as well as the registrar and other consultants in relation to the expected areas of improvement.



3
Further investigation

IDENTIFYING THE PROBLEM AND POTENTIAL SOLUTIONS

Problems relating to the prevocational trainee can be grouped into four main categories:

1. **Clinical performance**
- Knowledge deficit
- Difficulty with procedural skills
- Time management issues
- Clinical reasoning and decision making
- General underperformance

2. **Behaviour and attitude (including communication)**
- Behavioural issues and unprofessional conduct
- Lack of insight frequently compounds issues and hampers effective management
- General interaction with patients and families
- Clinical communication – case presentations
- Clinical communication – telephone consultations
- Clinical communication – clinical handover
- Written communication – medical records and discharge summaries
- Special skills requiring development

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

4. **Work environment**

In some cases, the issue may be related to the training position or the broader system (see the list under "work" on page 19 for some examples). As a DPET 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 General Clinical Training Committee or Network Committee for Prevocational Training.

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

HINTS

The general approach rests on three principles

1. **Patient safety comes first.**
2. **Trainees require supervision and support. They are not registered to practice unsupervised, nor do they have the skills and experience required.**
3. **Prevention, early recognition and early intervention are the preferred approach.**

Punitive approaches are rarely indicated and only when intentional violations have occurred. See the later section on disciplinary processes.

CONSIDER THE NEED FOR REFERRAL TO AN EXPERT PRACTITIONER

It is worth remembering that the role of the DPET is primarily one of support and advocacy. The DPET is not the treating doctor, formal counsellor, nor disciplinarian. In some instances, the DPET will be required to refer the trainee for further assessment or assistance.

All prevocational trainees, as with all doctors, should be encouraged to have their own general practitioners 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.
- They will need to have a capacity and willingness to review trainees on an urgent basis – this generally means being able to see them during lunchtime, after hours or at short notice.

REFERRAL TO PSYCHOLOGISTS

- Likewise establish a list of contacts of local psychologists/counsellors who are experienced in treating doctors.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- All employees, including prevocational trainees, are able to access confidential counselling through the Employee Assistance Program (EAP). For further information refer to your local human resource department.

POTENTIAL SOURCES OF BIAS

When speaking with others regarding performance issues in trainees, be aware of the potential sources of bias detailed in the table to the right.

EXAMPLES OF POTENTIAL BIAS IN DELIBERATING ABOUT A TRAINEE'S PERFORMANCE

Bias	Definition
Anchoring	Holding on to an initial observation or opinion and not acknowledging changes
Availability	Giving preference to data that is more recent or more memorable
Bandwagon	Believing things because others do
Confirmation	Focusing on data that confirms an opinion and overlooking evidence that refutes it
Framing effect	Forming an opinion based on how data are presented
Groupthink	Judgement influenced by overreliance on consensus
Overconfidence	Having greater faith in one's ability to make a judgement than is justified
Reliance on gist	Judgements based more on context than on specific observation or measurement
Selection	Relying on partial information that is not truly random or representative
Visceral	Judgement influenced by emotions rather than objective data

Adapted from Dickey C et al, 2017.

‘SAMAIRA’ – PART A

Samaira is a PGY 2 currently doing a paediatrics term on rotation in an outer metropolitan hospital. It is week three of the first rotation of the clinical year. As the DPET of the outer metropolitan hospital, you have not yet met Samaira, but hear from the JMO Manager that Samaira is very conscientious and well regarded by her peers. You understand that she received very positive assessments from all her term supervisors during her PGY1 year.

The JMO Manager rings you about Samaira. During a conversation with the JMO Manager about rosters, Samaira became very distressed and related the details of a 2 year old boy admitted with pneumonia, who Samaira had reviewed whist working an evening shift on the previous day. Samaira said that she didn’t think the child was that unwell, so she just reassured the mother, but did not contact the registrar who she knew was busy in the emergency department.

A few hours later, the child required urgent transfer to the ICU at the nearby Children’s Hospital. Samaira was in tears as she told the JMO Manager that she feels responsible.

The JMO Manager also tells you that some of the other JMOs were concerned about Samaira who has been observed to be in tears several times during the last couple of weeks.

‘SAMAIRA’ – PART B

You meet with Samaira that afternoon. Samaira presents as very distressed. During the discussion, she tells you that she is the primary carer for her elderly parents who live a couple of suburbs away. Her father has just been discharged from hospital following surgery and as her mother doesn’t drive, Samaira has had additional carer responsibilities. She says that she was really looking forward to doing the paediatrics term as she wants to train in paediatrics, but at the moment, she feels totally overwhelmed. She reports that she is having trouble sleeping, she often wakes in the middle of the night and worries about details of the day and has not been to the gym or out with friends since she commenced the term. When you gently question her, she reports that she feels anxious most of the time but has not had any suicidal thoughts. She has no history of previous mental health issues but does recall being very anxious leading into her final year exams.

You seek agreement with Samaira to see her general practitioner on the following day and to take a couple of days of leave. You tell her you will meet with her on the following Monday when she returns to work, but you ask her to call you once she has seen her GP. You also negotiate with the JMO Manager to rearrange the roster so that Samaira is not on the overtime roster during the next couple of weeks.

THINK ABOUT THE BASIC SELF-CARE ISSUES


Nutrition


Exercise


Rest


Work-life balance

See *Trainee Safety and Mental Health Issues* section on page 45 for more information.

BE WARY OF THE POTENTIAL FOR BOUNDARY VIOLATIONS

The DPET is not the treating doctor, formal counsellor, nor disciplinarian for trainees experiencing difficulties.

Some questions for you to consider when speaking with trainees experiencing difficulties:

- What are the boundaries of your role?
- What is legitimate for you to enquire about from the trainee?
- What is legitimate for you to enquire about from others?
- What should you share with others?
- What records should you keep?
- What is confidential?

'SAMAIRA' – PART C

Samaira calls you the next day. She confirms that she has seen her GP who has referred her to a psychologist. She reports that she feels better and the leave has given her some time to sort out support services for her parents.

When Samaira returns to work on the following Monday, you observe that she seems less anxious. You seek agreement from her to speak with the term supervisor to ensure that she is provided some additional support from the registrar and confirm with her that she does not do any overtime shifts for the next two weeks.

The remainder of the term passes without incident. You catch up with Samaira periodically and she reports that the sessions with the psychologist have really helped. After two weeks of not doing overtime, she returned to the overtime roster and although she gets anxious at times, she is no longer feeling overwhelmed.

INDIGENOUS DOCTORS

Each year an increasing number of Aboriginal and Torres Strait Islander junior doctors enter the workforce, however, the number remains well below population parity and they are often isolated in the workplace, being the only one or within a small cohort. Supporting the Indigenous medical workforce is critical to retaining and growing this small but expanding workforce with the ultimate goal of reaching population parity and contributing to improving health outcomes and representation for Indigenous Peoples.

Whilst Indigenous doctors are assessed and supported in the same manner as all other prevocational trainees, providing a culturally safe working environment is important to their success as doctors. There is often a disproportionate burden of external stressors facing these JMOs that can require additional or different support strategies. There are a number of resources and contacts that can be used to better support them while also promoting a culturally safe working environment.
A suggested list of resources and contacts are provided in the Resources section of this guide.

Providing a culturally safe working environment for Indigenous doctors is important to their success.

'BELINDA'

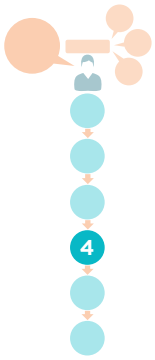
The JMO Manager rings you about Belinda, one of the PGY1s. The JMO Manager is concerned that she has just received an application from Belinda requesting special leave to attend a funeral.

The JMO Manager is exasperated as she tells you that Belinda is asking for four days leave due to the travel required and that this is the third similar request from Belinda in just five months.

You happen to know that Belinda is an Aboriginal doctor whose family comes from a remote community in South Australia, although she attended medical school in NSW. She is 37 years old and has 2 primary school aged children.

You are also aware that Belinda is the first person from her community to attend university and whilst the community is very excited to have a local woman graduate from medicine, they also have very high expectations of her. This extends to attending funerals and other important local community events.

You speak with the JMO Manager about the additional challenges facing ATSI doctors and encourage her to support the leave application.



