Training the Challenging Resident

ACAPS Spring Retreat

AAPS Annual Meeting
Welcome!

- Training the challenging resident is one of the most difficult tasks we do.
- This session is designed to be interactive and practical.
- What’s said in Austin stays in Austin
Panelists

1. Working with the Academically Challenging Resident
   - Paula M. Termuhlen, MD
     Professor of Surgery and Regional Campus Dean
     University of Minnesota Medical School, Duluth Campus

2. Working with the Professionally Challenging Resident
   - Lois L. Bready, M.D.
     Vice Dean for Graduate Medical Education and DIO
     Professor and Vice Chair, Anesthesiology, UT Health San Antonio

3. Preparing for the Legal Aspects of a Challenging Resident
   - Enid A. Wade
     Vice President, Lead Legal Counsel for HR, BaylorScott & White Health

4. Highlighting the Extraordinary Resident
Disclaimer

• As per the ACGME, everything we will say is our own opinion or opinions we’ve plagiarized from others.

• Our thoughts do not represent the views of the ACGME in any way. In fact, we will try hard not to use the letters A, C, G, M, or E for th* r***ind*r of *y t*lk.
Case #1

- Resident S.H. seems unprepared in conference.
- He had a poor in-service score on the last test.
- S.H. seems OK taking care of most patients but at times is unable to describe the next step in the OR.

What should you do?
Case #2

- You’ve just received the fourth complaint about resident M.B. from nursing staff.

- She is currently in a dispute with your Program Administrator regarding time off which was unapproved.

- Senior staff likes M.B., but she consistently gets very low evaluations from the med students.

*What should you do?*
Case #3

• After the December review of your chief resident, the CCC decided that A.D. needs to repeat the previous 3 month rotation as well as successfully complete the next 6 months.

• The resident threatens to sue because he already has a job lined up to start Aug. 1.

What should you do?
Case #4

- Resident R.W. is well liked by the support staff.
- He consistently scores above the 90th percentile on the in-service.
- When a resident was recently ill, he organized home care for the resident and covered the call.

What should you do?
A Common Occurrence

• Of 404 Internal Medicine Residencies, only 6% of PD’s never had a problem resident
  – Yao DC, Wright SM. National Survey of Internal Medicine Residency Program Directors Regarding Problem Residents. *JAMA*. 2000;284(9):1099-1104

• 31% of categorical surgery residents required remediation for medical knowledge deficits

• From 2009-2014, 20% of plastic surgery programs terminated a resident
Figure 1. Comparison of reported competency deficiency frequencies in 532 residents with program directors (n=268) estimated the likelihood of successful remediation.

<table>
<thead>
<tr>
<th>Competency</th>
<th>RiD with deficiency (N=532)</th>
<th>PO remediation success (N=263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>41.2</td>
<td>48.5</td>
</tr>
<tr>
<td>Systems-based Practice</td>
<td>13.3</td>
<td>53.0</td>
</tr>
<tr>
<td>Practice-based Learning &amp; Improvement</td>
<td>21.8</td>
<td>56.0</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>41.4</td>
<td>61.9</td>
</tr>
<tr>
<td>Organization/Prioritization</td>
<td>41.0</td>
<td>71.3</td>
</tr>
<tr>
<td>Patient Care</td>
<td>53.0</td>
<td>78.4</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>47.9</td>
<td>85.8</td>
</tr>
</tbody>
</table>

“Programs seem to struggle the least with knowing how to remediate medical knowledge and patient care deficits and struggle more with professionalism and interpersonal communication skills.”

Few programs have a process in place
Identifying the Challenging Resident

- Only 2% of residents identify themselves
- Most challenging residents are identified by the Program Director
Making a Diagnosis

• Frequent assessment
• Valid assessment tools
  – Medical Knowledge
  – Patient Care
  – Professionalism
  – Interpersonal Skills and Communication
• Conversations with faculty and staff
• Conversation with the resident
Case #5

- DT is a PGY-4 resident and comes to your office and says she’d like to resign from the residency.
- She received mixed evaluations during her PGY 1&2 years.
- During her PGY-3 year, she was an average resident.
  - Provided level appropriate patient care
  - Usually prepared in the OR
  - Scored in the 20th percentile on the in-service
  - She reported ill more often than prior residents
  - She doesn’t spend as much time with the residents outside of the hospital
Highlighting the Extraordinary Resident

• Resident R.W. is well liked by the support staff.

• He consistently scores above the 90th percentile on the in-service.

• When a resident was recently ill, he organized home care for the resident and covered the call.
Excellence is Not the Norm

How the Bell Curve Works

- 16 of the Population
- 95% of the Population
- 99.73% of the Population

ME!
Rewards
Thank You!