A Guide to Supporting Trainees in Difficulty
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1 INTRODUCTION

1.1 Objective
This document provides guidance on the identification, support and management of trainees who may be experiencing difficulty in meeting some of the challenges of the RANZCOG training programs. It is designed to assist clinicians and other health professionals at RANZCOG-accredited training units involved in the supervision/mentoring/teaching/co-ordination of all RANZCOG trainees and Specialist International Medical Graduates (SIMGs) on the pathway to Fellowship.

This guide should be consulted in conjunction with the RANZCOG Trainee in Difficulty Policy available on the College website.

1.2 Definition
A trainee in difficulty is a trainee who is not making the expected progress in meeting training or assessment requirements, performing in line with expected standards, or who is experiencing difficulties relating to physical or mental health that are impeding their progress and ability to undertake the relevant training program.

Possible Difficulties

- Clinical performance - knowledge, skills and professional behaviour;
- Examination performance;
- Physical and mental health issues;
- Environmental/organisational issues - workplace culture, lack of support, lack of appropriate clinical management or resources, trainee/supervisor difficulties.

Notifiable conduct - patient & trainee safety is paramount

The guide does not apply to those situations where a trainee is exhibiting notifiable conduct. Patient and trainee safety take precedence over all other considerations. Employers and clinicians are bound by mandatory notification requirements; notifiable matters should be referred to the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ).

1.3 Intended Audience
The guide is primarily intended for:

- Regional Training Accreditation Committee Chairs & Members;
- Integrated Training Program Co-ordinators;
- Directors of O&G in RANZCOG-accredited units;
- Subspecialty Committee Chairs & Members;
- State Reference Committee Chairs;
- Training Supervisors and Mentors;
- Consultants;
- Senior Registrars.
The guide also provides important information about College expectations and processes relating to trainee support for the benefit of all relevant staff at RANZCOG-accredited units, such as:

- Directors of Medical Services;
- General Managers/CEOs and other members of the management team;
- Midwifery staff;
- Nursing staff in theatre, birthing suite and the gynaecology ward;
- Sonographers and radiologists involved in providing ultrasound training to RANZCOG trainees.
2 CLINICAL PERFORMANCE

2.1 Identifying issues

A trainee may be underperforming in various aspects of their clinical role, whether relating to technical skills, non-technical professional skills, or knowledge. Early identification of problems and timely intervention are essential.

Factors that may contribute to underperformance

- A personality or behavioural issue;
- A physical or mental health issue;
- Cultural/ethnic background;
- Difficulty accessing sufficient procedural experience;
- An environmental issue (e.g. inadequate support, substandard working environment);
- Unsuitability for the position or vocation.

Early warning signs of underperformance

- Disappearing; not answering pagers; lateness; frequent sick leave;
- Slow in performing procedures;
- Reluctant to make decisions;
- Difficulty in prioritising;
- Lack of initiative;
- Fellow trainees, midwives and nursing staff avoid seeking the trainee's opinion or help.

Identification of underperforming trainee

- Personal observation;
- Feedback from consultants, fellow trainees, other health professionals, patients, and - most crucially - from the relevant trainee;
- Assessment documentation for the relevant training program (e.g. three-monthly and six-monthly training reports, Assessment of Procedural & Surgical Skills, Workplace-based Assessments, Logbooks);
- Other documentation, such as the in-hospital credentialing process;
- Reported adverse outcomes.

Gathering Information

Clinicians responsible for the supervision of the trainee should collate evidence from as many sources as possible in order to make an accurate assessment of the areas of underperformance and the reasons. The supervisor must be fair and objective in making their assessment of the problem, taking care to ascertain if it is due to an individual performance issue or an organisational one, or both. It should be borne in mind that underperforming trainees may be performing competently at one level but not at another (e.g. clinically competent but having difficulties with multi-tasking and complex decision-making).

2.2 Supporting the Underperforming Trainee - Remediation Pathways

It is vital that an appropriate remediation pathway is implemented for the trainee by the supervisor. This should not be imposed on the trainee but rather developed in consultation with him/her.
Initiating remediation pathway

- Set a scheduled appointment time to meet with the trainee.
- Let the trainee speak first, encouraging self-appraisal and reflection.
- Discuss what the trainee has identified as their strengths.
- The supervisor may concur with some/all of these but may like to elaborate on additional areas.
- Discuss the areas the trainee may have identified as challenges/areas for improvement.
- The supervisor may agree with these areas and/or feel the need to moderate some of them or mention additional areas.