WORKING WITH THE TRAINEE

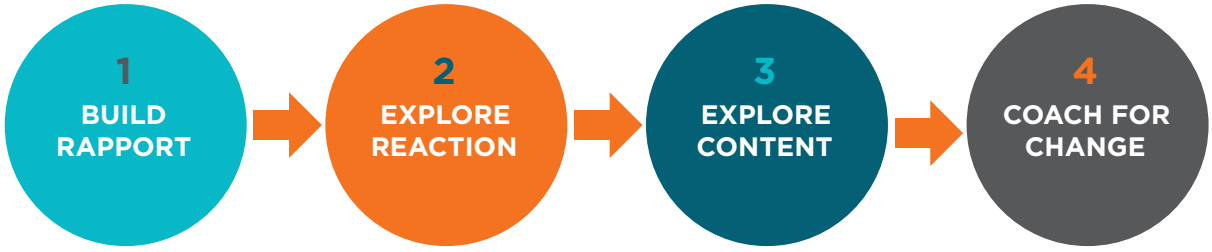
Once you have decided that there is an issue to be addressed, work with the trainee to identify possible solutions. In some cases, this may be undertaken on a less formal basis whilst in other instances, a more formal approach will be required.

Sargeant et al (2015), have developed the R2C2 Feedback Model (see below) for providing feedback within the medical education context. The model builds upon the principle that working effectively with trainees requires a relationship based on trust and respect. It also acknowledges that many trainees may initially have a negative response to hearing critical or negative feedback. This is particularly relevant to providing feedback to trainees experiencing difficulties.

Through the DPET engaging in a supportive and respectful conversation, where the trainee feels heard, trainees may become more willing to explore issues with their performance.

Through the DPET engaging in a supportive and respectful conversation, where the trainee feels heard, trainees may become more willing to explore issues with their performance. This also places emphasis on the idea that, as adult learners, trainees are ultimately responsible for their own learning and therefore should be actively engaged in developing strategies that address concerns. Specific remediation strategies are covered in a following section.

R2C2 FEEDBACK MODEL



- Build trust and respect
- Explain the purpose of the meeting
- Outline and negotiate what will be discussed

- Anticipate initial emotive response
- Explore areas of concordance and discordance
- Goal is to ensure trainee feels heard

- Explore how trainee has interpreted feedback
- Ensure trainee understands specifics of concerns and areas to improve

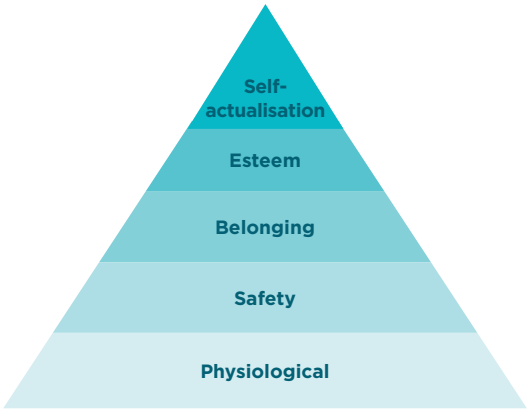
- Engage trainee in generating strategies to address concerns
- Collaboratively develop an IPAP

Adapted with permission from Sargeant et al, 2015.

A LACK OF INSIGHT OR JUST FEELING UNSAFE?

In high stakes discussions, trainee's apprehensions, whether conscious or not, can be significant barriers to exploring concerns raised. For example: concerns regarding future work, career prospects or financial security; loss of respect; harm to professional standing or reputation; loss of value by others in the team; lack of confidence or self-esteem (see Maslow's hierarchy below).

Your ability to create a safe space for the trainee, characterised by high levels of trust where you are acting in the trainee's best interests, can have a very positive impact on the trainee's ability to hear what is being said.



Maslow's hierarchy

DEVELOPING AN ACTION PLAN

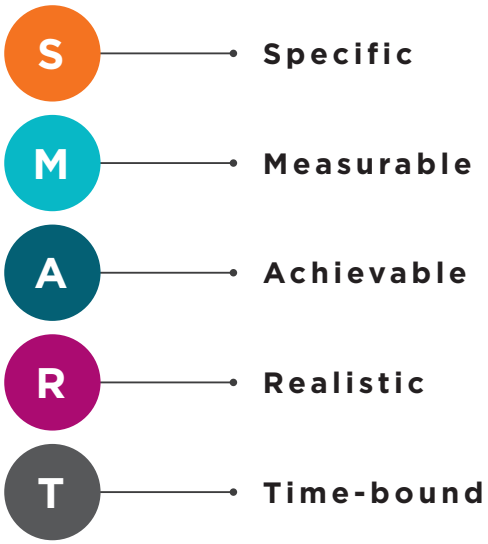
An appropriate form of documentation should be selected to manage individual trainees in difficulty. For the majority of trainees who require a formal remediation plan to address concerns about performance, an improving performance action plan (IPAP) will be used.

The IPAP is a part of the formal assessment process that identifies areas to be discussed and documented in working up a remediation plan. In other cases, for example identification of mental health issues, other forms of documentation (such as a file note) should be used. Further information on this is provided in the Resources section under Templates.

This section provides information specific to the IPAP, noting that an IPAP will not be the appropriate format for documentation in all issues relating to trainees in difficulty, but should be generally reserved for issues identified as part of the formal assessment process.

- Use the approach suggested under *Speak with the trainee* in Section 1. The same principles apply.
- Work collaboratively with the trainee.
- Spend some time exploring areas of strength. This will promote confidence, optimism and foster resilience. Use appreciative enquiry:
  - "When did you cope well?"
  - " What contributed to this?"
  - "What needs to change now?"
- Use supportive, effective communication skills such as active listening, empathy and reflection to foster exploration of issues and solutions but remember to be clear and honest about potential consequences for not addressing identified issues.
- Think about the resources required (see following section for specific remediation strategies).

SMART GOALS



- Be specific about objectives and timeframes. Use SMART goals (See figure above).
- Have an agreed action plan of what to do if struggling. Who to contact and how.
- Encourage the trainee to suggest strategies. Brainstorm together – "What is going to be most helpful to you?"
- Act in the trainee's best interests by clarifying your intent. "My job is to support you to be successful in the term." Keep the responsibility for addressing the issues firmly with the trainee.
- Provide a copy for the trainee and note any areas of disagreement.

If you are dealing with a high level concern, exercise caution in relation to the process or procedures you follow in order to make sure that your actions don't compromise the potential for future disciplinary action if required. Seeking advice early will assist with making sure that appropriate procedures are followed at the outset.

KEY COMMUNICATION SKILLS FOR WORKING WITH TRAINEES EXPERIENCING DIFFICULTIES

- Develop rapport
- Active listening
- Convey empathy
- Communication based on facts and evidence
- Reflective comments
- Acknowledge their point of view
- Questioning for clarification
- Challenge beliefs
- Name any resistance and negativity
- Express own view clearly
- Encourage them to generate solutions
- Intent – ***in their best interests***
- Non judgmental attitude
- Commit to next steps (within timeframe)

KEY POINTS

- ✓ Anticipate the potential for an initial negative response (anger, defensiveness, denial).
- ✓ Acknowledge the emotional response (reflection and empathy are critical tools to build trust).
- ✓ Persist with the conversation (state your intent – acting in their best interests, engage with exploring issues).
- ✓ If the trainee is unable/unwilling to get beyond initial response – time out and gather support.
- ✓ If the trainee requires additional support – consider inviting a support person to next meeting.

COMPLETING AN IPAP

1 Ensure that all details are filled in accurately.

2 Detail the specific domain and intern outcome statement (core competency) to be addressed.

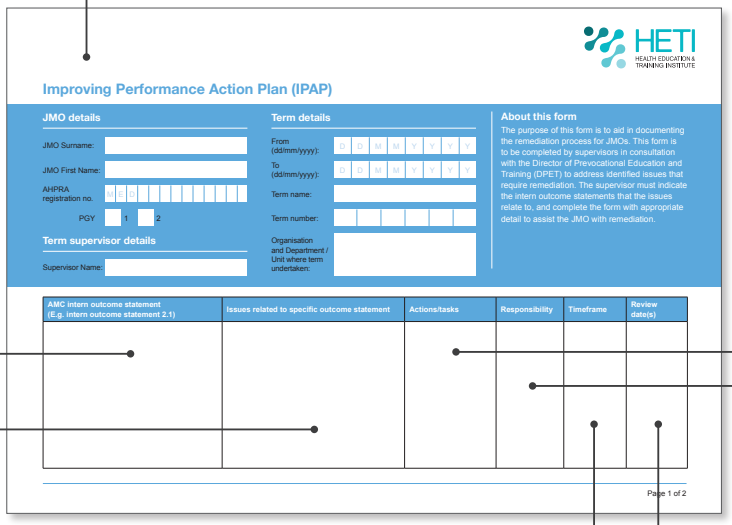
3 Provide a detailed description of the events/behaviours that led to the remediation.

4 Provide statements (objective measures) of the proposed remediation plan. This should include explicit statements regarding what the trainee is expected to do or achieve during the remediation period.

5 Provide name and position of person responsible for action or task. In most cases the responsibility will rest with the trainee.

6 Provide detail on the expected timeframe for the completion of the task or action. It is critical that these are realistic and then strictly adhered to.

7 Schedule the dates when the trainee's progress against the remediation plan will be reviewed. Like the timeframe for actions, these should be strictly adhered to.


