



**College of Intensive Care Medicine  
of Australia and New Zealand**  
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## **GUIDELINES FOR ASSISTING TRAINEES WITH DIFFICULTIES**

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Hospitals accredited by the College of Intensive Care Medicine (CICM) for the training of intensive care specialists aim to provide environments in which the necessary learning and experience for the development of sound, independent specialist practice is readily achieved (see Policy Document IC-3 'Guidelines for Hospital Seeking Accreditation of Training in Intensive Care Medicine').

The process of selection of medical graduates into intensive care training should ensure that those selected will have the necessary attributes to satisfactorily complete the course in accordance with the Trainee Selection Policy. Nevertheless, personal and professional difficulties may arise during training. This document aims to help with the identification and resolution of these difficulties.

All clinicians involved in the assessment of CICM trainees should be aware of the College training requirements and assessment tools outlined in Section 5 of the College Regulations. This document should also be read in conjunction with the supporting material such as the Guide to CICM training: Trainees, the Guide to CICM training: Supervisors and the ITER user guide.

### **1. INTRODUCTION**

The training program of the College represents a supervised progression from novice to independent specialist in Intensive Care Medicine. The majority of trainees will progress through training without significant difficulties. If difficulties occur, it is in everyone's interests that these are recognised and remediated promptly, using a constructive and holistic approach. Most issues will be minor and transient, and able to be remediated by the Supervisor of Training (SOT).

### **2. TRAINEE DIFFICULTY**

#### **2.1 Defining the Trainee Having Difficulties**

Trainees may have difficulties at any stage of training notwithstanding optimal selection and training processes. These may include:

- Performance below expectations in one or more of the CanMeds domains, independent of having been successful at College examinations;
- Failure to pass College examinations or 'failure to progress' through the training program within the expected time frame;
- Personal problems which interfere (temporarily or permanently) with training and adequate performance of duties;
- Personality traits which impair effective professional communication or teamwork;
- Substance abuse with opioids, alcohol or other drugs.

## 2.2 Processes for identifying trainees having difficulties

As outlined in the Guide to CICM training: Supervisors, all trainees should meet with their Supervisor at the beginning of the term for a formal interview in order to explore and document training goals, with reference to their previous assessment reports (if applicable). This interview may identify difficulties in one or more areas. In addition, training departments should have regular, structured, and accountable processes for gathering feedback on trainee performance in a sensitive manner. This may be achieved, for example, by including trainee progress as a regular agenda item at specialist meetings, with liaison where appropriate with allied health professionals. In this way, trainees experiencing difficulties should be identified early.

The current SOT can access information on a trainee's performance from previous rotations and facilitate the SOT handover. The College is also able to provide information regarding previous examination attempts and completion of other course components upon request.

## 3. MANAGING A TRAINEE IN DIFFICULTY

Having identified the trainee having difficulty, the SOT is responsible for initiating and overseeing the review and remediation process. A documented consensus approach supports the SOT if escalation is required. The College remains responsible for actions taken on behalf of the College regarding trainee progress. Consequently it is important that the College Training Department is informed of relevant issues in a timely fashion and that documentation of all processes is as complete as possible. Information considered confidential but important for training and support considerations will be appropriately flagged by both the SOT and the trainee and protected in the interests of supporting the trainee.

It is appropriate for the trainee to have a mentor to provide advice, feedback and support. The SOT should discuss mentorship with the trainee; however, the choice of mentor is for the trainee alone. A mentor should have no formal involvement with the trainee's appointment, reappointment or assessment. Refer to the Guide to CICM training: Supervisors for further information.

External contributing factors (as outlined in section 2.1), will need to be recognised, documented and addressed by appropriate mechanisms. If there are issues of grave concern (e.g. imminent risk to the safety of patients or the trainee), the institutional employment office and registration body (Australian Health Practitioners' Regulation Agency or the Medical Council of New Zealand) must be notified and their processes will intervene under the relevant statutes and laws.