Possible pathways

- **Minor issues:** For relatively minor areas of concern (e.g. the trainee is often late for clinics, makes patients wait), getting the trainee to self-reflect and document the issues (with subsequent discussion and guidance from the supervisor) may be sufficient.

- **Serious issues:** For more serious concerns (e.g. ongoing difficulty with procedural skills, poor communication with colleagues), it is essential that a documented learning development plan is put in place which is SMART (Specific, Measurable, Achievable, Realistic, and Timely). The RANZCOG Learning Development Plan (LDP) document available on the College website (see Resources section) should be used for this purpose. The LDP must include agreed goals and regular meetings over a specific period of time to review progress. If the trainee moves to another training unit, the LDP must accompany him/her. The information contained in the documented plan can be supplemented by confidential discussion between the previous supervisor and the new supervisor.

- **Major concerns:** For major concerns (e.g. a patient safety issue as a result of consistently poor clinical decision-making), the matter may have to be escalated to the Director of O&G and the Director of Medical Services. A Learning Development Plan must also be implemented. In extreme cases, the hospital may need to convene a panel to decide on restrictions to clinical practice or even suspension. This is a matter not just of patient safety – which must be paramount at all times – but of avoiding placing the trainee at risk. It must be made clear to the trainee that this is the motivation for such restriction or suspension, which should not be seen as punitive.

Active support & encouragement

Whatever form the remediation pathway may take, it is essential that the trainee is actively supported and encouraged by both the supervisor and the entire clinical team to foster the development of his/her skills and provide ongoing constructive feedback and encouragement.

Mentoring

An important part of this support is the offer of mentoring to the trainee. Mentoring is a formal professional and confidential relationship in which, by mutual consent, an experienced clinician (e.g. Fellow, Diplomate,
Senior Registrar) assists and supports the trainee in developing specific skills and knowledge. In addition to clinical training, this support can apply in any of the following areas:

- Assessment;
- Supervision;
- Interaction with consultants/fellow trainees/other health professionals/patients;
- Examinations;
- Career objectives
- Personal difficulties;
- Cultural difficulties (particularly in the case of overseas trained practitioners who are adjusting to the Australian or New Zealand culture and healthcare system);
- A combination of any of the above;
- Any other areas identified by the trainee as requiring the assistance of a mentor.

RANZCOG Mentoring Policies

For more information on the mentoring of trainees, refer to the College’s Mentoring of Trainees in FRANZCOG Training Program Policy (which is also applicable to Subspecialty and CWH/Diploma trainees) or, in the case of SIMGs, the Mentoring Policy for SIMG (see Resources section).

2.3 Re-entry for Trainees After Extended Leave (Upskilling)

Clinical performance may also be a difficulty with trainees returning to the training program after an extended period of absence. This may be due to maternity/paternity leave, prolonged illness, or absence following resignation from a previous training post. The College recognises the need to provide an appropriate re-entry or upskilling program to address the loss of confidence and reduction of skills which may result from such
absences. The aim of this upskilling is to enable the trainee to return to active clinical practice by demonstrating the same standard of safe practice as his/her peers.

Re-entry process (upskilling)

- **Self-assessment:** Self-assessment by the trainee of their knowledge and skill levels through discussion with their supervisor upon resuming training. Trainee and supervisor should be guided by the procedural and surgical skills levels expected for the trainee’s year level, as defined in the relevant curriculum.

- **Identifying other areas of concern:** Subsequent to this initial discussion, the supervisor and/or trainee may identify areas of concern which were not recognised until the trainee had actually commenced work/training after returning from extended leave. The means of identifying these concerns are the same as those discussed above (e.g. personal observation, feedback from consultants, documented competency assessment – particularly the in-hospital credentialing process).

- **Learning Development Plan:** Trainees in this situation must be supported by the hospital infrastructure and the credentialing requirements. An appropriate training and assessment program (in the form of a Learning Development Plan) should be tailored to enable the trainee to upskill. As with any LDP, there should be clearly defined goals, expected outcomes, agreed timeframes, allocated time for regular feedback, and monitoring of performance – particularly by means of formative appraisal/summative assessment and competency assessments (e.g. the Assessment of Procedural and Surgical Skills forms, Workplace-based Assessments, etc.).

- **Resources on CLIMATE:** Trainees should familiarise themselves with the relevant Surgical Skills Companion Resources available on CLIMATE (the College’s eLearning platform). It is strongly recommended that trainees should access these resources while on extended leave to help maintain their surgical knowledge and understanding.

- **Addressing non-clinical issues:** Depending on the needs of the individual trainee, the upskilling program should not be confined to clinical skills (which would include medical expertise and effective communication). It may also need to address professional responsibilities, such as teamwork, ethical attitudes and conduct, and/or academic skills, such as self-learning and research.

