**Learning from a trainee who had problems**

**Context**

Some trainees have a different pathway. However when a trainee passes CSA after multiple attempts having previously failed AKT twice before passing it seems appropriate to reflect and learn about the things that made a difference.

The following therefore comes from a significant event review with the trainee concerned and his final CS.

**Wider challenges**

* The trainee (especially from an IMG background) may travel a long way personally in the course of their training, into a new cultural world (both of GP ness and of UK ness). There may be challenges for them to keep engaged appropriately in their close relationships as these may become unbalanced or become a drag on engaging with training linked worlds.
* What social gathering does the trainee get to which are ‘British’ to help embed learning that is developed through consultation work? (There may be no answer to this!)
* Talking about sex, and in particular lesbian and gay relationships can be challenging for some and reaching a point when doing so is comfortable is necessary for CSA (and later GP life).
* What is prized will vary in different cultures… Medical knowledge may be prized above inter- personal skills in some Asian subcultures and there is the risk that at times some GP subcultures valued being nice above good clinical or even interpersonal skills ( the balance between warmth and inquisitiveness is another area in which different things can be prized).
* Probity in UK is challenging. For a culture which in many ways regards admires flexibility and creative responses to challenges (e.g. as seen in the SJT or PDT of the selection process) the expectations of the GMC are very black and white and rigid. This can be culturally confusing especially for those who have come from cultures where professional regulation is more flexible or laid back.
* For those from international backgrounds there may be a continuing challenge of dealing with assumptions made about the value of a career in UK General Practice especially by family and friends “back home”

**Scheme or outside practice considerations**

* IMGs tend to do better in study groups for CSA which have non IMGs in them. But it can be hard to enable the locally trained trainees to see that learning from the assumptions of IMGs helps them to become aware of their own assumptions and so develop as GPs and as people.
* Though other trainees have developed ‘systems’ for passing CSA it is important to acknowledge that these systems may become too rigid for others to use, and adopting them may be damaging.
* There are great advantages in multi- trainee practices especially if one trainee has problems as they are much more able to see the peer group, and normalise standards as well as support each other and collaborate.
* Scheme release course attendance is much more worthwhile if the presenters of any area have sent round details of a relevant on-line module linked to the area being addressed that day for completion before the release course. Having a culture of this helped learning enormously.

**Learning for practice teams**

* Don’t expect trainees to produce a workload reduction, especially not early on
* Assume only an ST1 level of competence and knowledge if a trainee has been having problems they may need some recovery time to get back up to working speed.
* When there is a change of trainee remind the team that each trainee is different, and not to expect the new person to be similar to the person who has learnt from a year in the practice etc.

**Trainer suggestions**

* Do not avoid culture and race as if it is an impossible area. Start the conversation about assumptions that may be made on both sides, share the facts about IMG-ness and passing RCGP processes (if relevant to your trainee). Return to the conversation and develop a way to look at the issues.
* Explore learning about each other’s culture… Being British is pretty weird and fascinating… but so are most cultures!
* Meeting before you start the job to learn about each other as people and your own paths to where you now are is very helpful (ideally off work premises.)
* Expect it to be uncomfortable at times and for people ( trainee and trainer) to feel hurt at times . Keep with conversations about behaviours that are difficult (and not people).
* The fear of disgrace is strong if you may be failing and can lead to dysfunctional outcomes. One tool in preventing this is the establishment of a relationship which is caring and respectful. Signs of this fear of disgrace may be the offering of a 0 challenge COT or CbD (on the basis that 0 challenge means that the trainee cannot get told off!) or the totally prepared debrief by a registrar.
* Whilst there is a GP School expectation that trainees will arrange the time of taking CSA and AKT so that each trainee can attempt both CSA and AKT twice during their normal training programme there should not be encouragement for IMGs and anybody with difficulties to take these assessments too early.
* For AKT revision the suggestion from our review was to keep the questions focussed in the reality of GP … so reflect on related cases, then look at the relevant guidelines and then do questions ( both oral and practice MCQs - to embed the knowledge. But do have a revision plan day by day.
* The trainer may become unsure of his or her ground after a while of work with a trainee who has difficulties, so it is helpful to have some assessments made by somebody from outside the practice team ( an experienced local TPD / examiner / trainer)

**Specific suggestions that helped**

* Dressing for the CSA… if you feel that a suit is required then wear one for at least a month for all your consultations to get used to it ( the same applies to female dress) . There are alternatives… take the jacket off as soon as you arrive in your CSA room so that you fit in during the initial briefing but feel more chilled when consulting
* Find a way to de-stress that works for you to use between consultations … stretches… particular visualisation, linking to your own personal past successes etc.
* Practice doing explanations of things ( doing PEF, new diagnosis of Diabetes etc.) to a mirror until you are happy with pace and expression and flexibility etc.
* If you are a natural mumbler … put your chin up and look up … makes it harder to mumble!
* Create a large list of GP topics ( both clinical and other) and once every day randomly choose one and talk for 5 minutes on the subject . (Ideally to a GP audience but failing this to yourself, you will know if you were probably making it up!)
* *Don’t ask about ICE!*  Unless you haven’t heard about these issues!
* E- portfolio is not (just) about recording things but about emotions, ambiguity, and uncertainty

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