HETI
HEALTH EDUCATION & TRAINING INSTITUTE

Improving Performance Action Plan (IPAP)

JMO details

JMO Surname:

JMO First Name:

AHPRA registration no.

PGY 1 2

Term supervisor details

Supervisor Name:

Term details

From (dd/mm/yyyy): D D M M Y Y Y Y

To (dd/mm/yyyy): D D M M Y Y Y Y

Term name:

Term number:

Organisation and Department / Unit where term undertaken:

About this form

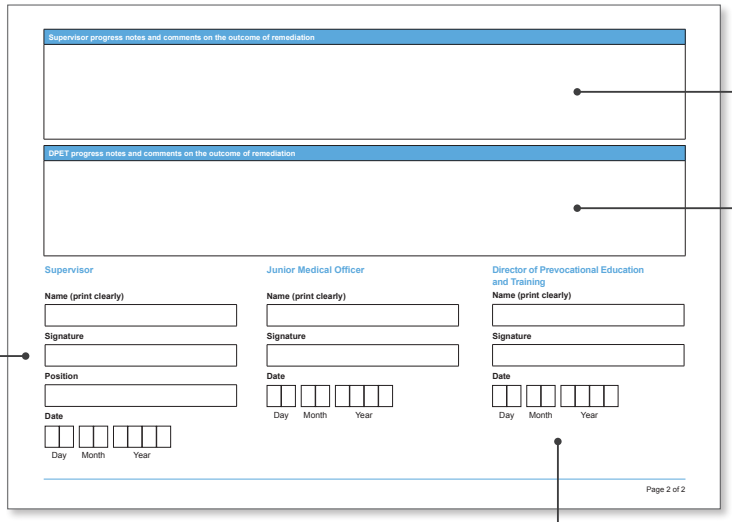
The purpose of this form is to aid in documenting the remediation process for JMOs. This form is to be completed by supervisors in consultation with the Director of Prevocational Education and Training (DPET) to address identified issues that require remediation. The supervisor must indicate the intern outcome statements that the issues relate to, and complete the form with appropriate detail to assist the JMO with remediation.

AMC intern outcome statement (E.g. intern outcome statement 2.1)	Issues related to specific outcome statement	Actions/tasks	Responsibility	Timeframe	Review date(s)

Page 1 of 2

8

The supervisor, JMO and DPET should sign and date the relevant section. Copies of the form should be made with one kept on file and one given to the trainee.


Supervisor progress notes and comments on the outcome of remediation

DPET progress notes and comments on the outcome of remediation

Supervisor

Name (print clearly)

Signature

Position

Date

Day Month Year

Junior Medical Officer

Name (print clearly)

Signature

Date

Day Month Year

Director of Prevocational Education and Training

Name (print clearly)

Signature

Date

Day Month Year

Page 2 of 2

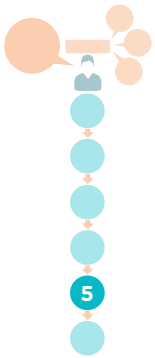
9

At each scheduled review date, the IPAP should be updated.

Each action/task is reviewed and an entry made by the supervisor and DPET regarding the trainee's progress against the remediation plan. This should be done in consultation with the trainee.

10

The supervisor, JMO and DPET should sign and date the updated form. Copies should be made with one kept on file and one given to the trainee.



5
Implement action plan

POTENTIAL REMEDIATION STRATEGIES

Determining the correct remediation strategy may sometimes be challenging. In the first instance, it requires the trainee's engagement and willingness to address identified areas of concerns. Secondly consideration will need to be given to availability of resources, including time. Some quick fixes are listed below.

Refer to the Resources section under Remediation for further readings.

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 DPET with the term supervisor or the registrar about increased support and supervision can alleviate distress.

Two books published on remediation strategies in medical training may provide useful reading for DPETs.

Guerrasio J. Remediation of the Struggling Medical Learner. Irwin, PA: Association for Hospital Medical Education; 2013

Kalet A, Chou C. (editors) Remediation in Medical Education: A Midcourse Correction. New York, NY: Springer; 2013

- Providing 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 and handover communications.

ACTION TO CORRECT KNOWLEDGE DEFICITS

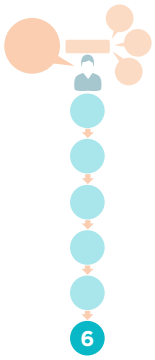
- Recommending specific texts and review articles.
- Ensuring easy access to helpful tools, including handbooks, protocols and the Clinical Information Access Portal (CIAP).

TARGETED SUPERVISION

- Direct assistance with time management, such as the prioritising of tasks with the registrar.
- Prompting the trainee to carry their patient list and details, relevant referral forms (if not electronic) and prescribing guidelines with them.
- Prescribing review, ECG review, CXR review.
- Regular review with DPET 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 who has the capacity to assist).
- Supernumerary position in specific terms, whenever patient safety is potentially an issue.

OTHER SUPPORT STRATEGIES

- Communications workshops.
- Time in simulation lab (for procedural skills, practicing basic life support, etc).
- Psychological support or counselling, cognitive behaviour therapy.
- Referral (GP, psychiatrist, physician).
- Career counselling or assessment by an occupational psychologist.



6
Review and resolve

MONITORING PROGRESS

An IPAP for managing a trainee in difficulty calls for a plan for reviewing the effectiveness of the intervention. The IPAP should state the intended outcomes. On the review dates set, progress toward the intended outcomes should be discussed with the trainee, assessed and documented. On review, the plan may need to be amended or extended.

Generally either the term supervisor or the DPET (and sometimes both) will be responsible for meeting with the trainee to discuss and monitor progress. Regular opportunities to meet and review what is working and what is not will greatly assist in tailoring and refining remediation strategies for that individual trainee.

If the DPET and term supervisor cannot manage the trainee successfully, further referral and escalation to the Director of Medical Services (DMS) or medical administration may be required.

Each training provider is required to convene an Assessment Review Committee responsible for oversighting and monitoring the progress of all trainees, including those experiencing difficulties. Further information on Assessment Review Committees is provided later in Section 2.

REACHING A RESOLUTION

Ultimately after a period of remediation and additional support, the majority of trainees will progress successfully to the next stage of training. In some (relatively rare) cases, trainees may be assessed as not suitable to continue in the training program. Either way, trainees should not be kept indefinitely on remediation programs and the Assessment Review Committee has an important role to play in monitoring progress and assisting decision making.

TRANSFER OF INFORMATION

Deciding whether or not to transfer information about a trainee to a future supervisor is always a judgement call and has both risks and benefits. Patient safety is the paramount consideration but beyond this, decision makers need to balance the need for a trainee to have ongoing support and monitoring with the potential for being negatively regarded in the new term.

In some instances, trainees will benefit from having information passed to the new supervisor with an appropriate plan and additional supports in place. In other situations, particularly for lower level concerns, trainees will benefit from the opportunity to make a fresh start. In these cases, passing on information about concerns may increase the risk of prejudice in subsequent judgements by the new supervisor.

Transfer of information to the next term supervisor or facility should be done with the trainee's knowledge and ideally consent (although the latter is not a legal requirement).

SECTION 2: FURTHER CONSIDERATIONS

ROLES AND RESPONSIBILITIES

There are processes and procedures for dealing with trainees in difficulty within every hospital and local health district.

There are several individuals who may become involved when a concern is raised about a trainee. Given the variation in organisational structures, it is recommended that each DPET identify local resources.

There is always someone to ask, even about low level concerns.

MEDICAL ADMINISTRATION

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 of medical staff.

Most hospitals have a General Manager. General Managers are usually non-medical, but have a good understanding of local policies and procedures and can provide advice.

When a trainee is experiencing difficulties that impact significantly on their work performance, the DPET will need to contact medical administration who will provide assistance by detailing the process to be followed.

JMO Managers will often be involved with assisting trainees experiencing difficulties, through provision of support or practical assistance such as rearranging rosters and overtime. JMO Managers can be a valuable source of information and support for DPETs working with trainees in difficulty.

HUMAN RESOURCES

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

When seeking advice from HR, treat the information as you would in any other consultation. Identify the person, position and record all details including the date and time of discussion, and main discussion points. It is valuable to identify the seniority of the person that you are dealing with, and if you are not comfortable with the advice given, seek advice from a more senior person. Given the intersect between “trainee” and “employee”, some of the issues can be quite complex and you will need advice from an HR person who is experienced in dealing with medical staff.

NETWORK COMMITTEE FOR PREVOCATIONAL TRAINING

All prevocational training networks have a network committee responsible for issues across the network, including managing trainees in difficulty. Membership is generally made up of the Directors of Medical Services, DPETs, trainees, as well as others involved in education and training across the facilities within the network.

