Trainee in Difficulty

To what extent can cognition explain why some trainees experience difficulty in training?

Jo Jones, TSS, East Midlands LETB, Nottingham, United Kingdom,
Caroline McCarthy, TSS, East Midlands LETB, Nottingham, United Kingdom
Fiona Patterson*, Work Psychology Group, Derby, United Kingdom, Helena Murray, Work Psychology Group, Derby, United Kingdom
Anna Roselli, Work Psychology Group, Derby, United Kingdom
Sheona MacLeod, East Midlands LETB, Nottingham, United Kingdom

Background: The majority of trainee doctors successfully complete their training on time; however, there are a small number who experience difficulty. The cost of medical training is substantial; training in general practice in 2012 being estimated at £498,489 (Curtis, 2012), so those who experience difficulty can present significant costs for Local Education and Training Boards (LETBs). It is therefore important to accurately identify individuals who experience difficulty and to provide support to address their areas of need. In order to successfully achieve this it is imperative to identify the potential causes of difficulty for trainees and to establish effective interventions.

Summary of Work: One suggested cause of trainee difficulty is cognitive difficulties. Data were analysed for 171 trainees who as part of an Educational Psychology assessment completed the Wechsler Adult Intelligence Scale (WAIS), a well-established measure of cognitive abilities.

Summary of Results: A number of cognitive difficulties were found within this group of trainees, showing a complex profile. Of the four subscales measured by the WAIS, overall trainees performed lowest on working memory and processing speed subtests. Generally trainees were performing within the average range of intellectual functioning, which is significantly lower than would be expected based on previous research findings.

Discussion and Conclusions: Cognitive difficulties could explain trainees’ experience of performance problems. Lower scores within working memory and processing speed are likely to prevent individuals from effectively managing material and conveying this in an effective manner.

Take-home messages: The assessment of cognitive difficulties in trainee doctors is important to develop a deeper understanding, and to provide targeted support for these individuals.
203 (20483)
Struggling doctors in specialist training: A case-control study

L. D. O’Neill*, Aarhus University, Center for Medical Education, Aarhus, Denmark
Karen Norberg, Postgraduate Medical Education, Region North, Viborg, Denmark
Signe Gjedde Brøndt, Aarhus University, Center for Medical Education, Aarhus, Denmark
Lene Stouby Mortensen, Randers Regional Hospital, Internal Medicine, Randers, Denmark
Rune Dall Jensen, Aarhus University, Center for Medical Education, Aarhus, Denmark
Mette Krogh Christensen, Aarhus University, Center for Medical Education, Aarhus, Denmark

Background: Recent meta-analyses have found small-moderate positive associations between general performance in medical school and post-graduate medical education. In addition, a couple of studies have found association between poor performance in medical school and disciplinary action against practicing doctors. The aim of this study was to examine if strugglers in specialist training in a Danish context tended to struggle already in medical school, and to determine which/administratively observable performance indicators in medical school could predict struggling in residency.

Summary of Work: The study design was a cumulative incidence matched case-control study. The source population was all active specialist trainees in 2010-June 2013 in two Danish regions, who were graduates from Aarhus University. Cases were doctors who decelerated, transferred, or dropped out of residency. Cases and controls were matched on graduation year. Medical school exam failures, grades, completion time and academic dispensations as predictors of case status were examined with conditional logistic regression.

Summary of Results: Eighty-nine cases and 343 controls were identified. The total number of medical school re-examinations and the time it took to complete medical school were significant individual predictors of struggling in residency. Restriction of range due to medical school dropout may make predictors such as medical school grades and academic dispensations less useful.

Discussion and Conclusions: Knowledge of selected performance indicators could be used constructively in discussion with the resident to tailor and plan a smoother transition to residency, and to support residents in areas of weaknesses.

Take-home messages: The results suggest that the existing culture of ignoring past academic performances in residency is not warranted.

204 (21181)
Can personal attributes explain why some trainees experience difficulty in training?

Helena Murray*, Work Psychology Group, Derby, United Kingdom
Fiona Patterson, University of Cambridge and Work Psychology Group, Derby, United Kingdom
Anna Rosselli, Work Psychology Group, Derby, United Kingdom
Sathya Naidoo, East Midlands LETB, Nottingham, United Kingdom
Sheona MacLeod, East Midlands LETB, Nottingham, United Kingdom

Background: The UK National Association of Clinical Tutors (NACT) argues that poor performance in medical students may not always be the result of the trainee lacking the requisite competencies, skills and knowledge required for success in training. Instead they suggest that it may be due to one or more other factors, especially interpersonal behaviours and attitude towards patients and colleagues (Kell, 2012). This study investigated the effects of personality and personal attributes of doctors who are experiencing difficulties in training.

Summary of Work: Differences were explored in personal traits and attributes between GP Registrars (GPRs) referred for an intervention on ‘Patient-Centred Consulting’ due to low scores in empathy, sensitivity and communication skills, with a group of GPRs who were not referred. Previously validated assessments were completed in personality, and occupational and emotional self-efficacy.

Summary of Results: In comparison to GPRs who has not been referred for an intervention it was found that the GPR intervention group had significantly higher scores on Emotional Stability and on Conscientiousness. The intervention group had significantly lower scores on Occupational Self-Efficacy and Trait Emotional Intelligence (or Emotional Self-Efficacy).

Discussion and Conclusions: Low self-efficacy and emotional intelligence may be an important causal factor in identifying trainees who are more likely to experience difficulties during training.

