

GUIDELINES FOR ASSISTING TRAINEES WITH DIFFICULTIES

Hospitals accredited by the College for the training of intensive care specialists should aim to provide environments in which the necessary learning and experience for the development of sound, independent specialist practice is readily achieved. Refer Policy Document IC-3 'Guidelines for Hospital Seeking Accreditation of Training in Intensive Care Medicine'.

The process of selection of medical graduates into intensive care training and their re-selection during training should ensure that those chosen are considered to have the necessary attributes to satisfactorily complete the course. Nevertheless, personal and professional difficulties may arise during training. This document aims to help with the identification and resolution of these difficulties. It should be read in conjunction with Documents T-10 'The Role of Supervisors of Training in Intensive Care Medicine' and T-12 'Guidelines for In-training Assessment of Trainees in Intensive Care Medicine'.

1. IDENTIFYING TRAINEES WITH DIFFICULTIES

- 1.1 Identifying trainees with difficulties affecting performance, or those whose performance or progress is below an acceptable standard, is an essential role for everyone involved with the training program. In all situations, the welfare of patients as well as the trainee must be carefully considered.
- 1.2 Professional and personal development during training requires that trainees:
 - 1.2.1 Contribute to the work of their training department.
 - 1.2.2 Reach work-related performance standards (appropriate to their level of training). These standards will be established jointly by the trainee and the relevant Supervisor of Training as part of the In-training Assessment process (see Document T-12 'Guidelines for the In-training Assessment of Trainees in Intensive Care Medicine').
 - 1.2.3 Progress towards necessary levels of responsibility and autonomy.
 - 1.2.4 Meet other training requirements such as successful completion of examinations.
- 1.3 Trainees may have difficulties at any stage of training notwithstanding optimal selection and training processes. These may include:
 - 1.3.1 Failure to pass College examinations.
 - 1.3.2 Clinical performance below expectations, independent of having been successful at College examinations.

- 1.3.3 Personal problems which interfere (temporarily or permanently) with training and adequate performance of duties.
- 1.3.4 Personality traits which impair effective professional communication or teamwork.
- 1.3.5 Substance abuse with opioids, alcohol or other drugs.

2. PROCESSES TO BE FOLLOWED

Staff members with concerns about any aspect of a trainee's performance must discuss their concerns promptly with the Supervisor of Training and Head of Department.

When it is considered that problems exist, the procedures below should be followed, with a further review of the trainee's performance after an agreed period. The major objective is to overcome difficulties in a supportive and collaborative manner.

In situations identified as in 1.3.5 above, the Head of Department should follow the requirements and process prescribed by the local regulatory/registering boards for doctors.

2.1 Initial Steps

After discussion with the Head of Department, the initial interview with the trainee, led by the Supervisor of Training, should include the following aspects:

- A formal time should be set aside for the discussion with sufficient advance warning for the trainee.
- The presence of a support person should be offered.
- Shortcomings in performance/progress should be clearly identified by the supervisor of training.
- The trainee should provide a self assessment, using the opportunity to provide an explanation (may identify issues related to 1.3.3, which could be used to offer support in the most appropriate way)
- Clear expectations on required performance/progress should be given.
- Agreed, achievable goals should be set.
- An agreed definite time frame for improvement determined.
- Assistance and resources available to assist the trainee should be identified and offered.
- Documented action plan including follow up meeting dates.

The Supervisor of Training should inform the Head of Department of the outcome of the meeting and document the discussion.

2.2 Remedial Learning

The Supervisor of Training and/or the Head of Department should organise special learning experiences if appropriate to assist with issues such as examination presentation, the acquisition of deficient clinical skills or interpersonal skills development. The trainee has a responsibility to assist with these processes.

2.3 Advice and Counselling

- 2.3.1 Formal or informal advice is an important component of trainee guidance. The Supervisor of Training and/or Head of Department must ensure that appropriate advice is available. Early and effective advice plays a part in trainees' professional development.