Generally issues should be dealt with on a need to know basis. Trainee in difficulty matters should always be discussed confidentially and not in the presence of other trainees. If a trainee in difficulty is being rotated to another hospital, that hospital needs to be aware of any ongoing issues. Similarly, a new term supervisor needs to be aware of any ongoing issues.

Committee members need to be mindful of confidentiality requirements and the sensitive nature of the discussions. Wisdom and experience are critical to effective intervention. Seek advice from an experienced DPET within the network or beyond.

Since 2014, all training providers are required to have Assessment Review Committees. These committees have largely subsumed the previous responsibilities for the Network Committee for Prevocational Training in oversighting and monitoring individual trainee progress, though in many cases the Assessment Review Committee is a subcommittee of the Network Committee. Further information about Assessment Review Committees is provided in Section Two.

CLINICAL GOVERNANCE UNIT

All local health districts have Clinical Governance Units responsible for managing complaints and concerns about clinical performance, amongst other things. The Director of Clinical Governance (usually a medical practitioner) can also be a source of advice, usually through the senior medical manager.

Please refer to the medical management model developed by NSW Health Quality and Safety Branch and see the NSW Health Guidelines Complaint or Concern about a Clinician in the resource and reference section.

NSW HEALTH EDUCATION AND TRAINING INSTITUTE

HETI has a number of roles with respect to managing prevocational trainees, including accreditation of prevocational training programs and the development of education and training resources for trainees, supervisors and DPETs.

Each year, HETI runs annual forums to provide opportunities for DPETs and others involved in prevocational training to meet, network and discuss issues relevant to prevocational training, including managing the trainee in difficulty.

Whilst HETI provides education and training resources, HETI staff are not directly responsible for the management of trainees, this being the responsibility of the employer. DPETs should therefore in the first instance, seek assistance and support from the DMS and HR departments within their facility. Experienced DPETs are often an important source of advice and peer support. HETI staff can provide names and contact details if required. The HETI Medical Director and Chair of the Prevocational Training Council can also be contacted for advice on more complex or challenging matters.

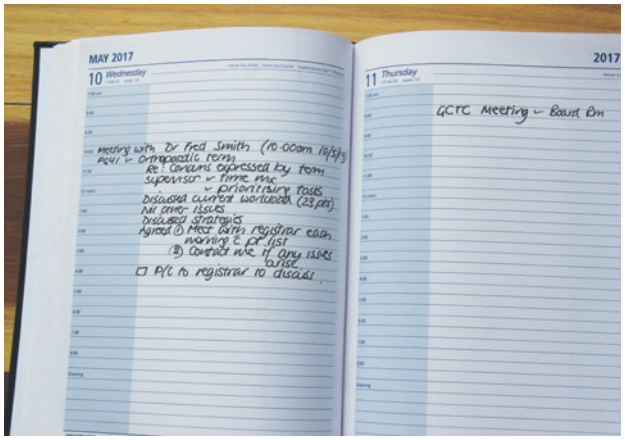
DOCUMENTATION

While only a minority of difficulties with prevocational trainees escalate to formal processes, effective management requires appropriate documentation from the earliest stages. Documentation improves continuity of management when the trainee changes rotations avoiding duplication of effort and helps ensure that problems are adequately addressed at an early point in the trainee's career. Get into the habit of keeping diary entries for all low level concerns (see below). It can sometimes be challenging to predict which concerns may escalate over time.

Triage your documentation. With some adaptation, this is the same skill set as making a clinical record and the same principles apply: transparency, fairness, confidentiality and objectivity.

LOW LEVEL CONCERNS

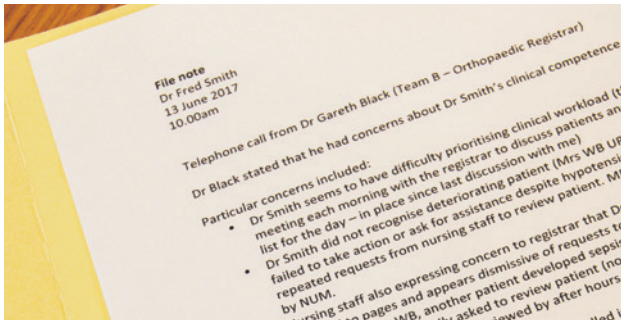
These will be by far the majority of the issues that you will deal with on a day-to-day basis.



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
- Use objective language and include a balanced account of the meeting or telephone call.

Sometimes sending an email to the trainee summarising the meeting is all that is required and provides a transparent summary of the meeting. This supports best practice. Ensure attention to detail, respectful communication and marked confidential in the subject line.

HINTS

- **Reread what you have written through the eyes of the trainee or third party (Ask yourself – do I sound fair? Respectful? Supportive?).**
- **Stick to facts and be clear about stating your impression.**
- **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 allegations of sexual harassment, bullying, misconduct, emerging severe psychiatric disturbance, significant breach of professional standards):

- Documentation in these instances is very important because it becomes the evidence justifying the actions taken in managing the situation (the source of truth).
- Any records for high level concerns are likely to be read by a number of parties (from different perspectives and interests: trainee, supervisor, lawyer, tribunal etc).

In these cases you will be seeking early advice from medical administration 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.

RESOURCES

Record of meeting with prevocational trainee

Prevocational Trainee Improving Performance Action Plan (IPAP) template

KEY POINTS

- ✓ Good documentation is crucial.
- ✓ Meticulously record formal discussions (key points, verbatim quotes can be valuable but it does not need to be a Hansard).
- ✓ Give the trainee a copy of any documentation.
- ✓ If sending emails about a trainee, the content should be accurate, balanced and objective. Ideally copy the trainee in (but do not include trainee's name in subject line, rather mark the subject line, "Confidential").

KEY STEPS TO FORMULATING AN IMPROVING PERFORMANCE ACTION PLAN (IPAP)

1. Only use an IPAP for performance issues
2. Engage the trainee (support, trust and respect)
3. Use specific language. Particularity is everything. (Ask assistance from the DMS if unsure how to language the IPAP. This is the formal record of intervention)
4. Ask the trainee Is there anything that will help you achieve the outcomes of the plan? (consider all reasonable requests)
5. Use SMART goals (link to the Intern guide and Progress Review Form)
6. Keep in draft form until the trainee has had the opportunity to provide comment and input
7. Signed by trainee and supervisor (noting any areas of disagreement)
8. Provide a copy to the trainee and keep one for your records
9. Determine review dates to monitor progress
10. Organise regular meetings and provision of feedback. Assess the trainee for progress against agreed actions
11. Document the final outcome. This is very important, even if the trainee is doing well. Trainees need the opportunity for the matter to be brought to a resolution

ASSESSMENT REVIEW COMMITTEE

Historically, Prevocational Network Committees (or a subset thereof) have had a primary role in reviewing trainee progress and in particular, monitoring trainees experiencing difficulties. From 2014, the Australian Medical Council (AMC) required all prevocational training providers to have an Assessment Review Committee convened to review the progress of prevocational trainees.

Assessment Review Committees are a significant change to the way in which trainee progress has previously been monitored. The Assessment Review Committee provides a forum comprising a group of senior clinicians (compared with an individual DPET) who are collectively responsible for reviewing and making decisions upon individual prevocational trainee doctors' progress.

While HETI have published a template for the Terms of Reference for Assessment Review Committees, each committee will also need to make decisions on how the committee will function. Some Assessment Review Committees may choose to review all prevocational trainees, whilst others may just review the progress of those trainees identified as having issues or whose progression is at risk. The Terms of Reference should cover the logistics of the meetings, including frequency, length and format of documentation.

All DPETs will be members on the Assessment Review Committee and will have an important contribution to make, however it is worth noting the following:

There should be clear separation of the functions of assessment, advocacy and decision-making. In practice, this means that the DPET raising an issue should avoid being the Chair of the Committee.

Each Assessment Review Committee should pay particular attention to the way in which it conducts its business. Processes are very important.

Generally, if the Assessment Review Committee is acting in good faith, and decisions are based on the expertise of the members, it will make the correct decision but if the process is found to be problematic, the decision can be overturned.

In considering the progress of individual trainees, the Assessment Review Committees will review a variety of sources of information. This may include progress review forms, Improving Performance Action Plans and other documentation. The trainee should have access to all information being presented to the Assessment Review Committee. This supports the principle of transparency and fairness through giving the trainee an opportunity to respond to any issues raised.

All Assessment Review Committees should be aware of the potential for bias. Good group process can lead to better decisions and judgement. Conversely poor group process can lead to suboptimal decisions.

Some tips for effective functioning of the Assessment Review Committee:

- Effective group process can be fostered. Develop rules of engagement for the group to function.
- Avoid coming to the meeting with a decision already pre-determined.
- Diverse opinions should be invited and encouraged.
- Issues of hierarchy can negatively affect group decision-making, compounded when the most senior member is the Chair. The Chair and DPET should avoid speaking first.
- Time pressure, or trying to cover too many trainees in one meeting can produce lower quality decisions. Be sure to give enough time for robust discussions.
- Consider asking one person to offer an opposing or different view, to help represent all possible perspectives.
- A quick debrief at the end of each meeting can also help improve group process over time. Leave some time to consider what worked well and what could be improved.