The CICM ***must*** be notified of such action. In less urgent situations, the trainee may be advised to seek professional counselling. The trainee should be assisted to find an appropriate person when he/she requests. Prompt medical or psychological intervention may be essential on occasion. Counsellors may include the trainee's general practitioner, an appropriate medical specialist, a psychologist or psychiatrist, a member of the clergy, a member of a Doctor's Health Advisory Service, a member of an alcohol and drug dependency agency or a medical careers advisor.

### 3.1 Step one: Establishing that a trainee is in difficulty

#### ***Scenario of 'Performance below expectations'***

The processes outlined in section 2.2 should allow timely identification of a trainee experiencing difficulty. Where issues are ongoing, records of specific supporting examples of the underperformance should be recorded and collated confidentially by the SOT prior to raising concerns with the trainee.

#### ***Scenario of 'Failure to pass College examinations'***

Trainees have a maximum of five attempts at each CICM examination (First and Second Part). Identification of the trainee having difficulties progressing through the training requirements may be made by the College Training Department (for example if two

examinations are sat without success) or by the SOT. The process for the trainee failing to progress through the examination requirements is outlined in section 4.

### **3.2 Step two: Raising the concerns with the trainee**

The SOT should formally discuss the issue/s with the trainee in a timely, confidential and uninterrupted manner. Principles of fairness, natural justice, and transparency must be applied, and the trainee should be offered the opportunity to have a support person with them. The emphasis should be on a fully-informed, fact-based process that aims to understand the exacerbating factors and generate practical solutions. It is important to maintain accurate documentation of the process at all times.

Following this period of consultation, the decision of the SOT may simply be to offer advice and re-assess the situation at a specified time. Advice to the trainee that does not require the formulation of a remediation plan does not require a report to the College. If the trainee has ongoing difficulty, then an Action Plan should be developed.

### **3.3 Step three: Development of an Action Plan**

Following the process of raising concerns with the trainee, a Trainee Action Plan will be developed and agreed upon by SOT and trainee.

The documented Action Plan should include:

**Specific Issues:** Description of the training issue identified within the domains of the ITER. These usually include the general areas of:

- Medical (clinical) expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

**Specific Remediation Activities:** These may be tasks, learning material or resources (e.g. language courses) which need to be completed to address the issue/s identified.

**Objective Assessment:** Methods that will be used to assess whether the issues have been addressed satisfactorily (e.g. multi-source feedback, Observed Clinical Encounter).

**Timeframe:** For completing the Action Plan.

**Outcome:** Of either:

- Satisfactory remediation at the local level (resulting in a satisfactory ITER).
- Unsatisfactory remediation requiring the involvement of the College (section 3.4).

If satisfactory resolution of the performance issues cannot be achieved, the SOT must inform the College. The SOT has the ability to reflect unsatisfactory performance for the current term in the ITER and can request the College to get involved. It is important for the SOT to provide any additional documentation (outside of the ITER) to the College. A record of the remediation process must be forwarded to the College in order to provide assistance to the next SOT and to ensure continuity of trainee support.

All ITERs are monitored by the College and in the event of an unsatisfactory result; the College will contact the trainee's SOT to discuss further.

### **3.4 Step four: Involvement of the College**

#### ***Scenario of 'Performance below expectations'***

When resolution of the underperformance is deemed to need additional resources beyond those available in the ICU or department in which the trainee is working, discussions must occur directly with the College Training Department staff and the Censor.

Whilst SOTs can seek advice at any time, discussions with the College must occur if:

- The expected duration of the remediation plan is to be longer than the duration covered by the next ITER.
- Training resources are required beyond those available in the local training unit or institution.

#### ***Scenario of 'Failure to pass College examinations'***

This process is outlined in section 4.

### **3.5 Step five: Regional Review Panel Interview**

In cases where work-place remediation is unsuccessful, the trainee will be referred to a Regional Review Panel for an interview. This interview panel will consist of a chair person (preferably the Regional/National Committee Chair - if independent of the previous processes), another member of the Regional/National Committee and administrative support staff.