Take-home messages: Early identification of trainee doctors with low self-efficacy and/or emotional intelligence is important in helping to ensure these individuals receive appropriate interventions to aid their development.
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205 (21453)
Trainee in difficulty: A narrative inquiry about mismatching expectations and the lack of collegial network

Signe Gjedde Brondt*, MEDU, Aarhus University, Aarhus, Denmark
Rune Dall Jensen, MEDU, Aarhus University, Aarhus, Denmark
Soren Prins, MEDU, Aarhus University, Aarhus, Denmark
Mette Krogh Christensen, MEDU, Aarhus University, Aarhus, Denmark

Background: 3-10% of doctors in postgraduate specialist training can be termed trainees in difficulty or problem residents, struggling to comply with educational requirements.

Summary of Work: A narrative single case study was chosen as being exemplary of 11 conducted qualitative interviews with trainees in difficulty. The study was based on a social constructionist conception of narrative theory which holds that storytelling is integral to the understanding of the trainees’ personal experiences of educational culture.

Summary of Results: Alice (anonymous trainee in difficulty) has had an unproblematic way through medical school and internship. In her early specialist training, Alice has high expectations of a good educational culture, but she experiences an overpowering workload, an unsupportive atmosphere, and uncertainty about her own role and the department’s expectations for her. Her collegial network is limited, although she is generally a sociable person. Alice faces a number of critical incidents each contributing to a growing fear of clinical responsibility. In a specific critical incident she feels unprepared and insufficiently trained, so she calls for another doctor to take over, goes to her leader, and announces her indefinite sick leave. Later she tries employment in other specialties without completing.

Discussion and Conclusions: The narrative of Alice shows that her difficulties as a trainee were closely connected to an educational culture lacking in defined expectations and an absent collegial network.

Take-home messages: A collegial network that compensates for critical incidents and defined mutual expectations between trainee and workplace may prevent trainees from ending in difficulties.

206 (20132)
Identifying and addressing special needs of trainees who fail their vocational training OSCE (FRACGP exam)

Geetha Kunjithapatham*, GP Synergy, Medical Education, Sydney, Australia
Anne Eastwood, GP Synergy, Medical Education, Sydney, Australia

Background: In 2012, GP Synergy reviewed performance data of Registrars in the RACGP fellowship exam over several years. We identified the following difficulties in registrars who had repeatedly failed the OSCE:

− Communication difficulties,
− Lack of insight about clinical and consultation techniques,
− Clinical reasoning problems,
− Personality/attitude factors affecting consultation skills, and
− Exam performance anxiety.

Most of the registrars in this group were International Medical Graduates.

Summary of Work: The registrars completed a self-assessment grid, a script concordance testing questionnaire and we used role playing to assess areas of need. We then developed a unique and individualised program to improve OSCE performance. Language, accent and performance coaching was facilitated by an actor with speech and language training. A General Practitioner with mental health expertise conducted sessions on coping with performance anxiety during exams. ‘Friday study group’ sessions were held fortnightly in our simulation room. Each session concentrated on an identified consultation problem, using video debriefing and case role plays. The Registrars had activities to complete and received feedback from medical educators and peers.

Summary of Results: The effectiveness of the program was evaluated using pre and post participant questionnaires and exam outcomes. Nine registrars have participated in the program to date. Six have passed the OSCE. Four of the nine registrars participated in the language/performance and performance anxiety sessions. Three of these completed the OSCE successfully.

Discussion and Conclusions: If exam performance is improved, we will recommend implementation earlier in training for registrars at risk.

Take-home messages: Problems with language, performance skills and performance anxiety can affect exam consultation skills.
207 (22798)
Exploring the emotional talk of trainers and junior doctors during their narratives of assessment and feedback experiences

Melanie Foy, University of Dundee, School of Medicine, Dundee, United Kingdom
Ashley Dennis, University of Dundee, Centre for Medical Education, Dundee, United Kingdom
Lynn Monrouxe*, Cardiff University, Institute of Medical Education, Cardiff, United Kingdom
Charlotte Rees, University of Dundee, Centre for Medical Education, Dundee, United Kingdom

Background: Literature suggests emotion influences students’ assessment and feedback (AF) experiences. However, there is a dearth of literature exploring the role of emotion from a trainers’ perspective although other sources such as the failure-to-fail literature suggest emotion may be important to AF outcomes. This study compared the emotional talk of trainers and junior doctors when recalling AF experiences.

Summary of Work: Secondary data analyses were conducted on data exploring trainers/junior doctors’ AF experiences in the workplace across 3 UK sites. Personal incident narratives (PINs) from 110 individuals were analysed using a validated text analysis tool (Linguistic Inquiry and Word Count, LIWC) to process the emotional talk. Statistical analyses investigated differences between trainers and trainees.

Summary of Results: Within the data, 96.3% of the PINs contained emotional talk. The use of positive emotional talk was more common (92%) than negative emotional talk (71%). There was no significant difference between trainers’ and trainees’ narratives in terms of positive (Trainee, Mdn = 1.64, IQ = .91- 2.35; Trainer, Mdn = 1.43, IQ = .88- 2.09; z = -1.44, p > .05, r = -.07) or negative emotional talk (Trainee, Mdn = .37, IQ = .0, .83; Trainer, Mdn = .51, IQ = .21, .97; z = -1.67, p > .05, r = -.09).

Discussion and Conclusions: These findings highlight that both junior doctors and trainers use positive and negative emotional talk when narrating their AF experiences.

Take-home messages: Understanding the role of emotion during AF experiences may provide further insight into issues such as trainers’ failure-to-fail underperforming trainees.