

Differential Attainment Case Series

Case 5: Resident doctor with Health Condition-Early Discussion and Workplace Adjustment

When starting a rotation in the Yorkshire and the Humber Deanery, a Foundation resident doctor was asked, *“What are your needs?”* by their educational supervisor during shadowing period.

Following this question, the resident doctor disclosed a health condition they did not feel comfortable discussing openly. The condition required intermittent sitting and short rest periods in order to safely participate in a physically demanding clinical environment.

A stool was ordered dedicated to the resident doctor to help safe participation in duties.

Strengths :

Disclosure of health condition at an early stage of rotation

High insight into personal deterioration triggers

Motivation to perform well

Baseline Risk Signals:

Uncertainty about rest facilities and workplace environment

Anticipated fatigue during long shifts

Anxiety about managing out-of-hours workload

Anxiety about being perceived as less capable due to health-related adjustments

Response by Educational Supervisor and/or Training Programme Director:

Supervisor established a psychologically safe environment, enabling open disclosure.

Resident doctor needs were explored early during shadowing.

Health considerations were discussed proactively rather than reactively.

Shortened night shifts were implemented following review.

Supervisor advocated for protected rest periods in line with resident doctor needs.

Outcome:

Fatigue, health deterioration risk mitigated

Psychological safety established

No sickness absence

Stable training progression

System Learning:

Early environmental assessment and structured early supervisory discussion and advocacy prevented escalation into performance/training concern.

This case demonstrates how early discussion and proactive adjustment can reduce downstream differential impact within standard training pathways.