It is appropriate for the trainee to have a mentor to provide advice, feedback and support. The Supervisor of Training or the Head of Department should discuss mentorship and the choice of the mentor with the trainee. However, the choice of a mentor is for the trainee alone. A mentor should have no formal involvement with the trainee's appointment or reappointment. It is possible that all trainees will need help on occasion. The trainee may seek advice from:

- A Mentor, as above
- A senior member of the Department.
- A member of the local Regional Committee.
- The Censor of the College Board.
- A spouse, partner or family member.

- 2.3.2 In some situations, the trainee must be advised to seek professional counselling. The trainee should be assisted to find an appropriate person when he/she requests. Prompt medical or psychological intervention may be essential on occasion.

Counsellors may include:

- The trainee's General Practitioner.
- An appropriate medical specialist.
- A psychologist, psychiatrist.
- A member of the Clergy.
- A member of the Doctor's Health Advisory Service.
- A member of an Alcohol and Drug Dependency agency.
- A Medical Careers advisor.

2.4 Monitoring Progress

Following instigation of any procedure referred to in this document, the progress of the trainee must be monitored at prospectively determined times. Progress monitoring may supplement the formal In-Training Assessment process (refer Document T-12 'Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine').

It is expected that most trainees will respond to the above measures.

3. UNSATISFACTORY PROGRESS

If the trainee's performance does not improve as expected along the agreed performance plan, the Supervisor should seek advice from the College Censor. The Censor may refer the matter to the Training Committee, after a briefing from the Supervisor of training and where appropriate from a member of the Regional or National Committee. After ensuring that appropriate counselling and remedial measures have occurred the Censor /Training Committee may recommend any of the following options, depending on the nature of the problem, within the Regulations relating to training and examinations.

Options for the trainee may include:

- 3.1 A further period of specified training with special assistance and review of progress.
- 3.2 Training time not being recognised until specified conditions have been met.
- 3.3 Leave of absence to be followed by a period of specified training (see Regulation 5.13 regarding interrupted training).
- 3.4 A career change, on a temporary or permanent basis.

The processes of procedural fairness must be observed so that the trainee is formally notified of steps being taken. The Supervisor of Training must advise the College of any action that alters the training status of the trainee. The trainee may appeal to the College against any decision that affects his/her training. The College will consider the appeal according to its established procedures.

4. DISCIPLINARY ACTION

Disciplinary action in respect of employment or medical registration is a matter for the employer or the relevant Medical Board if there is evidence of serious breaches of care. In some situations (e.g. evidence of opioid misuse) it may be appropriate (or required) for the Head of Department to report the matter to the Medical Board or Medical Council. Additional assistance and support may be available through these bodies. Any disciplinary action (especially dismissal) requires due process to be followed. The matters noted in paragraph 5 are of particular relevance.

5. DOCUMENTATION

The Supervisor of Training and/or the Head of Department must maintain adequate permanent records of discussions with the trainee. The records should include the date of the discussion, the matters raised and the views expressed by the trainee. Any warnings regarding possible loss of accredited training or disciplinary action must be clearly stated. Such warnings must be understood and acknowledged in writing by the trainee. A failure to accept or acknowledge a warning would be grounds for initiating a disciplinary process as set out in paragraph 4.

It is advisable to seek assistance from the hospital Human Resources Department to ensure compliance with employment legislation.

6. ADDITIONAL INFORMATION

Human Resources Departments should be consulted for advice on employment matters.

These guidelines should be interpreted in conjunction with the following Documents of the College of Intensive Care Medicine:

- IC-3 Guidelines for Hospital Seeking Accreditation of Training in Intensive Care Medicine
- T-10 The Role of Supervisors of Training in Intensive Care Medicine
- T-12 Guidelines for the In-training Assessment of Trainees in Intensive Care Medicine

- T-14 Trainee Performance Review
- T-33 Education Module – Trainees Experiencing Difficulty

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