RECOGNISING THE TRAINEE REQUIRING EXTRA SUPPORT (TRES)

Miss C Owers

Consultant Upper GI and General Surgeon
Blackpool Teaching Hospitals NSHFT
School of Surgery TDP for TRES



## QUESTIONS



What is TRES?

Why is recognition important?

What are the types of TRES?

What to look out for /how to recognise TRES

What do I do now?

#### Toxic work culture in surgery: Can it be fixed?

GAIL GAZELLE, MD | PHYSICIAN | MAY 14, 2024





After destroying a light fixture in the OR and being written up for another episode of disorderly conduct, John was at the end of his wits.

His marriage, profession, and self-respect were all on the line, and in the eyes of everyone around him, he was another surgical monster

ADVERTISEMENT

But little did he know – none of this was his fault. (We'll get there in a moment.)

Share of doctors suffering from any form of depression, anxiety, burnout, stress, emotional stress, or a mental health condition which is affecting their work in the United Kingdom in 2019, by age



ON THE SPECTRUM



**Learn more** 

Visit the directory.

#### The Mental Health Struggles of Autistic Doctors

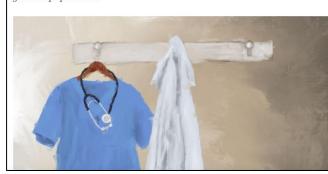
The study revealed alarming statistics that showcase the mental health struggles experienced by Autistic doctors. Shockingly, 24% of these professionals have attempted suicide, while a staggering 77% have contemplated it. Furthermore, nearly half of the surveyed doctors (49%) admitted to engaging in self-harm. These numbers demand urgent highlight the need for greater support and understanding

Junior doctor burnout rising with one in four struggling with workload, NHS training survey reveals

'Shocking' findings show large number of doctors working on-call night shifts without access to rest facilities

#### A silent emergency: The rise in suicides among UK doctors

Faced with high-pressure workloads, bullying and poor support structures, medics are at least twice as likely to die by suicide than the general population.







Doctors are turning up to work even when they're ill - and that is bad news for all of us | The Independent | The Independent

Images may be subject to copyright. Learn More

Article Text

Home / Archive / Volume 24, Issue 7

Article menu

Systematic review

Teamwork, communication and safety climate: a systematic review of interventions to improve surgical culture

#### Female surgeons still endure toxic culture

Hippocratic Post | 29th June 2022 | NHS, SURGERY, WOMEN'S HEALTH | No Comments







Female surgeons still endure toxic culture of abuse and discrimination at work: Female surgeons are still enduring widespread discrimination by male colleagues while they work, including abuse and even humiliation, according to a new study of over 300 surgeons across Europe.



## WHAT IS TRES?





 Any trainee who has caused concern to his or her educational supervisor about the ability to carry out their duties

 Requires unusual measures to be put into place (anything outside the normal trainer – trainee processes)



## WHY IS RECOGNITION IMPORTANT?



## The TRES cohort

- It is thought that in the UK, 2–6% of doctors experience difficulties during their training
- This number is likely to be significantly under-reported as problems are managed locally
- No robust data exists re who, when, which specialties are most at risk etc

- Most data relies on self-reporting on surveys
- Often the people most in need of help don't realise it

## The state of the NHS workforce

- The state of medical education and practice in the UK: workplace experiences 2023 report
- Continued decline in doctor's work-life satisfaction since 2019
- Significant proportion of doctors at risk of burnout
- Sharp increase in the proportion of doctors intending to leave and taking steps to do so.

 In 2022 more than half (52%) of the doctors who joined the workforce were IMGs

.....but..... Brexit? Immigration laws?

Workforce is becoming more diverse

# Which groups of the workforce traditionally are most likely to require extra support?

BUT:

This is by no means exclusive or exhaustive

- Ethnic minority groups
- Neurodivergent doctors
- Sexual/gender minority groups
- Long term illness
- Long term disability
- Religious beliefs
- IMGs
- Women
- Those from widening participation groups

## However, GMC workplace survey 2023 says....

Effective and supportive teams are protective against people becoming a TRES

LTFT

Less chance of becoming a TRES- better work life balance

UK graduates

 Less likely to feel part of a supportive team; more likely to achieve non-standard ARCP outcome

- Non-ethnic minority
- More likely to be struggling with workload



## WHAT ARE THE TYPES OF TRES?



## Doctors IN Difficulty (work is main issue)



Poor time management

Lack of engagement with portfolio

Repeated complaints

Repeated mistakes

Failure to progress

Exam failure

Absenteeism/lateness/presenteeism



## Doctors WITH difficulties (work not main issue)



Learning difficulties

Physical/mental illness

Neurodiversity

Personal issues

Legal troubles (often non-criminal)