The aim of this interview is to define formally and clarify the un-remediated performance issues and to create a plan for their resolution (based on the same principles outlined in section 3.3). The trainee will be encouraged to have a support person with them. The chair person will forward a report to the College that will be signed by the trainee. Regional Review Panel interviews allow a final opportunity for the training difficulties to be resolved in the local context (with College oversight).

### **3.6 Step six: Formal interview at the College**

If difficulties cannot be resolved through the Regional Review Panel Interview process, the trainee will be invited to attend an interview at the College in Melbourne with the Censor, Chair or representative of the Assessments Committee and a community representative. The trainee will be encouraged to have a support person with them. The aim of the interview is to further discuss the unresolved issues, ensure remediation plans are in place and to discuss the possibility of additional training as a consequence of performing below expectation.

### **3.7 Step seven: Training Performance Review**

In the rare circumstance, where a trainee fails to achieve the outcomes required after the previous steps, the College will arrange a Training Performance Review (TPR). The TPR is an independent review to determine whether the trainee should continue in the training program.

The TPR process may result in one of the following outcomes:

- **Continued training:** This may be subject to certain conditions or requirements, and an agreement to undergo remediation.
- **Deferred training:** Training accreditation is suspended until remediation is achieved. Further assessment and approval by the Censor is required before re-commencing

accredited training. Under these circumstances, the final period of training will be adjusted to account for the length of absence from the training program.

- **Removal from the training program:** See section 3.8.

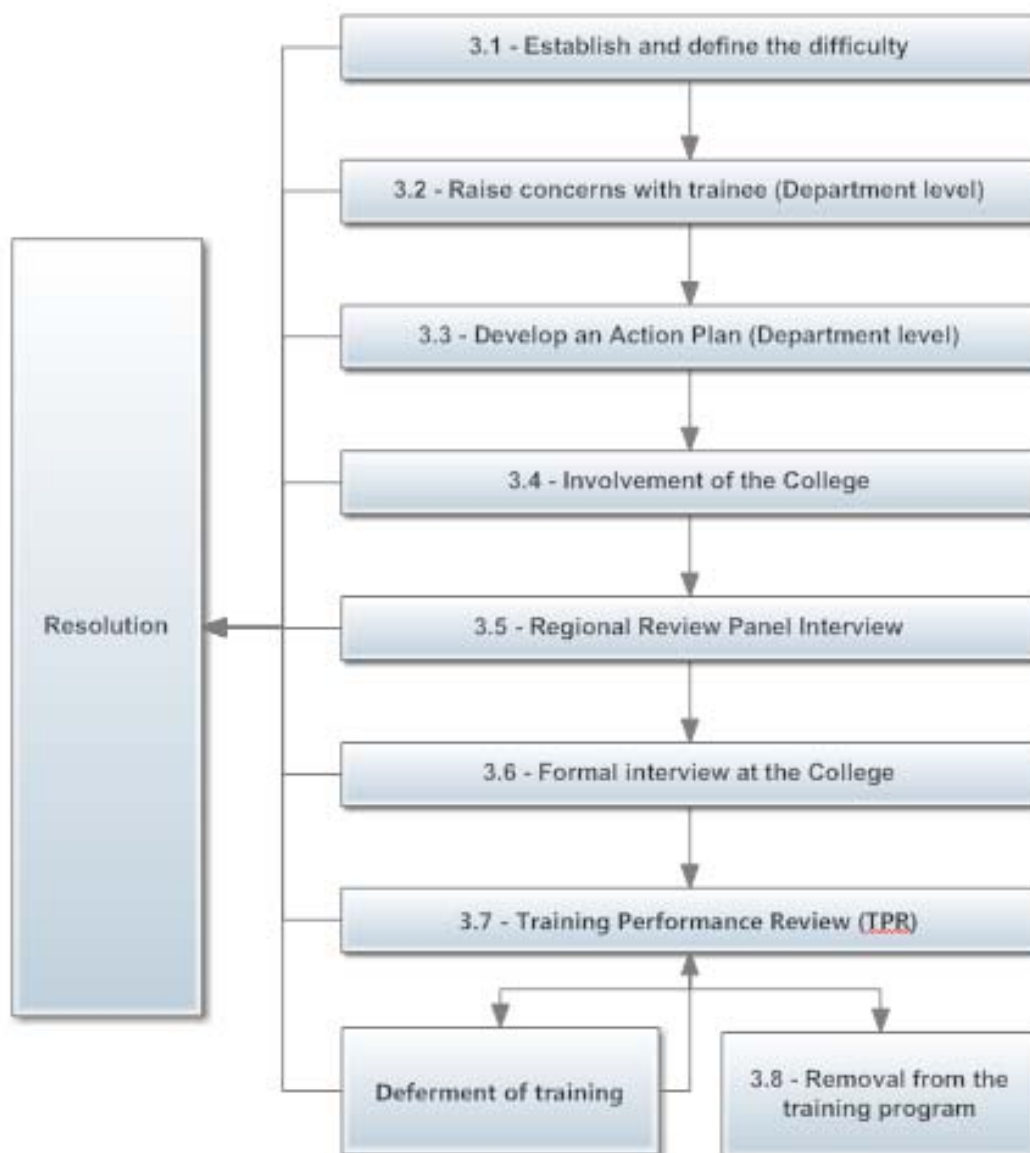
### 3.8 **Step eight: Removal from the training program**

