

Scenario 1



Your GP Registrar, Gavin, is coming towards the end of his year with you. He has performed adequately, but is far from the best clinician you have ever seen. Gavin feels that his clinical skills are good, and whilst he has accepted your feedback in the past, you don't feel it has changed him, and he hasn't developed much in his time with you. He is a kind doctor, who does try his best for patients and you feel that he should be signed off, but want to try to improve this doctor whilst you still can.

Your colleague suggests:

You've got to test him out – have a look at some membership exam questions with him and make him fail a few. He'll soon realise then that he's not so great! You could make him spend the next month observing you as well, so he can see how things ought to be done: if he can't work it out from there, then God help him.



Scenario 2



Stacey is a salaried GP in your practice. You have received some complaints about her performance – patients claim that she didn't pay them much attention or examine them properly – but Stacey's records are not complete enough for you to establish any facts. You get on well with Stacey, but know and respect the opinion of one of the patients who has complained also. You know that Stacey is a caring and conscientious doctor who would be very upset if she felt criticised in this way.

Your colleague suggests:

It's time we got rid of Stacey, isn't it? I think you just have to tell her it straight – she isn't up to the job and she needs to think about whether she's really committed to medicine. Just show her the patients' letters, point out her patchy record keeping to her and mumble something about the GMC. If she can't take the heat, she'll just have to get out of the kitchen.



Scenario 3

You are Clinical Supervisor for an F2 doctor in your practice, Harry.



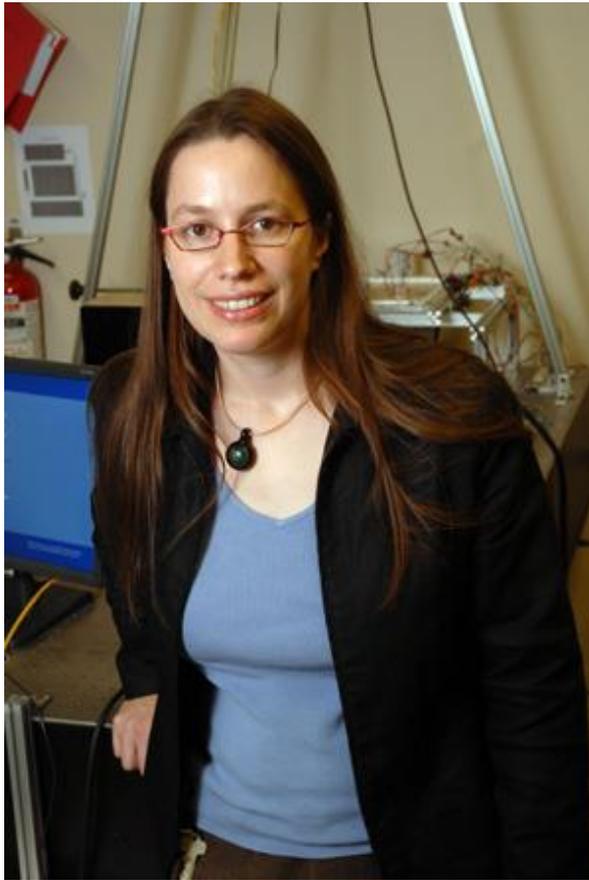
You realised early on that Harry's enthusiasm lies in academic medicine: he would like to get back to pathology and microbiology as soon as he can. His communication with patients is awful: he is very long winded and uses a great deal of medical terminology, and patients come to you in confusion. You have spoken to Harry about this several times and he has been receptive, but he has not seemed to change. You have 3 more months with Harry, and would like to succeed with him.

Your colleague suggests:

Oh, he's useless. Can't we just give him some kind of clinical audit to be getting on with? I made him sit in with me last week and forced him to take a consultation with one of my heartsinks – he just can't do it, and obviously felt really awkward. I'm just going to pick these kind of patients out for him in future: he needs the practice, if you ask me.



Scenario 4



Karen is an STI and has worked in your practice for 3 weeks. Her parents are both GPs and she has made it clear that, having “grown up with the job”, she feels she has natural ability. You have observed her consultations, and this is definitely not the case. Karen is unempathic, patronising to patients and lacks clinical knowledge. In conversation with her, you realise she has fallen out with her seniors throughout her career so far when they have criticised her, and that she will not take any form of criticism. You would like to break this cycle.

Your colleague suggests:

I managed to humiliate her in front of a patient the other day! It's just what she needs; she's got an ego the size of a bus. She tried to argue the toss on a diagnosis with me, but couldn't cite any supporting evidence. I told her that the patient had asked to see me alone next time, and asked her if she'd ever thought of a career in orthopaedic surgery!