### 2.4 Upskilling SIMG Trainees

**Funding to address upskilling needs**

Commonwealth Government funding is available to address upskilling needs of eligible SIMGs who have been assessed as having skills and training that are partially comparable to a FRANZCOG specialist and are required to undertake a period of supervised in-hospital training as part of the pathway to Fellowship. These upskilling needs should be identified through close consultation between the SIMG trainee and their Training Supervisor.

Approved funding can be used to meet a variety of training needs (workshops, seminars, clinical training, etc.) and associated travel and accommodation costs. For more information, refer to the SIMG section of the RANZCOG website (see Resources section).
RANZCOG courses/workshops

As part of its support for SIMGs on the pathway to Fellowship who are making the necessary clinical/cultural adjustments the College has implemented the following courses/workshops:

- **Introduction to the Australian Healthcare System – Seminar**: This fully-funded program caters to SIMGs in O&G currently working or making the transition to the Australian healthcare system. Four integrated modules address common challenges experienced by SIMGs and provide practical solutions to minimise clinical risk.

- **SIMG Training Supervisors’ Workshops**: This workshop caters specifically for supervisors of SIMGs in O&G and provides a comprehensive overview of the RANZCOG SIMG assessment process, practical strategies for supporting the SIMG trainee in difficulty, and explains the College’s SIMG training and reporting documentation.

SIMG trainees should also be strongly encouraged to participate in one of the workshops run as part of the College’s Fetal Surveillance Education Program and the RANZCOG Communication Skills Workshops run by the Cognitive Institute.

2.5 Underperformance as Result of Environmental Factors

As indicated above, the reasons for poor clinical performance may be due to organisational factors within their particular training unit over which the trainee has little or no control. These issues are discussed in Section 6 (Environmental/Organisational Issues) below.
3 EXAMINATION PERFORMANCE (WRITTEN AND/OR ORAL)

3.1 Identifying Reasons for Difficulties with Performance

Possible difficulties

- limitations in clinical knowledge and experience (not uncommon in trainees who have chosen to sit an examination as early as possible in their training);
- inability to recognise questions/examination requirements;
- communication issues (particularly in the case of trainees whose first language is not English);
- acute anxiety over examinations (which may occur even with trainees who are very competent on the ward and in theatre);
- mental and physical health issues;
- career problems (e.g. uncertainty about career choice, disillusionment with the discipline).

Ongoing support & assistance

The Training Supervisor should encourage the trainee to discuss their concerns about the relevant examination in order to identify the reasons for the underperformance. If the trainee is reluctant to discuss this with their supervisor, an appropriate mentor should be suggested (refer to the RANZCOG mentoring policies cited in Section 2 above). The trainee should be assured of ongoing support and practical assistance in helping them to perform as well as possible in the examination. In particular, the trainee should be reminded of the support processes listed below.

3.2 Feedback to Examination Candidates

All examination candidates now receive written information and feedback on their performance in relation to the passing standard for individual short answer questions and Oral Examination stations, and on their overall performance in the Written and Oral Examinations, regardless of whether they passed or failed. In addition, verbal feedback is offered to examination candidates who have been unsuccessful in passing the Written or Oral Examination on two or more occasions. The verbal feedback attempts to identify and give advice in relation to areas that may be affecting the ability of the candidate to pass the examination.

The verbal feedback process involves the appointment of a mentor to work with the candidate before and after the provision of the feedback. The mentor is ideally someone who works with the trainee, who is familiar with the examination process, and who is also familiar with the trainee and the local conditions in which the trainee works. Verbal feedback may be either face-to-face or via teleconference. This feedback is outlined in the RANZCOG Verbal Feedback Guidelines for the Written & Oral Examinations (see Resources section).

Following a second or subsequent failed attempt at a Written or Oral Examination, the trainee should contact the Examinations Administrator at the College in order to request verbal feedback within three months of a failed attempt and indicate if a mentor is needed. Trainees who are lacking in confidence and/or struggling with personal difficulties may be reluctant to do this, so the Training Supervisor or other appropriate mentor may need to actively encourage the trainee to access this feedback.
3.3 Examination Revision Courses

Examination revision courses are offered by most of the RANZCOG Regional Offices to assist local candidates in preparing for their examinations. Guidelines have been developed to ensure the revision programs are applied consistently across the states and regions, with regard to the delivery, teaching and topics covered. The areas covered are those commonly addressed in the relevant Written and Oral Examination. In addition, pass/fail results are now sent to the Regional Offices once all results have been released to candidates, so this information can be used to tailor and/or add additional revision courses and activities if deemed necessary.