WHEN DOES POOR PERFORMANCE BECOME A DISCIPLINARY MATTER?

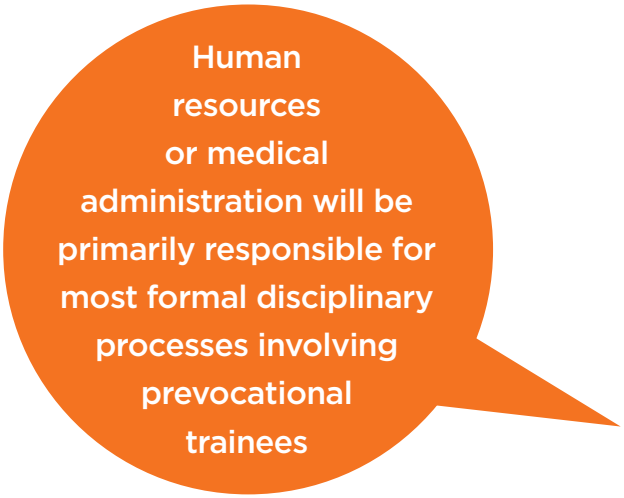
Most problems involving prevocational trainees will be managed effectively through informal processes, but occasionally disciplinary processes will be necessary to address serious or ongoing performance problems, misconduct or inappropriate workplace behaviour.

All matters involving prevocational trainees that are likely to result in disciplinary action should be referred to the medical administration and human resources departments of your facility or local health district.

Human resources or medical administration (or both) will be primarily responsible for most formal disciplinary processes involving prevocational trainees. **The DPETs role is generally to provide support or advocacy for the trainee.**

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.

Whilst notification to APHRA and the Medical Board of Australia is covered in detail in the following section, keep in mind that the management of a trainee in difficulty deemed unsuitable for general registration or further progression potentially also involves issues under employment and industrial law.



It is therefore critical that the Director of Medical Services and the HR department are involved early in the process if there is a possibility of disciplinary measures being required. The decision to terminate an employee lies with chief executive of the local health district or public health organisation.

DPETs should therefore be familiar with the document **A Framework for Managing the Disciplinary Process in NSW Health** (see the resources and references section) and in particular Appendix C which is contained within that policy entitled *Checklist – Key stages in managing the disciplinary process*.

The DPETs role is generally to provide support or advocacy for the trainee.

ROLE OF AHPRA, THE MEDICAL BOARD OF AUSTRALIA AND THE MEDICAL COUNCIL OF NEW SOUTH WALES

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

AHPRA is the responsible authority for granting medical graduates with provisional registration, and for granting general registration at the completion of a satisfactory internship. The MBA sets the national standards for internship which are available at **www.medicalboard.gov.au/registration-standards.aspx**. All DPETs should be familiar with these standards.

In the NSW context, concerns and complaints about medical practitioners and medical students are managed through the Council under a co-regulatory model, in conjunction with the Health Care Complaints Commission.

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

The Council deals with matters under three programs:

- the *Professional Conduct Program* where there are concerns of unprofessional conduct or professional misconduct; this pertains to doctors only because the legislation does not provide jurisdiction to the Council and the Health Care Complaints Commission in relation to the conduct of medical students;
- the *Health Program* for doctors and medical students who may be suffering impairment due to ill health; and
- the *Performance Program* for doctors whose professional performance may be below peer standards. This also does not apply to students.

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

It is important to note referral of doctors to the last two programs can occur via a notification rather than a complaint.

DPETs report that making a determination about whether or not a trainee experiencing difficulties should be notified to the regulatory authority can be difficult.

There are essentially three areas to consider in making a decision about whether a trainee should be notified to the regulatory authority:

1. A trainee who has engaged in 'notifiable conduct' (see text box p 44). The National Law applies to all registered practitioners, including those who are provisionally registered.
2. A trainee who has significant health issues and requires ongoing support and monitoring. In some cases, trainees will have been referred as medical students and may commence employment with conditions on their provisional registration. In NSW, these doctors are managed under the Impaired Registrants (Health) Program of the Medical Council of New South Wales. This is by far the most common mechanism for prevocational trainees to come to the attention of the Council. Further information is provided under the section on *Trainee safety and mental health issues*.
3. A provisionally registered trainee (intern) whom the hospital considers is not appropriate to offer additional remediation within that employment period, or that remediation is unlikely to be successful. Generally speaking, this includes interns who have already been identified as having significant issues, have been offered appropriate support and remediation, but have failed to meet requirements.

DPETs should always speak with the Director of Medical Services about any trainee that they believe should be referred to the MBA.

Only those interns deemed by the hospital as not appropriate to offer additional remediation within that employment contract, or where it is felt that remediation would be unsuccessful, are required to be referred to the Board.

Generally, the Board and the Council will not become actively involved in the assessment or management of prevocational trainees experiencing performance difficulties, but the Board will rely on information provided by the employer in making decisions regarding registration status.

The reason for this is because trainees are just that: *trainees*, with the expectation that they are learning and practicing medicine under appropriate supervision. The responsibility of identification, assessment and management of trainees experiencing difficulties clearly rests with the employer.

Therefore, whilst the Council may from time to time conduct a Performance Interview for a doctor in training, the Council does not conduct Performance Assessments on prevocational trainees. DPETs should refer to the document entitled *Doctors in Training and Performance Position Statement* for further information on **https://www.mcnsw.org.au/sites/default/files/dd13_10658_policy_-_position_statement_on_doctors_in_training_and_performance.pdf**.

An intern who has been identified as requiring remediation and additional support, even if they have to complete additional terms (thereby extending the usual intern period beyond 12 months or the pro-rated equivalent, if undertaking internship on a part-time basis), does not automatically require notification to the regulatory authority.

DPETs should always speak with the Director of Medical Services about any trainee that they believe should be referred to the regulatory authority.

MANDATORY REPORTING – NOTIFIABLE CONDUCT

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare.

Health practitioners and their employers, as well as education providers, also have mandatory reporting responsibilities under the National Law.

Education providers, registered health practitioners and their employers must tell AHPRA if they have formed a reasonable belief that a registered health practitioner has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- Practising while intoxicated by alcohol or drugs
- Sexual misconduct in the practice of the profession
- Placing the public at risk of substantial harm because of an impairment (health issue), or
- Placing the public at risk because of a significant departure from accepted professional standards.

Issues involving notifiable conduct should always be escalated to the DMS

'PATRICK'

Patrick is a PGY2 rotated to emergency medicine. The term supervisor rings you because one of the registrars reported that Patrick seemed quite 'under the weather' when he arrived at work on Saturday morning. The registrar did not elaborate on what he meant by this, but sent Patrick home. The term supervisor says that Patrick has rung in sick at short notice, on a couple of occasions for night shifts so far this term.

You meet with Patrick. He tells you that everything is ok. He says he is enjoying the term but that he has been a little unwell lately. He declines to elaborate. He says that he is very sorry that he had to leave work on Saturday morning but denies any issues. You ask about self-care, encourage him to see a GP (he does not have one at present) and offer support if required.

Two weeks later, the term supervisor rings again. She tells you that she happened to be working on the previous evening when Patrick turned up to work a night shift, smelling of alcohol. He admitted to having a "couple of glasses of wine" earlier in the evening whilst out to dinner. Although she did not think that Patrick was intoxicated, she arranged for a cab to take Patrick home.

You contact the DMS and arrange to meet Patrick later that afternoon. During the meeting, Patrick reveals that he was recently charged with DUI and that he has to court appearance the following week. He says that he feels like things are out of control. The DMS arranges for Patrick to take some sick leave and seeks his agreement to see a GP later that day. The DMS also seeks Patrick' agreement to self-refer to the Medical Council but lets him know he will follow up.

SECTION 3: SPECIFIC ISSUES

TRAINEE SAFETY AND MENTAL HEALTH ISSUES

Medical practitioners have higher rates of depression, anxiety and suicidal ideation compared with the general community.[2] The early postgraduate years can be a time of significant challenges with a number of concomitant stressors – starting a new job, increased responsibility, changes to usual support networks through moving house/city to commence work, concern about long term career/training prospects and so forth. It is not surprising that a significant number of doctors report mental health issues in the early postgraduate years.[3]

Recent surveys reveal that a high percentage of trainees experience suicidal ideation and suicide remains a risk. Being identified as a trainee who is not performing can be stressful in itself and in some trainees may exacerbate underlying mental health issues.