Lack of support network



### **DIFFICULT** doctors

Inappropriate, unprofessional behaviours

Lack of insight

Rudeness

Arrogance

Inability to learn from mistakes

Legal troubles (often criminal)





## HOW DO I RECOGNISE A TRES?







#### The "disappearing act":

- not answering bleeps
- disappearing
- lateness
- frequent sick leave

#### Low work rate:

- slowness in doing procedures
- clerking patients
- · dictating letters,
- making decisions
- arriving early, leaving late and still not achieving a reasonable workload.





#### (

#### Ward rage:

- Unusual irritability
- bursts of temper
- shouting matches
- real or imagined slights
- throwing instruments





#### Rigidity:

- poor tolerance of ambiguity
- inability to compromise
- difficulty prioritising
- inappropriate 'whistle blowing'
- unwillingness to change schedule
   for training opportunities (NB: where

otherwise would be possible)



#### Bypass syndrome:

 junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.





#### Career problems:

- difficulty with exams
- uncertainty about career choice
- disillusionment with medicine



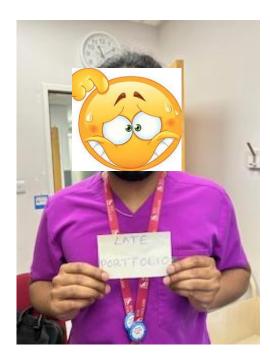


#### Insight failure:

- rejection of constructive feedback
- defensiveness
- counter-challenge

Lack of engagement in educational processes:

- fails to arrange appraisals,
- late with learning events/workbased assessments
- reluctant to complete portfolio
- little reflection





## Lack of initiative/appropriate professional engagement:

- not allowing juniors/nurses to question them
- Not engaging in opportunities





- Inappropriate attitudes:
- judgemental
- lack of respect for opposite sex
- lack of respect for different ethnicities
- "not my problem"



#### 0

#### Unexpected change

- Change in personality i.e.
  - extroverts become introverts
  - introverts become extroverts
  - unusually emotional
  - unusual rudeness



- Change in behaviour i.e.
  - unable to complete tasks they usually manage easily
  - keen trainees become work avoidant
  - new carelessness



## WHAT DO I DO NOW?



Gather information\* - TRES, colleagues, other supervisors, incident reports, portfolio

> (\*be mindful of your own biases)

Support the trainee and anyone else affected

Ensure patient safety

Escalate

Further information on what to do can be found on the School of Surgery TRES website

#### 'Events and Diagnostic Process'

#### Trigger event or incident



#### Investigate.

#### If serious, define the problem.

Collate evidence from as many sources as possible including from the individual concerned. Be objective and document in detail



#### Decide

is this an individual performance issue. an organisational issue or both?



#### Consider the following three questions

#### 'Does 'it' matter?'

- if no, relax!
- · If yes, do something! Next ask...

#### 'Can they normally do 'it'?'

- · If no then it is a training or personal capability issue - resolution may be possible with training or retraining.
- They may also be 'un-trainable' and hence never be able to do 'it'. This is a 'diagnosis of exclusion' and can only be reached when a period of intensive training has proven ineffective.
- · If yes the next question is...

#### 'Why are they not doing 'it' now?'

- Consider all possibilities. Is there:-
  - a clinical performance issue
  - o a personality or behavioural issue
  - a cultural background or religious
  - a health issue
  - an environmental issue

#### 'Thoughts'

Is it important? Does it really matter? Who do I need to talk to or discuss this with? Consider Clinical or Educational Supervisor, other Colleagues, Clinical Director, TPD, DME, HR, Deanery.

Think patient and person safety at all times! Do not jump to conclusions initially. Formulate your opinion as the investigation proceeds.

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation - try and resist this temptation! Be fair and objective.

Key areas to explore when considering poor performance ie. 'Potential Diagnoses'

- i) clinical performance
- ii) personal, personality and behavioural issues including impact of cultural and religious background iii) physical and mental health issues
- iv) environmental issues including systems or process factors. organisational issues including lack of resources

Interventions should be tailored to underlying 'diagnosis'. A successful outcome is often achievable but only with appropriate intervention.





## Summary

Remember poor performance is a 'symptom and not a diagnosis'

It is essential to explore the underlying cause or causes