3.4 Study Groups

Trainees within a hospital or within a region often form study groups to help each other prepare for the relevant examination. If a trainee struggling to pass an examination is not aware of a local study group, or is reluctant to join one, the Training Supervisor/ITP Co-ordinator/Mentor etc. can assist in identifying an appropriate group.

3.5 Access to Question Banks

To encourage learning and discussion with peers and ensure a level playing field, over 90 FRANZCOG MCQs and 90 DRANZCOG MCQs have been placed on CLIMATE, the College’s eLearning platform. Questions can be accessed by all candidates enrolled in the respective qualifications.

3.6 Counselling

Whether the trainee is underperforming in an examination due to examination anxiety or personal difficulties, they may benefit from professional counselling and should be encouraged to seek this assistance. If a serious mental health issue appears to be the underlying cause of failure in an examination, immediate action is required (e.g. referral to family physician or psychiatrist). Counselling options are discussed in more detail in Section 5 (Physical and Mental Health Issues) below.

3.7 Special Consideration

Special consideration on the grounds of exceptional circumstances is available to all candidates undertaking RANZCOG examinations who believe that their examination preparation/performance has been hampered to a substantial degree that is likely to adversely affect their performance and, consequently, their result. Applications for special consideration must be made in accordance with the RANZCOG Exceptional Circumstances, Special Consideration and Reconsideration Policy and Procedures (see Resources section).

These applications should be submitted to the College within 72 hours of the date of the relevant examination. All candidates are advised of this option prior to each examination.

This policy is also available to individuals who consider that there are exceptional circumstances that may have impacted their performance in an assessment, or completion of an assessment required by a stipulated deadline, and/or their ability to comply with College regulations, which they believe should be considered by the relevant College body when making its decision.
4 PROFESSIONAL CONDUCT AND BEHAVIOUR

4.1 Identifying issues

Trainees demonstrating unprofessional conduct and behaviour are also in need of close supervision and dedicated developmental mentoring.

Examples of unprofessional conduct/behaviour

- Lack of insight into performance;
- Aggressive behaviour;
- Bullying;
- Work avoidance;
- Unethical or dishonest behaviour;
- Sexual harassment;
- Alcohol or drug abuse;
- Inappropriate interactions with staff and patients.

Notifiable conduct

Some of the above behaviours fall outside the areas of responsibility of a Training Supervisor or mentor and a clinician performing these roles should not be expected to deal with them. Sexual harassment, bullying, alcohol or drug abuse, or unethical or dishonest behaviour of a serious nature should immediately be referred to the Director of Medical Services and the Human Resources department of the employing authority. This section will focus on the support which can be made available by supervisors and mentors to address areas of concern which are remediable through the College’s supervisory process.

Gather information

As was outlined in Section 2.1 above (Clinical Performance), the Training Supervisor needs to gather all available information from a range of sources in order to make an accurate assessment of the problem before meeting with the trainee. Such information is particularly important when offering support to the trainee who may have limited insight or understanding of their behaviour and will require specific examples of the actions/attitudes which are causing concern.

Meet with trainee at earliest opportunity

In the interests of natural justice and procedural fairness, it is vital that the trainee be given the earliest opportunity to respond to the issues identified and present their viewpoint. An informal discussion - separate from a standard performance appraisal or summative assessment meeting with the supervisor - may be more appropriate and can often resolve the issue relatively quickly. (e.g. where a trainee may have an inappropriate way of speaking to colleagues or patients – either aggressively or in an over familiar manner - of which they are unaware.)

4.2 Remediation Pathways

Where informal discussion is unable to address the areas of concern, the following pathways may assist the trainee:

- **Formal meeting:** The Training Supervisor should arrange a more formal meeting with the trainee to discuss the concerns. This could be at a performance appraisal (provided no new concerns are being raised which have not previously been flagged to the trainee), a summative assessment meeting, or other pre-arranged meeting.
• **Gather information:** In preparing for the meeting the supervisor should document the evidence of the behaviours which are giving concern.

• The supervisor should be honest with feedback but remain fair and encouraging in their approach, acknowledging the trainee’s thoughts and feelings, and giving them every opportunity to respond to the concerns.

• **Active listening:** It is important that the supervisor actively listen, particularly for any underlying needs/difficulties which may be causing the unprofessional behaviour.

• **Subsequent meetings (including advocates):** In the event that the areas of concern cannot be resolved at this meeting, a subsequent meeting should be arranged. The trainee should be advised that they may bring an advocate to this meeting if they wish (e.g. a fellow trainee at their hospital or from another site, their local trainee representative on the RANZCOG Trainees’ Committee, a Senior Registrar, a friend, etc.).

