

ICoSET 2022

Parallel Session 1: Helping and Working with Struggling Trainees

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We worked on two common scenarios as follows:

1. Jo

29 years old. First member of their family to go into higher education. Introduced to medicine through a 'widening participation' scheme. Successful on first attempt at application for ST1 (surgical training), gaining a place in their 6th region of choice. During the first 2 years, required 3 attempts to pass MRCS (membership exams for entry into the Royal College of Surgeons) part A and failing MRCS part B on first attempt delayed progression. Passed MRCS Part B on second attempt, during ST3 (1st year of higher specialty training).

ST4 (2nd year of higher training) was spent in the sister specialty. No specific issues were raised but it was noted that they should 'gain more operative exposure'. Having now progressed to ST5, surgical trainers in their current department are expressing some doubts about technical and non-technical abilities in the operating theatre. At the initial educational supervision meeting, it was noted that their logbook is not 'where one would expect' for ST5. They have been placed with a 'senior trainer' in the department who feels that he cannot yet trust them to perform aspects of procedures, independently, that he would normally expect from trainees at this level. Some colleagues have more generally described them as having a 'lack of knowledge' compared to the level of training, and that they have 'let people down' by missing a recent abstract deadline and failing to deliver on a quality improvement project that had been given to them.

Since arriving in the department, there have been 2 formal complaints from senior members of staff in the emergency department: the consultant and sister in charge. These state that Jo has been 'difficult' to deal with when on call, citing that they seems impatient, rude and very abrupt when discussing referrals and dealing with other members of staff.

Generally, Jo has had good working relationships with their trainee colleagues, but having moved to this department for ST5, the rota coordinator has informally raised some concerns with their supervisor that they can be quite 'pushy' and had been rude to the clinical fellow members of the team, whilst trying to gain access to extra theatre and training opportunities.

Key points summary

- Undiagnosed dyslexia can manifest as difficulty passing exam.
- Has progressed through FY and ST in only 5 years post-graduation therefore relatively 'junior' in terms of actual experience and limited experience at ST3 particularly as focused on exam.
- Slower mental processing in dyslexia means that skills acquisition is slower, requiring more exposure to training and patience from trainers.

- Revising for MRCS for 3-4 years may mean less time focussed on specialty - perceived as 'not very well read', not 'knowledgeable' or lazy - hesitant in answering questions.
- Past exam failures and has been told they are not where she is expected to be - impact on confidence and self esteem.
- 'senior trainer' may not have the patience or skills set for their specific needs and also singles them out as 'needing extra help', eroding confidence.
- Lack of social support - moved to 6th place deanery and free time spent revising - impact on wellbeing, mental health.
- Agreed to take on projects when they have the capacity for them - overwhelmed and not able to meet deadlines - again, perceived as lazy or 'not committed'.
- Dyslexia leading to slower information processing - coupled with referrals and pressure from ED, could feel pressured, unable to cope and anxiety manifest as rudeness or abruptness (may be gender related unconscious bias here too).
- Having been told their logbook is not where it needs to be, attempts to rectify this, by speaking to the rota coordinator (not involved in training) have been perceived as 'pushy' and expecting special treatment. There may be autism spectrum social communication problems and additional gender bias.

Relevant educational theory

- Bandura's rules of self-efficacy

Individuals self-judgement influences their ability. Their perceptions may or may not be accurate but they are real to the learner and can limit or enable the learner to succeed in tasks.

Four sources of information that form self-perceptions:

- *Actual achieved performance*
- *Observation of others*
- *Feedback*
- *Physiology*

Positive self-efficacy promotes motivation and persistence even when learning is challenging.

(Chauvin 2015)

- Effective feedback - As above think - what have we actually told Jo so far?
- Deliberate practice model of skills acquisition.
- Applying the 7 principles to guide teaching of adult learners (Mann 2004).
- Master and apprentice model that persists in some specialties - volume of exposure.

Bandura's self-efficacy principles	Applicability	Teaching method application	Maximising efficacy in NTS education
<i>Actual achieved performance</i>	Personal experiences of success increase self-efficacy for performing similar tasks	Simulation Role play WBAs	Safe environment to create success in achieving the task
<i>Observation of others</i>	Observation of others performing tasks successfully can positive influence self-efficacy to enable performance of similar tasks	Group learning Interprofessional learning	Small group, facilitation with videos
<i>Feedback, guidance, effective mentoring and coaching</i>	Receiving encouraging feedback, pre-performance guidance can enhance self-efficacy	Feedback Facilitated reflection Coaching WBAs	Debriefing, learning conversations, completion of WBAs with NTS focus
<i>Physiology</i>	Feeling safe and supported in the learning environment can positively influence learner's self-efficacy and the likelihood for participation and successful performance	Small groups Familiar teams Peers Approachable teachers, remodelling positive behaviours	Supportive environments Adequate facilities

Five characteristics of adult learners

Seven principles to guide teaching of adult learners

Adults are independent and self-directed	Establish an effective learning climate
Adult learners have a wealth of previous experience, which can be applied to their learning	Involve learners in mutual planning of relevant methods and curricular content
Adult learners value learning that is relevant to their daily life	Involve learners in identifying their own learning needs
Adult learners have a greater focus on problem-centred learning	Encourage learners to formulate their own learning objectives
Adult learners are motivated by internal drives rather than external motivations	Encourage learners to identify resources to achieve their objectives
	Support learners in carrying out their learning plans
	Involve learners in evaluating their own learning

References

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2. Chauvin SW (2015) Applying educational theory to simulation-based training and assessment in surgery. *Surgical clinics of north America*. 95(4), 695-715
3. Mann K (2004) The role of educational theory in continuing medical education: has it helped us? *Journal of continuing education in health professions*. 24, s22-s30.
4. Ericsson KA (2004). Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. *Academic medicine*, 79, S70-81

5. Miller R (2022). Surgical Performance anxiety and wellbeing among surgeons. A cross-sectional study in the United Kingdom. *Ann Surg*, 275, 632-639

2. Sandy

You are supervising Sandy who is a post CCT fellow (completed formal training and awaiting appointment to a consultant post).

They have just received a complaint re poor performance.

Sandy is always willing and hardworking, but in theatre, lacks the confidence we would expect at their level. They are slow and uncertain and quick to hand over when they struggle.

- a) PBAs (operative assessments) reflect this level of performance; and
- b) Several team members including theatre personnel confirm this.

Sandy lacks insight, and claims they are as good as any of the others at the same level. They claim that any problems in performance are due to lack of opportunity in theatre. They say that the consultant (their supervisor) they work with most, favours another senior trainee and offers opportunities unfairly

Key points summary

- How do you approach inaccurate self-assessment?
- How do you manage poor insight?
- PBAs or written reports are sketchy and includes lots of “read more” and “needs more confidence” comments. How will you address this?
- How do you manage the colleague accused of favouring another trainees?
- How would you negotiate an effective way forward?
- What strategies might help?
- Which colleagues might help?
- Where would you record this?

Relevant educational theory

- Gender differences in self-assessment – men tend to overestimate and women underestimate.
- Using reflection to achieve more accurate self-assessment.
- Role for surgical cognitive simulation.
- Managing difficult conversations.

Helpful resources

Scan the QR code and the link will take you to a Padlet with resources relevant to this session. If you use it, please consider adding a resource you have found helpful yourself.



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