

Addressing Challenges in Medical Performance Assessments



Reading time:
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Three weeks into his new placement, Dr Q attends a performance assessment with his consultant supervisor where he is criticised for his work ethic and skill level. Dr Q is shocked as he believes he is competent and works longer hours than most peers. In addition, Dr Q's performance review at the end of his last placement was most complimentary. At the meeting, Dr Q raised concerns to his supervisor that "the assessment was unfair" and that "it didn't reflect the work put in". The supervisor explained although there had been nothing substantially wrong with Dr Q's performance she had high standards and believed all 'promising doctors' starting out their careers needed to work hard to fulfil their potential. The supervisor reminded Dr Q that "a position of authority and seniority wouldn't come easily".

Following the assessment Dr Q noticed his rostered hours increased for on call and weekend work. The administrator in charge of rostering advised Dr Q the supervisor had asked her to do this. Dr Q feels somewhat helpless at the increased workload and begins to feel worn down. Dr Q confides with a close colleague who suggests he call MIPS to see what advice and support could be provided.

After contacting MIPS

MIPS suggest firstly to try and resolve the issue with the supervisor directly where possible. MIPS suggest it is critical to write down key concerns and facts. Dr Q is encouraged to reflect, clear his mind and avoid an emotional response. MIPS work with Dr Q to define a series of points that articulate his key concerns.

A follow up call the next day by MIPS finds that Dr Q feels unable to approach his supervisor to discuss this on his own. MIPS suggest that Dr Q could seek support from a previous mentor who is also a consultant colleague of Dr Q's supervisor.

A meeting between Dr Q and his new consultant supervisor is arranged with the presence of Dr Q's mentor. The scheduled discussion goes well. The supervisor was surprised and empathetic towards Dr Q's concerns. The supervisor explained that she saw potential in Dr Q and felt experience is gained through long hours, just as she did. The discussion led to a mutually agreed roster of on call and after hours that supported the expected performance gaps.

Key messages

- Communication is important for conflict resolution, if timely and open it may make resolution easier. Angry, sarcastic, or threatening words should be avoided.
- Most employers have in place procedures to handle conflict or dispute resolution.
- Where possible, always attempt to resolve any issues with the person involved. If this fails discussions with a manager or hospital administration staff should be sought. There are many avenues to seek support, if you are unsure who to contact, start with MIPS.

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A woman with curly dark hair, wearing a grey lab coat over a white top, has a stethoscope around her neck. She is smiling and has her arms crossed. The background is a gradient of red and purple with a white wave-like graphic at the bottom right.

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