A small number of trainees may commence work with known mental health issues and some may have conditions on their provisional registration. In the latter cases, there is usually a requirement for the trainee to notify their employer and so DPETs should be aware of trainees in this group. In other cases, trainees may self disclose

2 Norris S, Elliot L and Tan J. *The mental health of doctors: a systematic literature review*. 2010 beyondblue. Available at **www.beyondblue.org.au** Accessed May 2017.

3 Paice E, Rutter H, Wetherell M, et al. Stressful incidents, stress and coping strategies in the pre-registration house officer year. *Medical Education*, 2002; 36: 56–65.

IF YOU ARE CONCERNED ABOUT A TRAINEE, IT'S OK TO ASK…

- ✓ About depression (mood, sleep, anhedonia).
- ✓ Suicidal thoughts (screen for immediate risk).
- ✓ What supports do they have? Who else is aware that they are struggling?
- ✓ Do they have a GP?
- ✓ Are there any other stressors? (That they are willing to disclose)
- ✓ It may be appropriate to ask if they have a psychologist or psychiatrist but generally their GP should be the one to make referrals to more specialist mental health services as required.

However as the DPET, you are not the trainee's treating doctor, therefore think about screening and referring (ie: outsource the diagnosis).

mental health issues to the DPET. Managing trainees with existent mental health issues can be challenging but the same principles of prevention, early intervention and supportive approaches apply.

Long hours, sleep deprivation and increased stress relating to new responsibilities for patient care can sometimes tip the balance and mental health issues (either undiagnosed or previously controlled with appropriate intervention) can emerge.

High functioning individuals may be very effective at concealing sometimes quite high levels of distress. Risks to trainee safety should always be considered when managing a trainee experiencing difficulties and appropriate supports should be mobilised as required.

KEY POINTS

- ✓ This cohort of trainees often require significant support.
- ✓ Refer to DMS/HR for significant concerns.
- ✓ HR have clearly established processes for managing employees with both physical and mental health issues – seek early advice/referral.
- ✓ Set clear expectations and boundaries.
- ✓ Treating team (GP, psychiatrist and psychologist).
- ✓ Balance requirements of the trainee with the requirements of the health service. Seek advice regarding relevant policies and legislation.

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

CHECKLIST FOR EMERGENT MENTAL HEALTH ISSUES IN TRAINEES[4]

Assess immediate risk If worried +++, utilise ED or numbers listed in key contacts	
Seek agreement with trainee to attend their GP If concerned +++ and unable to seek agreement or unable to contact trainee and concerned regarding immediate risk, escalate to DMS (or equivalent)	
Practical issues to be addressed (rostering, leave) – speak with JMO Manager/DMS	
Other internal supports as needed/ agreed: • Medical workforce/administration • Term supervisor/Registrar • Mentor • Clinical buddy (mindful of confidentiality)	
Other external supports as needed/ agreed: • Online CBT – med.thisway.upclinic.com • NSW Doctors' Health Advisory Service • Medical Benevolence Association • Psychiatrist or other specialist • Employee Assistance Program	
Follow up as required	
Document	

4 With thanks to Dr Sarah Michael, FRANZCP, Director of Prevocational Education and Training, St Vincent's Hospital, for permission to adapt.

BARRIERS TO SEEKING SUPPORT

Doctors may be reluctant to seek help for health problems because of fear about stigma, confidentiality, inability to access suitable services or unwillingness to let others down. Many self-medicate, seek treatment through colleagues or delay seeking help altogether until condition has become severe.

Inclusion of mental health issues in doctors as part of the formal education program as well as awareness of available services may mitigate some of the barriers to trainees seeking support.

'SIMON'

Simon is a PGY1 who has just commenced internship. He has conditions on his registration due to severe depression, initially diagnosed in his second year of medical school. The conditions include: that he notify his employer; have regular contact with his psychiatrist and general practitioner; and meet with the DPET regularly.

Simon makes contact with the JMO Manager to alert him to his illness and registration conditions prior to commencing his internship. You meet with Simon and the JMO Manager during orientation week to discuss the need for additional support, his capacity to work overtime and you also offer to arrange one of the PGY2s to be his buddy.

The first two terms progress without incident however during his relief/nights term, Simon becomes very unwell and requires admission to hospital. Following his two-week admission, Simon's psychiatrist recommends that Simon has an additional six weeks of leave.

Toward the end of the six-week period, Simon contacts the JMO Manager to advise that his psychiatrist thinks that he will be ready to return to work. You discuss this with the DMS who recommends that HR be involved given the length of absence from the workplace. One of the staff from HR rings you to discuss an appropriate return to work program, which includes revision of his term allocations, no overtime and a plan should Simon experience an exacerbation of symptoms. The plan is agreed with Simon and the treating psychiatrist. The NSW Medical Council Impaired Practitioners Program has been advised of Simon's hospital admission and has reviewed his case, but has not recommended any changes to Simon's conditions.

Although Simon had been due to commence an Emergency term, you arrange with the JMO Manager to defer his Emergency term until later in the year and the JMO Manager instead allocates him to a urology term that also has an SRMO. You also seek agreement with the JMO Manager not to place Simon on the overtime roster. Simon returns to work as planned and you catch up with him every couple of weeks. Simon reports that things are going well and he is maintaining regular contact with his psychiatrist. Simon completes the remainder of the year and given his extended absence, he is required to complete an additional term although ultimately is recommended for general registration. The conditions on his registration remain in place.

RESPONDING TO TRAINEES IN DIFFICULTY WHO RAISE CONCERNS OF BULLYING OR OTHER ISSUES

There is a significant body of evidence to demonstrate that bullying, harassment and associated behaviours such as undermining are a problem across all healthcare professions, including within medicine (Fnais et al, 2014). As junior members of the healthcare team, trainees are at increased risk of being the subject of, or witnessing, these behaviours.

This is significant in the context of trainees experiencing difficulties for two reasons. Firstly, hostile interactions between trainees and their supervisors can of itself lead to psychological distress, have a negative impact on the work and learning environment and ultimately lead to poorer performance by the trainee.

Secondly, in unsupportive or punitive learning cultures, trainees who are identified as having performance issues in the first instance may be subjected to the impacts of a supervisor's frustration, impatience and anger as the supervisor deals inappropriately with the poor performance. Evidence suggests that this may result in a spiral of deteriorating behaviour by the supervisor and deteriorating performance by the trainee, (Klausner, 2013).

It is not surprising then, that some trainees who are identified as having difficulties will raise concerns regarding bullying, harassment or undermining behaviour by their supervisors or others in the workplace, as either the cause or a contributing factor to identified performance issues.

RESOURCES

Royal College of Surgeons of England, *Avoiding unconscious bias – a guide for surgeons*. London 2016.

DPETs are not responsible for investigating allegations of bullying and harassment within the workplace. If these issues are raised with you as part of your discussions with the trainee, escalate these concerns to the DMS or human resource department for appropriate investigation and resolution.

DPETs are responsible for supporting trainees if allegations of bullying or other issues are made.

Whilst allegations of this nature can compound working with trainees in difficulty, resist jumping to any conclusions about the validity of the concerns. Whilst challenging, it is possible to separate the issues but it is likely that you will need to engage the assistance of others in doing this. DPETs should of course be familiar with the policies and processes involved in prevention and management of unacceptable workplace behaviours.

Preventative strategies also play a role here. Discussions between supervisors and trainees identified as poorly performing are high stakes and ineffective communication on the part of the supervisor may place them at risk of subsequent complaints of bullying or intimidation. This can also apply to DPETs. Providing supervisors with support and training in undertaking these conversations can mitigate this risk and improve the confidence of all of those involved in dealing with trainees having difficulties.

Likewise, raising awareness through attending training about bullying and harassment is important for both trainees and supervisors and may ultimately contribute to building more supportive work and learning environments. See the resource and reference material section for further details on available courses.

Many Colleges also provide training for supervisors in giving feedback as well as educational resources on managing bullying, harassment and intimidation contextualised to medical training.

PREVENTION AT AN ORGANISATIONAL LEVEL ACTIONS FOR DPETS

DPETs are well placed within their organisations to influence and implement a range of preventative strategies that contribute to building a supportive learning environment for trainees.

These can include the following

- Orientation programs to the hospital and rotations.
- Education and training programs on self-care, resilience, bullying and harassment, providing and receiving feedback, mental health issues in doctors, stress-management.
- Encourage term supervisors and others to attend Teaching on the Run training sessions.
- Term supervisor dinners and meetings (create a space where there is a low threshold for discussing concerns in a non judgmental and supportive way).
- Work with RMO associations. Social activities build a culture of collegiality and peer support, for example: sport, dinners, education sessions, team activities.
- Awareness of and accessible support and treatment services – general practice, psychology, psychiatry, occupational health, peer support, coaching and mentoring.
- Mentoring program.
- Peer support or buddy program (particularly at times of transition, eg commencement of internship).
- Ensure you as the DPET are supported: attend HETI forums, involve yourself in a community of practice for DPETs.