If the TPR recommends that the trainee be removed from the training program, the trainee will be interviewed by a panel consisting of the Censor, Chair of Assessment Committee, Fellow of the College and a community representative. Unless extenuating circumstances can be identified the will be removed from the training program.

The CICM Appeal Process is available to all trainees and SOTs and is detailed in section 14 and 15 of the Regulations.

Any trainee leaving the training program either through a decision of the College Board or voluntarily due to difficulties in training will be offered support and advice as part of the training review process.

### 3.9 **Flowchart for performance below expectations**



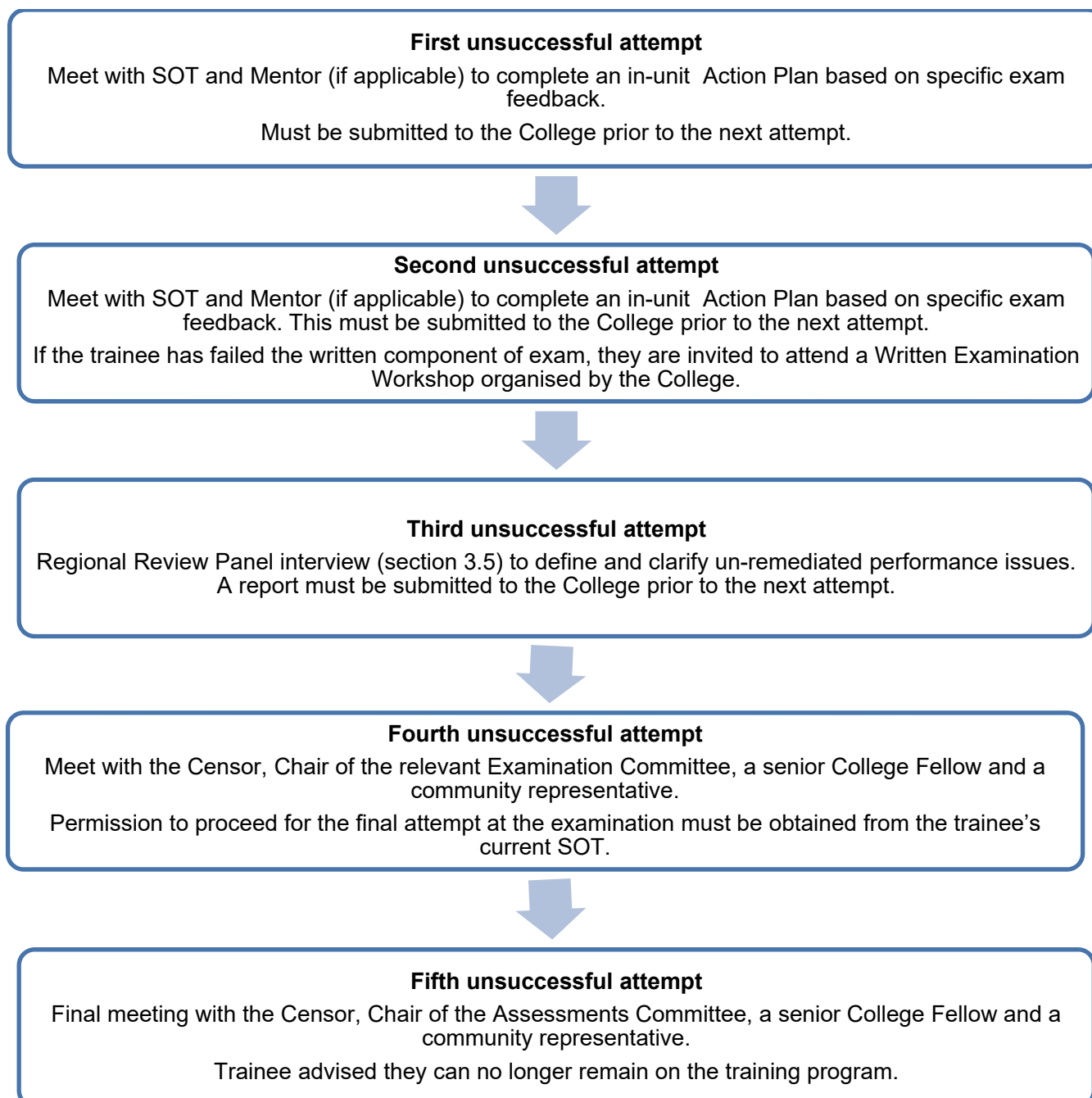
#### **4. EXAMINATION PERFORMANCE**

Trainees have a maximum of five attempts at each CICM examination (First and Second Part). If a trainee is unsuccessful at the first two attempts, the SOT will meet formally with the trainee to discuss the perceived difficulties. At this meeting an Action Plan must be agreed, documented and submitted to the College prior to the trainee's third attempt at the examination.

If unsuccessful at the third attempt, the trainee is required to attend an interview with the Regional Review Panel as outlined in section 3.5. At this interview, possible reasons for the poor examination performance will be outlined and a further Action Plan developed.

If the trainee is unsuccessful at the fourth attempt, the trainee will be invited to a meeting at the CICM Office in Melbourne. A Panel consisting of the Censor, Chair of the relevant Examination Committee, a senior College Fellow and a community representative will interview the trainee. The trainee may present for