

Helping Doctors in Difficulty

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What sort of difficulties do doctors find themselves in?

NCAA observations of behaviour patterns

What challenges might these present for a mentor?

Common issues discussed with mentor

Challenges for the mentoring system

What sort of difficulties do doctors find themselves in?

Identified by others

- Trainees
'fail assessments'
e.g. RITA, exam
- NCAA review
- GMC assessment
- Performance/behaviour comes to the attention of the Medical Director/
Programme Director

Identified by doctor

- Unhappy with work /career choice
- Work/life balance issues
- Ill health
- Personal crisis

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Behaviour patterns

- **Uncompromising standards - Pressure on others/self**
- **Inflexibility when faced with uncertainty**
- **Antagonistic style/Lack of self-awareness**
- **Inconsistent leadership behaviour**
- **Cautious decision-making**
- **Difficulty with lack of structure at work**
- **Love of new ideas**
- **Low assertiveness**
- **Sensitivity to rejection – need approval – don't say no**
- **Altruistic and trusting, but feel let down and resentful**

Observations

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- **Clinical concerns are more likely to lead to full NCAA assessment**
- **Issues identified often relate to leadership, team-working and communication, or decision-making**
- **Those assessed are a highly motivated group**
- **There is need for recognition/inclusion in this group of doctors**
 - **Colleagues often isolate the individual**
 - **Nurses/Junior colleagues call others even if not directly involved in patient's care**

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What challenges might these present for a mentor?

- **‘Referred’ by others**
 - suspicious of mentor ‘?authority figure’
 - not used to talking about difficulties, or being listened to
 - find it hard to focus
 - disempowered, overwhelmed
 - feel personally hurt or undervalued
(MBTI ‘thinkers and feelers’)
 - place blame on circumstances or on others
 - not ready to address their weaknesses
 - want a ‘quick fix’ - may give up easily

What challenges might these present for a mentor?

- **suspicious of mentor ‘? authority figure’**
Making contact, explaining what mentoring is, who would be ‘the right mentor’?
- **not used to talking about difficulties, or being listened to**
- **find it hard to focus**
May spend a long time listening and reflecting, as a sounding board

What challenges might these present for a mentor?

- **disempowered, overwhelmed**
- **feel personally hurt or undervalued**
(MBTI ‘thinkers and feelers’)

Getting the balance between exploring and acknowledging feelings, and helping the mentee to find a positive way forward

- **want a ‘quick fix’ - may give up easily**

Gauging when to respect the mentee's position, and when to empathically challenge what might be a coping strategy

What challenges might these present for a mentor?

- **not ready to address their weaknesses**
- **place blame on circumstances or on others**
 - Giving enough time to tell their story. Getting the balance between remaining empathic and helping them recognise their own part in a situation. Providing enough support and affirmation to give them the bravery to change. Being there if things don't go well.
- **Find it hard to acknowledge own feelings**
 - Giving them the affirmation that it's OK to be angry/upset etc

What challenges might these present for a mentor?

- **Unhappy with work/career choice, Work/life balance issues**

Mentee may feel very stuck and it may take the mentor time to help the mentee to identify key issues. Finding a first step that is within the grasp of the mentee.

Mentees can be apologetic of taking time - important to keep appointments/respond to phone calls

Helping the mentee to identify or be more assertive about their own core values

What challenges might these present for a mentor?

- **Ill health, Personal crisis**
 - afraid of taking action
 - worry about what others will think
 - have personal difficulties in accepting they might be ill (often psychological/stress related illness) and taking time away from work.

A Mentor can help the person
to recognise they are ill and get treatment
to return to work
to recognise triggers for illness,
to manage the natural curiosity of others

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Common issues discussed with mentor

- **‘Referred’ by others**
 - not managed well by ‘authority’
 - unrealistic expectations
 - isolation, dysfunctional teams
 - personal hurt

 - may not understand the impact of their own behaviour - ‘self-awareness, self-control’
 - may not understand/empathise with manager’s responsibilities

Common issues discussed with mentor

- **‘Unhappy with work/career choice**
 - finding out what is available
 - understanding likes/dislikes, strengths
- **Work/life balance issues**
 - the difficulty of taking charge rather than being a victim of circumstances
- **Ill health**
 - who to tell, what to say, getting back to work
- **Personal crisis**
 - who to tell & what to say

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Challenges for the mentoring system

Challenges for the mentoring system

- **Confidentiality**
- **Choice of mentor**
- **Confidential mentor support**
- **Mentee seems to be ill**
 - contact with Consultant Occupational Physician / counselling etc.
- **Mentee's clinical practice is problematic**
 - do those in authority know & is this being managed?
- **Indemnity**

Doctors in difficulty

Skills
attitude/
behaviour
knowledge

*Difficulties
experienced*

Behaviours described

Resources

Learning
communication
Mentorship/coaching
career
health

Concerns expressed

Identified by

Self

Others

System

Outcome

Indemnity/ duties of a doctor

'A patient of mine is a doctor; I am concerned that he has a drinking problem which could affect his judgement. It has taken a long time to get him to admit to any problems & if I disclose the information to his employer or the GMC now he will probably deny everything and find another doctor. What should I do?'