A FURTHER COMMENT

Being involved in patient complaints, investigations following critical incidents, coronial matters and other such matters can be a significant source of stress for junior doctors not accustomed to dealing with these sorts of processes.

Encourage all junior doctors to let you know if they are asked to respond to a matter so that you are in a position to organise support for them throughout the process. Acknowledge that even very experienced clinicians find responding to these matters stressful.

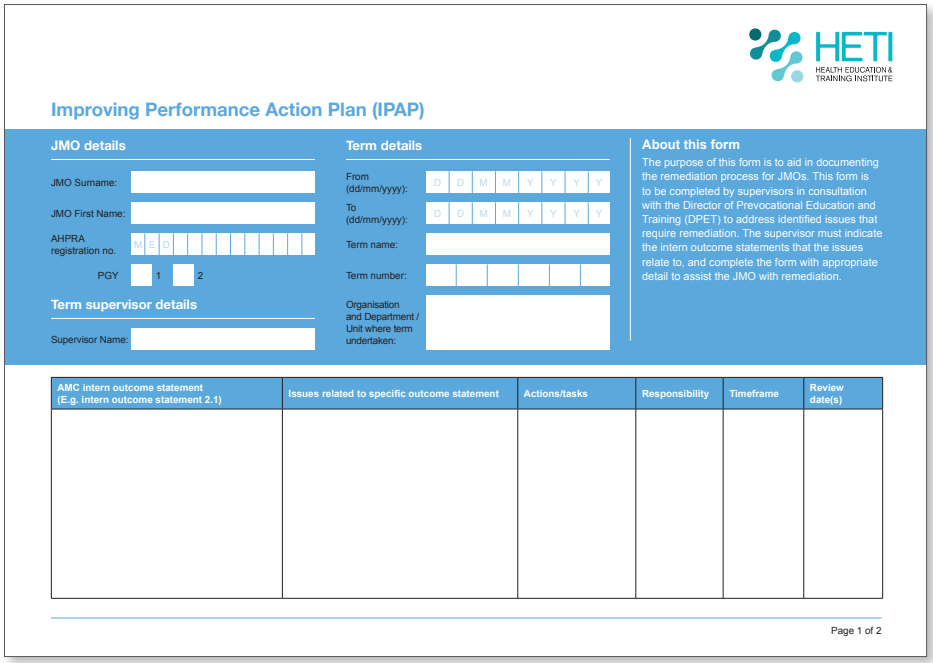
Maintain contact with medical administration and the clinical governance unit to ensure that you are made aware when a prevocational trainee might become involved in these processes.

DPETs are well placed to implement a range of preventative strategies that contribute to building a supportive learning environment for trainees.

SECTION 4: RESOURCES

TEMPLATES

IMPROVING PERFORMANCE ACTION PLAN (IPAP)



HETI
HEALTH EDUCATION & TRAINING INSTITUTE

Improving Performance Action Plan (IPAP)

JMO details

JMO Surname:

JMO First Name:

AHPRA registration no. (M E D)

PGY 1 2

Term supervisor details

Supervisor Name:

Term details

From (dd/mm/yyyy): D D M M Y Y Y Y

To (dd/mm/yyyy): D D M M Y Y Y Y

Term name:

Term number:

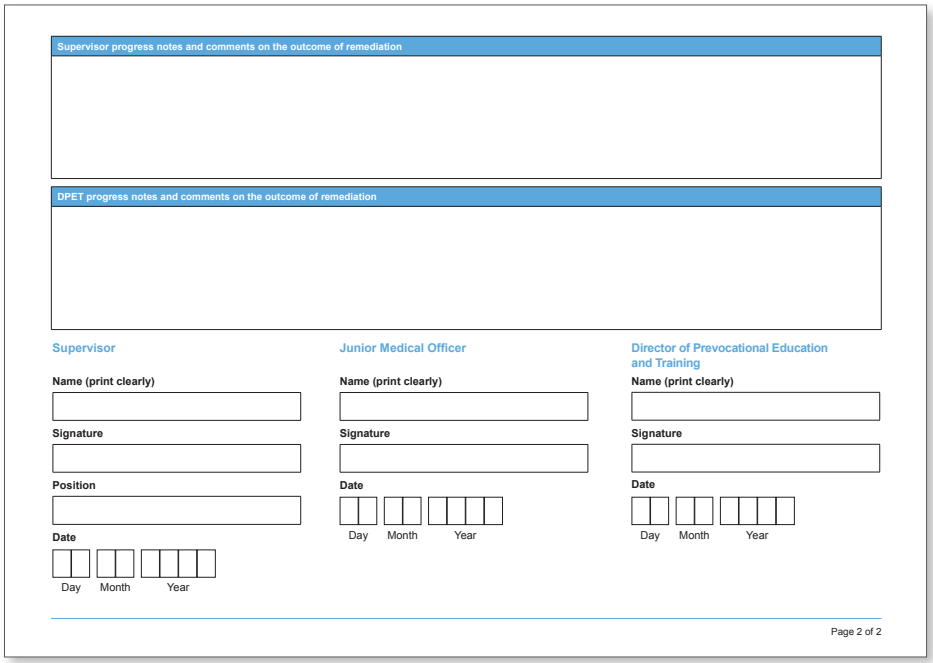
Organisation and Department / Unit where term undertaken:

About this form

The purpose of this form is to aid in documenting the remediation process for JMOs. This form is to be completed by supervisors in consultation with the Director of Prevocational Education and Training (DPET) to address identified issues that require remediation. The supervisor must indicate the intern outcome statements that the issues relate to, and complete the form with appropriate detail to assist the JMO with remediation.

AMC intern outcome statement (E.g. intern outcome statement 2.1)	Issues related to specific outcome statement	Actions/tasks	Responsibility	Timeframe	Review date(s)

Page 1 of 2



Supervisor progress notes and comments on the outcome of remediation

DPET progress notes and comments on the outcome of remediation

Supervisor

Name (print clearly)

Signature

Position

Date

Day Month Year

Junior Medical Officer

Name (print clearly)

Signature

Date

Day Month Year

Director of Prevocational Education and Training

Name (print clearly)

Signature

Date

Day Month Year

Page 2 of 2

MEETING RECORD

Record of meeting with prevocational trainee

The principles of fairness, natural justice and confidentiality should apply in all dealings with prevocational 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		

The following two documents have been written specifically for trainees and are available on the HETI website as pdfs. They have been included as appendices in this guide for the information of DPETs.

APPENDIX 1: ARE YOU CONCERNED ABOUT A COLLEAGUE?

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ARE YOU CONCERNED ABOUT A COLLEAGUE?

Junior doctors are generally very astute at identifying peers who are struggling. Occasionally, some individuals may work in ways that pose a serious risk to themselves, patients or colleagues.

Peers are often very well placed to recognise problems when they arise. In many instances this may reflect illness, professional isolation or overwork but it is nonetheless important that issues are identified and addressed. Acting on a concern may be difficult but it is important to act on significant and genuine concerns.

If you are concerned about a colleague, a first step is to speak with them and ask them if they are ok. Sometimes the mere fact that someone has offered support can make the difference in someone taking the first step to accessing appropriate assistance through their GP or other support services.

If you are concerned about someone but feel uncomfortable about speaking to them directly, there are several other options available for you to consider:

1. You may want to confidentially approach a trusted senior colleague to discuss the situation (potentially without naming the trainee about whom you are concerned) to check your perceptions regarding the level of concern and possible next steps.
2. Alternatively the Doctors Health Advisory Service provides a confidential telephone service for doctors seeking advice in relation to their own health and wellbeing as well as those who are concerned about a colleague. The contact numbers are listed over the page.
3. You might also consider raising concerns about the trainee with those who have responsibility for the doctor concerned. Your DPET may be a good place to start.

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Try to avoid having multiple conversations with others (particularly your peers) about your concerns – this has the potential to become gossip and rather than assisting your colleague, may become a barrier to their seeking and receiving appropriate support.

NEED URGENT ADVICE?

DPET

NSW Doctors Health Advisory Service:
http://dhas.org.au/

NSW & ACT Help Line:
02 9437 6552

JMO support line

The JMO support line is a support and advice service provided by NSW Health for junior medical staff. Call 1300 JMO 321 or 1300 566 321 to make a confidential appointment.

Keeping in touch with colleagues who are struggling is important – just letting them know that their colleagues are concerned can be vital.