• **Learning Development Plan:** Supervisor and trainee should work towards a mutually agreed plan of action to address the areas of concern. This should be documented using the College’s Learning Development Plan (LDP). As with the management of clinical underperformance, the SMART criteria applies (Specific, Measurable, Achievable, Relevant and Timely). It is vital that the LDP is closely monitored, with regular meetings to review progress with the trainee.

• **Additional resources:** Identify additional educational resources which the trainee may need e.g. courses, workshops, etc.

• **Multi-source feedback tool:** The College’s Multi-source Feedback (MSF) tool may also be used to assist the trainee in difficulty. Multiple MSF assessors are drawn from the trainee’s multi-disciplinary team (including consultants, midwives, nurses, fellow trainees) and are asked to rate the trainee’s performance against defined criteria, using a confidential online form. The scores and free text comments on the forms submitted to the College are collated and provided to the Training Supervisor as a tool to identify strengths and areas requiring improvement by the trainee. An essential part of the MSF process is the completion of an online self-assessment form by the trainee, so that they can compare their own assessment with that of their colleagues. Care must be taken to avoid intimidating the trainee – the emphasis is on providing the trainee with a wide range of constructive feedback and support to enable them to address areas for further development. Use of the MSF tool to assist trainees can be requested by contacting the Training Services Department at College House. A sample MSF form, and details of how the process works, are available on the College website (see Resources section).
5 PHYSICAL AND MENTAL HEALTH ISSUES

5.1 Identifying Issues

Possible behaviours

- Anxiety, anger or depression;
- Extreme tiredness;
- Physical illness;
- Weight loss/gain;
- Withdrawal or self-neglect;
- Lack of motivation;
- Acute stress reactions;
- Disturbed behaviour (e.g., severe distress over a patient’s death, erratic mood swings);
- Eating disorders;
- Drug or alcohol dependence.

Health factors which can severely impact on training

- Serious illness (e.g., cancer, hepatitis);
- Temporary or permanent disability (e.g., chronic shoulder injury, rheumatoid arthritis, multiple sclerosis).

5.2 Support Strategies

It is important that the supervisor or mentor meet with the trainee as soon as the mental or physical health issue is identified. In the case of supervisors, this may mean the next scheduled appraisal or assessment meeting, but if such scheduled meetings are not imminent, the supervisor should arrange a meeting as soon as possible. Early intervention is the best approach to avoid these difficulties escalating.

Suggested strategies

- Discussion: Confidential discussion with the trainee, including assurances that every reasonable effort will be made to provide appropriate support to minimise the impact of the relevant issue on training.
- Document outcomes: The discussion and outcomes should be documented (e.g., an email summary of the meeting sent to the trainee following the meeting). This ensures that there is no misunderstanding of what was said and what possible solutions have been offered/agreed on.
- Reduction in hours: A reduction in overtime or rostered hours can be offered, if practicable.
- Period of leave: A mutually agreed period of leave can be arranged, subject to appropriate approval (e.g., personal leave, annual leave, extended leave).
- Buddy: A buddy system can be created (if one is not already in place) which pairs the trainee in difficulty with a supportive colleague (e.g., a Senior Registrar).
- Employee Assistance Program: Advise the trainee that all employees, including medical trainees, can access confidential counselling through the Employee Assistance Program (EAP). The trainee should be referred to the Human Resources department.
- Referrals: Referrals to a GP, psychiatrist or psychologist, as appropriate. Doctors’ Health website and helplines in each state/region can provide a list of clinical services to doctors. The AMA and the NZMA also have a list of support services for doctors on their websites (see Resources section). In
the event of serious concerns about a trainee’s mental or emotional state, immediate referral to an appropriate GP or psychologist is recommended.

- **Career counselling**: Career counselling or assessment by an occupational psychologist, if the trainee’s difficulties are an indication of dissatisfaction or frustration with the discipline.

- **Removal from clinical situation**: Patient safety and risk management must be the paramount considerations. If the trainee’s difficulties place their patients or the hospital at risk, it is in the trainee’s interests, they should be removed from the clinical situation which is creating that risk. This may include restrictions on practice, allocation to a supernumerary position for an agreed period, or temporary suspension. Such decisions would be made in consultation with the Head of Unit and the Director of Medical Services. In these cases, care must be taken to assure the trainee of the ongoing support of the College and the employing authority until such time as they are able to return to full training.

Trainees who are exhibiting notifiable conduct should be referred to the relevant medical registration authorities.