GMC Confidentiality: Protecting & Providing Information

The patient has the same right to good care and to confidentiality as other patients. But there are times when the safety of others must take precedence. If you are concerned that his problems mean that he is an immediate danger to his own patients, you must tell his employing authority or the GMC straight away. If you think the problem is currently under control, you must encourage him to seek help locally from counselling services (for doctors or the public). You must monitor his condition and ensure that if the position deteriorates you take immediate action to protect the patients in his care.

GMC Confidentiality: Protecting & Providing Information

Redfern & Harrison

Area of concern

Clinical skills

Bill Beaumont - NCAA

- **Technical, Judgement, Decision-making**

Behavioural

- **Communication**
- **Team working**
- **Failure to comply with treatment protocols (despite appearing to be highly motivated)**
- **Lack of insight into concerns of others**
- **Time management/personal organisation**
- **Leadership**

Health

- **suggestions of stress rather than serious health concerns**

How do you recognise doctors in difficulty?

Some signs

- Rage - often over minor issues
- 'Lack of insight' - blaming others
- Inappropriate dress
- Deception/cheating
- Not participating
- Being bypassed
- Absence - not where they should be
- Often take short-term sick leave
- Disorganised

Other factors

- Personal stresses
- Frequent career moves
- Dysfunctional team
- Poor support - e.g. single-handed
- Organisational culture
- A recent merger or new organisation
- Poor appointment procedures
- Poor (or no) appraisal systems

Poor clinical performance

- Poor notes/prescriptions
- Failure to follow guidelines
- Missed diagnoses
- Practical procedures unsuccessful
- Complaints by patients, colleagues
- 'Lack of insight'

Doctors and Employing Organisations

New Relationship

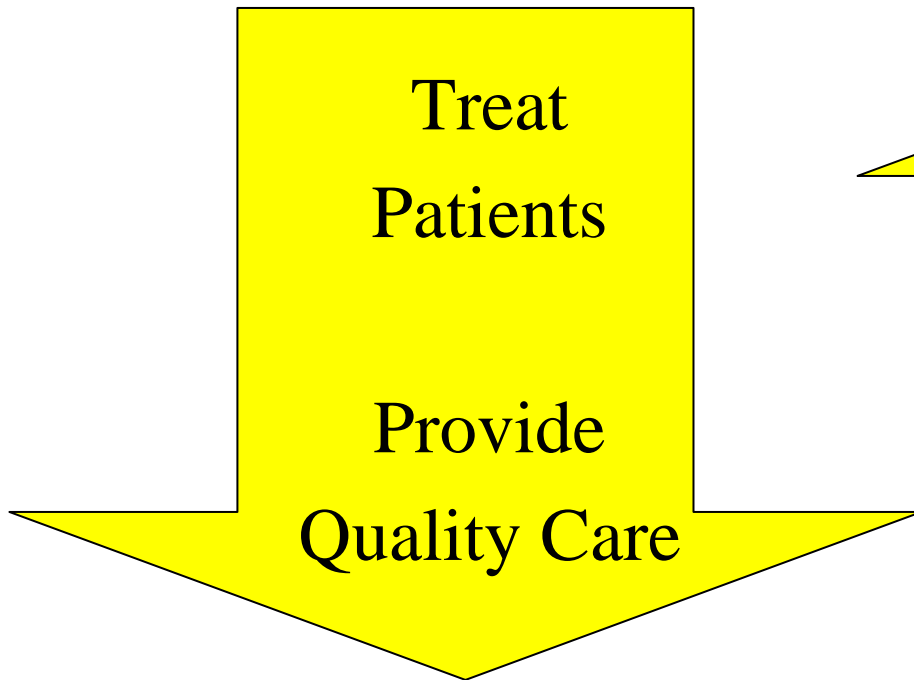
Dialogue to develop a shared vision

- Honest, respectful dialogue
 - can build personal trust amongst individuals
 - airs difficult issues and different views, and allows them to be addressed
 - increases commitment to a joint strategy
- A shared vision developed from honest dialogue
 - aligns peoples priorities
 - increases team motivation

Doctors and Employing Organisations

Traditional Relationship

GIVE



GET