WORRYING SIGNS

- Depression, anxiety
- Isolation, withdrawal
- Change in behaviour, anger, and irritability
- Change in appearance (lack of attention to hygiene, physical appearance)
- Signs of addiction, smelling of alcohol

RESOURCES

NSW Doctors Health Advisory Service:
02 9437 6552
http://dhas.org.au/

Are you OK? JMO Health website:
http://www.jmohealth.org.au

Australasian Doctors Health Network:
www.adhn.org.au

NSW Health Bullying and Harassment JMO support line:
1300 566 321

BeyondBlue (24 hours line):
1300 224 636
www.beyondblue.org.au

Lifeline, 24 hour support line:
131144

Australian Medical Association (AMA NSW):
02 9439 8822
www.amansw.com.au

Australian Salaried Medical Officers Federation (ASMOF):
02 9212 6900

Your Medical Defence Organisation

NSW GOVERNMENT Health

APPENDIX 2: WHAT TO DO IF YOU ARE IDENTIFIED AS A TRAINEE WHO REQUIRES ADDITIONAL SUPPORT

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WHAT TO DO IF YOU ARE IDENTIFIED AS A TRAINEE WHO REQUIRES ADDITIONAL SUPPORT

Some trainees might self-identify as needing additional support or assistance. In other instances, you might be approached by a senior colleague who raises concerns with you about your performance.

It is important to remember that the majority of trainees who have issues identified during the early postgraduate years go on to become successful doctors. Your level of self-awareness, insight and willingness to address identified issues will have a significant impact on the outcome.

Whilst it can be hard to resist the temptation to become defensive in the face of criticism, try to keep in mind that your term supervisor and DPET will have your best interests at heart. DPETs in particular will have significant experience in dealing with a range of junior doctors so their views and feedback are important. Becoming defensive or blaming something or someone else may be a significant barrier to you addressing the issues raised.

If you feel that the issues being raised with you are unfair, then speak to a trusted senior colleague but try to bear in mind that senior colleagues have a role in supporting your learning and making assessments of your progress toward independent medical practice. It is very rare for senior clinicians to raise issues regarding junior doctors that lack substance or are malicious in intent. If there are issues, which you think are impacting on your performance, raise these with your DPET.

TIPS

- ✓ Take a deep breath and listen to what is being said.
- ✓ Resist the temptation to become defensive (self-awareness is key here).
- ✓ You will be given an opportunity to provide your side of the story.
- ✓ Even if you don't agree with all the feedback, try to take it on board – DPETs are trying to assist you in being successful in meeting your term requirements.
- ✓ Be proactive in responding to issues.
- ✓ Engage with the support and assistance offered to you.

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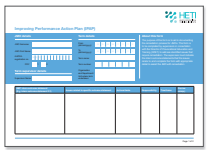
PREVENT ISSUES ARISING

- Look after yourself and remember the basics (all the stuff that you tell your patients – diet, sleep, exercise, monitor health through regular checks up with GP, dental and ophthalmic screening)
- Have your own GP
- Plan regular holidays – having something to look forward to really helps
- Explore the value of mindfulness, stress management, relaxation and meditation techniques
- Maintain your professional and personal support networks
- Actively pursue interests and hobbies
- Remember – HALT (hungry, angry, late and tired)
- Take responsibility for your own learning – follow the adult learning model
- Seek regular informal feedback about your performance
- Keep an open mind, even if you don't agree with all that is being said
- Recognise times of high stress (exams, run of nights etc) and plan well ahead
- If you feel that things are getting on top of you, speak up and seek support
- Consider a mentor

What is an Improving Performance Action Plan?



The purpose of this form is to aid in documenting the remediation process. This form will be completed by your supervisor in consultation with you and your DPET. IT will specifically identify issues that require remediation, along with actions and timeframes. You will be given a copy of the IPAP.

RESOURCES

Keeping your grass greener – a wellbeing guide for medical students – although this guide has been written primarily for medical students, it has key messages which are just as relevant for junior doctors. It is available at **www.amsa.org.au/wp-content/uploads/2014/08/KYGGWebVersion.pdf**

NSW Doctors Health Advisory Service:
02 9437 6552
http://dhas.org.au/

Are you OK? JMO Health website:
http://www.jmohealth.org.au

Australasian Doctors Health Network:
www.adhn.org.au

NSW Health Bullying and Harassment JMO support line:
1300 566 321

BeyondBlue (24 hours line):
1300 224 636
www.beyondblue.org.au

Lifeline, 24 hour support line:
131144

Australian Medical Association (AMA NSW):
02 9439 8822
www.amansw.com.au

Australian Salaried Medical Officers Federation (ASMOF):
02 9212 6900

Your Medical Defence Organisation

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RESOURCES AND REFERENCES

TRAINEE IN DIFFICULTY – RESOURCES AND REFERENCES

Regulation/policy/guideline

Reference/further reading

Service/organisation

eLearning module

Website

Toolkit

ABORIGINAL AND TORRES STRAIT ISLANDER DOCTORS

Contacts:

Australian Indigenous Doctor's Association (AIDA) **www.aida.org.au**

NSW Health Managers Aboriginal Workforce Development (MAWDs) – contactable through each LHD office

Hospital Aboriginal Liaison Officer or equivalent

Resources:

HETIs Aboriginal Trainee Doctor's Forum held twice yearly on the last Friday of March and October

AIDA's National Conference held annual in the third week of September

AIDA resources for creating cultural safety in the workplace – **https://www.aida.org.au/our-work/cultural-safety/**

Journeys into medicine **https://www.aida.org.au/wp-content/uploads/2015/04/Journeys-final-version.pdf** – stories of 15 indigenous doctors and medical students

ASSESSMENT AND APPRAISAL

Medical Board of Australia, *Registration standard – granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*, November 2014. Available at **www.medicalboard.gov.au/registration-standards.aspx** Accessed May 2017

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HETI online module: Assessment and Feedback for Junior Medical Officers

HETI online module: Introduction to Medical Supervision

ASSESSMENT REVIEW COMMITTEES

Note: Like Australia, other countries have accreditation requirements which stipulate that medical education providers have an assessment review committee (or equivalent) to monitor and sign off on the progress of postgraduate medical trainees. In the United States these are referred to as Clinical Competence Committees, in the United Kingdom, Annual Review of Competence Progression and in Canada, Residency Program Committees.

Although there are clear differences in the medical education systems and therefore the structure and function of the committees, the following articles highlight some key areas for consideration in establishing and running Assessment Review Committeess.

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BULLYING AND HARASSMENT

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Violence Prevention and Management – Promoting Acceptable Behaviours in the Workplace

COMPLAINTS MANAGEMENT – PRINCIPLES

Ombudsman New South Wales, Fact sheet – natural justice/procedural fairness, March 2012. Available at **www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets** Accessed May 2017

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HETI RESOURCES

On line learning modules available on My Health Learning via HETI website **http://www.heti.nsw.gov.au/**

Assessment and Feedback for Junior Medical Officers

Introduction to Medical Supervision

Violence Prevention and Management – Promoting Acceptable Behaviours in the Workplace

Relevant publications

DPET guide **http://www.heti.nsw.gov.au/Resources-Library/dpet-guide/**

JMO Managers Guide **http://www.heti.nsw.gov.au/Resources-Library/The-JMO-Managers-Guide/**

Video

Unacceptable behaviour in medicine **http://www.heti.nsw.gov.au/Medical/Unacceptable-Behaviour-in-Medicine/**

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www.jmo.health.org.au

Are you Ok? A website to promote the health and wellbeing of junior doctors

www.beyondblue.org.au

www.thiswayup.org.au

www.dhas.org.au
NSW Doctors Health Advisory Service in NSW

www.mbansw.org.au
Medical Benevolent Association of NSW

PERSONALITY FACTORS

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- Doherty E, Nugent E. Personality factors and medical training: a review of the literature. *Medical Education*, 2011; 45 (2): 132–140
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RELEVANT NSW HEALTH POLICY DIRECTIVES AND GUIDELINES

- NSW Health, Code of Conduct
- NSW Health, *Prevention and Management of Unacceptable Workplace Behaviours in NSW Health – JMO Module* PD2016_044, September 2016
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- Yao D, Wright S. The Challenge of problem residents. *Journal of General Internal Medicine* 2001; 16: 486–492

LOCAL ADMINISTRATIVE CONTACTS

Director of Medical Services (or equivalent)

Name: _____

Number: _____

Mobile: _____

Human Resources contact

Name: _____

Number: _____

Mobile: _____

Chair of the Network Committee for Prevocational Training (NCPT)

Name: _____

Number: _____

Mobile: _____

Chair of the Assessment Review Committee

Name: _____

Number: _____

Mobile: _____

Other local resources

Name: _____

Number: _____

Mobile: _____

Name: _____

Number: _____

Mobile: _____

LOCAL REFERRAL CONTACTS

General practitioners

Name: _____

Address: _____

Number: _____

Mobile: _____

Name: _____

Address: _____

Number: _____

Mobile: _____

Psychiatrist

Name: _____

Address: _____

Number: _____

Mobile: _____

Psychologist

Name: _____

Address: _____

Number: _____

Mobile: _____

Employee Assistance Program contact details

Name: _____

Number: _____

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