**Support from College staff**

Trainees who for whatever reason are reluctant to discuss personal difficulties with a supervisor or mentor, or their Head of Department, should contact the relevant section for their training program at College House e.g. the Training Services Manager for trainees in the FRANZCOG and CWH/Diploma programs or the Subspecialties/SIMG Manager.
6 ENVIRONMENTAL/ORGANISATIONAL ISSUES

6.1 Identifying issues
Trainees in difficulty (including poor clinical performance, behavioural issues, and mental health issues) may be significantly affected by environmental/organisational issues at the relevant training unit, or previous training sites through which they have rotated. Such issues, which can include systems or process failures, are not easily remediable, but it is vital that the College and its representatives provide every possible support to trainees whose training performance is adversely affected.

Environmental/organisational factors:

- Negative workforce culture where leadership is lacking and organisational culture is not supportive of the relevant training program or trainees.
- Bullying, harassment or discriminatory behaviour towards trainees by consultants and other health practitioners, including midwifery staff, theatre nurses and other trainees. The negative effects of this behaviour include injury, physical and psychological illness (such as anxiety disorders, depression, psychological stress and insomnia). Bullying, in particular, contributes to the creation of an intimidating, hostile or offensive work environment, and affects the performance and safety of co-workers.
- Interpersonal conflict between members of the team.
- Lack of consultant support of trainees, particularly after hours.
- Consultants reluctant to allow trainees to act as primary operator in theatre.
- Disorganised or non-existent team structure, preventing the trainee from experiencing essential continuity of care experience.
- No genuinely protected education program and/or formal protected ultrasound training.
- Excessive workload and consistently long working hours (i.e. above 60 – 70 hours per week).
- Inadequate support for medical and administrative tasks.
- Inadequate resources (e.g. not enough ultrasound machines, limited number of PCs in the registrars’ room and other locations).

6.2 Support Strategies

- Positive training culture: The various accreditation Standards & Guidelines for RANZCOG-accredited training units for the FRANZCOG, CWH/Diploma and Subspecialty Training Programs (see Resources section) emphasise the importance of a positive training environment, where leadership and the organisational culture is supportive and harmonious. Team work and morale must be strong and this culture must be propagated among the medical, midwifery, nursing, allied health staff and management, with constructive inter-professional relationships encouraged. Every training site must have zero tolerance for workplace bullying, harassment and discrimination, with comprehensive policies and processes in place to investigate and address these issues. Consultants, trainees and other hospital medical officers are expected to conduct themselves in a professional manner in accordance with the AMC’s Good Medical Practice: A Code of Conduct for Australian Doctors and the MCNZ’s Good Medical Practice (see Resources section).

- Monitoring through RANZCOG accreditation processes: The degree to which training units adhere to the above requirements are monitored through the accreditation process for training sites. For the FRANZCOG and Subspecialty Training Programs, this includes initial accreditation site visits, a rating system involving full or provisional accreditation depending on the site’s performance as a training unit, four-yearly accreditation visits, and follow-up visits in the event of significant concerns about a training unit. All site visits include confidential interviews with trainees, consultants, other health professionals and management. For the CWH/Diploma training program, accreditation is at
this stage a paper-based process, but the College reserves the right to conduct a site visit to a unit in
the event that the paper-based assessment indicates areas of concern about training delivery. All
units are given clear recommendations concerning areas to be addressed over an agreed timeframe.
Sites which consistently fail to address these recommendations, despite repeated follow-up visits,
face loss of College accreditation.

- **Online College surveys:** Regular online surveys of trainees and supervisors are conducted by the
  College, which include questions about workforce culture (including bullying and harassment issues),
  enabling the RANZCOG to identify overall workforce behaviour.

- **Bullying, Harassment & Discrimination Policy:** The RANZCOG Bullying, Harassment and
  Discrimination in the Workplace Policy (see Resources section) includes detailed procedures for
  responding to instances or reports of breaches of this policy. All RANZCOG Members, Fellows,
  Trainees, staff members and Affiliates have a responsibility to make a colleague who may be
  experiencing or engaging in inappropriate behaviour aware of this policy. Further, they are expected
to report continued instances of such behaviour to the appropriate workplace officer, a RANZCOG
  Training Supervisor, relevant regional Training Committee, or the designated Contact Officers at
  College House (i.e. the Director of Education & Training and the Training Services Manager.