the meeting with a mentor of his/her choice. Permission to proceed for the final attempt at the examination must be obtained from the trainee's current SOT. An unsuccessful fifth attempt at the examination the trainee will be interviewed by a panel consisting of the Censor, Chair of Assessment Committee, a senior College Fellow and a community representative and unless exceptional extenuating circumstances apply, the trainee will be removed from the training program.

#### 4.1 Flowchart for failure to pass College examinations



## 5. DOCUMENTATION

An accurate documentary record of all steps outlined above must be kept. The level of documentation required should be relative to the degree of concern regarding the problem. Records should note the time, personnel involved, factual notes of the circumstances and agreed solutions. All documentary evidence must be understood and acknowledged in writing by the trainee and SOT.

All notes should be maintained in a secure, confidential training file (containing training plans and the trainee's CV). Any warnings regarding possible loss of accredited training or disciplinary action must be clearly stated. Such warnings must be understood and acknowledged in writing by the trainee. A failure to accept or acknowledge a warning is grounds for initiating a disciplinary process.

## 6. REFERENCES AND RESOURCES

*Trainee in Difficulty – a handbook for Directors of Prevocational Education and Training*, NSW Institute of Medical Education and Training. 2009

*Teaching on the Run: Teaching Tips for Clinicians*, Lake F. Ryan G. MJA Books ISBN [10] 0977578607

O'Hagan J, Richards J. *In Sickness and in health*. Doctors Health Advisory Service. 1998.

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