- **Raising concerns with College staff & subsequent follow-up:** Trainees who are reluctant to openly
  raise concerns about a training unit’s poor performance, or bullying/harassment issues, are
  encouraged to contact the above staff members in strict confidence. The concerns raised are
  followed up with the relevant regional Training Committee and/or Head of Unit. Where necessary,
  accreditation site visits are brought forward in order to investigate the concerns raised by the
  trainee/s.

- **Training Supervisor workshops:** The College regularly conducts one-day Training Supervisor
  Workshops around Australia and New Zealand to coach supervisors in the most effective ways of
  supporting trainees in difficulty. Similar workshops are run for SIMG Training Supervisors.
CASE STUDY 1: Deterioration in Performance

Scenario
You meet with the trainee to review progress. The trainee has been hard-working, conscientious and competent, but there has been a recent decline in their performance. The trainee has been increasingly reluctant to demonstrate initiative and take on responsibility, their documentation and organisational skills have deteriorated, and they have been arriving late.

Action

- Arrange a time and private place to talk with the trainee.
- Encourage the trainee to review their progress to date, using open-ended questions e.g. ‘How do you think your training has been going while you’ve been at this site? What do you think are your strongest areas? Are there any areas you have concerns about?” Trainees are often well aware of areas which need to be addressed and will open up about them if they are encouraged to do so in a supportive manner.
- Declining performance by a previously very competent trainee may be the result of personal problems (e.g. depression, domestic difficulties) or loss of confidence due to a recent adverse outcome or failure in an examination. Your knowledge of the trainee is vital here, as is relevant information obtained from other staff who work with the trainee.
- Emphasise that your role is to support the trainee and help is available. If depression appears to be the problem, suggest the trainee accesses confidential counselling through the Employee Assistance Program (EAP). If the problem relates to domestic difficulties, a period of leave or part-time work instead of full-time could be suggested, or, where practicable, adjustments could be made to the roster (e.g. taking the trainee off nights for an agreed period). If examination performance is the issue, check that the trainee has accessed the verbal feedback processes available from the College and suggest examination coaching with a member of staff who is an examiner; joining a local study group of trainees of other trainees preparing for the same examination would also help.
- A trainee who is struggling with their performance will need more than a ‘one off’ discussion. Arrange regular meetings to discuss progress and to check that the suggested strategies are working. The allocation of a mentor (e.g. senior registrar or Fellow with whom the trainee feels comfortable) who can meet with the trainee regularly should also be considered.
CASE STUDY 2: Inability to Apply Clinical Knowledge and Make Decisions

Scenario

The trainee, while appearing confident in terms of knowledge gained, repeatedly demonstrates a lack of confidence in applying knowledge and takes a considerable time to make relatively simple clinical decisions. Part of the problem seems to be that the trainee tries to base all decision-making on evidence from textbooks and protocols.

Action

- Schedule a private meeting with the trainee as soon as possible. Don’t put it off, as the problem will get worse. If the performance appraisal is due, this would be an ideal time. But a significant problem like this should never be discussed for the first time at a summative assessment meeting.
- Prepare for the meeting by gathering information from staff who have worked with the trainee (e.g. consultants, senior registrars, midwives, theatre nurses). You will need specific examples of where the trainee’s decision-making has been a problem. The trainee may get defensive and challenge vague generalities (e.g. “People tell me you have difficulty making clinical decisions”).
- Encourage the trainee to self-reflect about their performance. Focus first on what they are doing well. Then ask the trainee to discuss any areas they have concerns about, emphasising that this is in the context of the training goals for their particular level. If the trainee does not identify decision-making as a problem, point out that an acknowledged strength can also be a weakness e.g. ‘Having good theoretical knowledge is important, but this can sometimes make it difficult for us to make decisions on the run in theatre or birthing suite. Are there situations where you feel this has been a problem?’
- Using specific examples, get the trainee to analyse the situations where decision-making has been difficult. Is it due to a general lack of confidence (worries about looking incompetent)?, limited experience in particular procedural areas?, fear of working with particular staff whom the trainee sees as critical and judgemental?
- Agree on strategies which will support the trainee e.g. encouraging the trainee to only use the information they already know to make safe clinical decisions; rostering the trainee with supportive staff (particularly consultants) who will encourage them to make appropriate decisions for their year
level while assuring them of appropriate back-up; arranging sessions in the simulation lab where the trainee can get experience in making clinical decisions without fear of consequences (if surgical decision-making is the problem); ‘buddying’ the trainee with a more experienced trainee.

- Document agreed strategies in a Learning Development Plan (LDP), including scheduling regular meetings to review progress. Emphasise to the trainee that the LDP is designed to ensure the trainee is able to meet the required training goals for their level while ensuring they have ongoing support; it does not mean they are a ‘bad’ trainee.

**CASE STUDY 3: Lack of Insight**

**Scenario**

The trainee is very keen and committed but below their year level in terms of surgical skills. While eager to do well, they have no insight into their surgical limitations. Because the trainee is well-liked, consultants who work with them have been reluctant to be frank about their concerns because they don’t want to ‘hurt their feelings’. It is possible that the trainee is ultimately not suited to the discipline.

**Action**

- A performance appraisal or a formative assessment meeting would be an appropriate time to discuss the concerns. These matters should be raised for the first time well before a summative assessment. If an appraisal/formative assessment is not imminent, then schedule a private meeting as soon as possible.
- Gather information. Discuss the trainee’s performance with the relevant consultants and theatre staff. Bring a list of specific examples to discuss with the trainee. Ask to see the trainee’s complete assessment record (past reports, etc.) to gauge their performance history.
- Begin the meeting by asking the trainee to discuss their progress and identify their strengths. Acknowledge where you believe the trainee is performing well but point out areas of concern e.g. ‘I agree that you are handling obstetrics well and you are a well-liked member of the team, but I’ve seen reports from consultants who work with you and I do have concerns about how you’re progressing with your surgical skills’.
- Trainees with little or no insight are likely to strongly disagree with your comments. Give the trainee ample time to argue their case as to why they believe this assessment is inaccurate. It is important that the trainee doesn’t feel they are being pre-judged.
- Possible strategies for helping the trainee to gain more insight into their limitations include: arranging for the trainee to meet with some of the consultants so they can provide constructive verbal feedback in a mediated setting (with you in attendance, together with an appropriate support person nominated by the trainee); arranging to observe the trainee in theatre so you can have an opportunity to accurately assess their performance. The agreed strategies should be documented in a Learning Development Plan and regularly reviewed e.g. fortnightly, monthly. If it’s not written down, it didn’t happen!
- In the event that the trainee ‘just doesn’t get it’, however well-meaning they may be, the next step is the use of the RANZCOG’s Multi-source Feedback (MSF) tool. This tool will provide the trainee with documented feedback (via a confidential online survey) from a range of sources, including fellow trainees, consultants and theatre nurses. The trainee will also be given the opportunity to complete their own survey, which can then be compared with the results of the survey completed by oth
• members of the health team. Make clear to the trainee that the MSF is not punitive, but rather will provide them with constructive 360-degree feedback to facilitate improved performance.

• If the trainee continues to struggle and can’t see why and how they must improve, encourage them to consider an alternative discipline. This is extremely difficult with senior trainees who have already invested a considerable number of years, which is why decisions about whether or not a trainee is suited to O&G should be made early in training. Mentoring and appropriate career counselling should be offered to the trainee. In the event that the trainee refuses to consider this alternative and insists on continuing, the College’s assessment processes (e.g. repeated Not Satisfactory ratings) may have to take their course before the trainee can be removed from the program. But throughout this process it is essential that every reasonable support and assistance is given to the trainee to help them improve.
RESOURCES

RANZCOG Publications & College Website Links

Policies and Guidelines
Trainee in Difficulty Policy http://www.ranzcog.edu.au/about/Governance/Policies-Procedures
Bullying, Harassment and Discrimination in the Workplace Policy https://www.ranzcog.edu.au/about/Governance/Policies-Procedures
Exceptional Circumstances, Special Consideration and Reconsideration Policy and Procedures
Preparing & Implementing Learning Development Plans for Trainees in Difficulty (LDP)
Multi-Source Feedback (MSF) Formative Assessments for Core & Advanced Trainees
Assessment and Feedback of Communication Skills
Mentoring Policy for SIMG
RANZCOG Examination: Verbal Feedback Guidelines for the Written & Oral Examinations
Appointment, Roles & Responsibilities of Examiners and Examination Co-ordinators
Release of Examination Results Policy http://www.ranzcog.edu.au/examinations/Examinations/Examination-results

Accreditation Standards and Guidelines
Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program
http://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/Hospital-Acceditation
Guidelines for Accreditation of CWH/Diploma Site

Position Descriptions for ITP Co-ordinators, FRANZCOG Training Supervisors & SIMG Training Supervisors
ITP Co-ordinators and FRANZCOG Training Supervisors
Training Supervisors for Specialist IMGs assessed as partially comparable
RANZCOG Training Supervisor Workshops
Learning Development Plan Document

Training Handbooks

External Publications & Other Resources

Codes of Conduct


Handbooks


Advisory Services for Doctors


Australasian Health Doctors Network http://www.adhn.org.au
A Guide to Supporting Trainees in Difficulty