



Working with the Academically Challenging Resident

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Objectives

- Identify the resident who is struggling academically or clinically
- Review the options for remediation/termination
- Discuss the support systems available for assistance

Why bother?

- Struggling learners take up time
- Ignoring it affects morale of health care team and learner's peers
- Can impact a program's reputation
- Deficiencies don't resolve without intervention
- Lack of remediation impacts patient safety and quality of care
- Our obligation is to educate all learners (self-monitoring the profession)

Medical Learner Deficiencies

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G. Paul, et.al, 2009

- Organizing large amounts of information
- Integrating large amounts of information
- Time management
- Test taking
- Stress or anxiety not associated with test taking

Residency

Yao and Wright, 2000

- Insufficient medical knowledge
- Poor clinical judgment
- Inefficient use of time
- Inappropriate interactions with colleagues or staff
- Provision of poor or inadequate care to patients
- Unsatisfactory clinical skills
- Unsatisfactory humanistic behaviors with patients
- Excessive or unexplained tardiness or absences
- Unacceptable moral or ethical behaviors

Steps to take when you get that email or phone call....

- Request documentation and examples
- Notify and discuss the learner's performance only with those who need to know
- Confirm the concerns and collect more information as needed
- Decide:
 - Is this a trend that needs intervention?
 - Is this an isolated serious problem that needs intervention?
 - Does this concern only warrant monitoring at this point?

Must give direct feedback to the learner

- You may have to do it yourself
 - Practice ahead of time if you are new at it
 - Write it out and give to resident or read it
- Examples of poor performance are critical, especially if you were not present
- Learner probably does not have insight into deficiency
 - Avoid ambiguity

DOCUMENT, DOCUMENT, DOCUMENT

- Feel free to email yourself if you receive a call
 - Time and date stamp (when)
- Record (Bullet points are easy and fast)
 - Who and where
 - Nature of the concern and examples provided
 - Elements of discussion with resident
 - Next steps including next check-in
- Use ACGME framework
 - Milestones or Competencies by name



Accreditation Council for
Graduate Medical Education

Competencies “Plus”

1. Medical Knowledge
2. Patient Care:
 - Clinical Skills, Technical Skills, Clinical Reasoning and Judgment, Time Management and Organization
3. Interpersonal Skills
4. Communication
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems-based Practice
8. Mental Well-being



PD Responsibilities

- Give the learner feedback
- Review the expectations, specific for the level of the learner
 - Milestones are helpful here
- Notify appropriate leaders
- Provide examples
- Do not contribute to the rumor mill
- Document
- Help identify the greatest deficit and address it first- **DIAGNOSE!**

Adapted from Guerrasio, J, Remediation of the Struggling Medical Learner. AHME. 2013

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Remediation

Key Principles

- Deliberate Practice
 - Simulation lab
 - Question bank
 - Presentation templates
 - OSCEs and review of clinical scenarios
- Feedback
- Self-Assessment

Promoting Success

- Permission to change
- Expectation of growth
- Reasonable challenges
- Connection to faculty and peers
- Choice

Remediation Team Members

- Program Director
- Supervising attending
- Faculty mentor for remediation
- Mental health service
- DIO

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PGY 3 Dr.Suzy Q

- It is September and you have just received an email at 6:00am from the Dr Z, Chief, Breast Reconstructive Service telling you that PGY3 resident, Dr Suzy Q was on call last night when a DIEP flap thrombosed without being recognized. The patient is in the OR now.
- **Dr Z is upset because Dr Q saw the patient at midnight but did not recognize the seriousness of the situation.**

Suzy Q

- Just finished two years with the General Surgery program. No concerns communicated to you.
- Rotation evaluation from July/August on Aesthetic Service suggests modest concern about technical ability
- No reports of unprofessional behavior. Well liked by peers and faculty
- ABSITE and PSITE scores are good



Now what?

NEXT STEPS

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What's going on?

- Issues with technical ability
- Issues with judgment
 - Prioritization
 - Critical issues
 - Lack of situational awareness
- Decide:
 - Is this a trend that needs intervention?
 - Is this an isolated serious problem that needs intervention?
 - Does this concern only warrant monitoring at this point?



Information

Past

- Phone calls
- Evaluations
- Examples of the problems
- Faculty
 - Hawk or dove
 - Supervision
 - Seniority

Future

- Do you need to change the schedule?
- How (or should) you communicate with next rotation?
- Discussion with CCC

Remediation Options

- Discussion with resident
 - Outline problem and agree on steps to correct
 - Put it in writing and she gets a copy
- Notify key faculty (only as needed)
- Assign mentor
 - Require documentation of visits
- Practice in simulation lab or cadaver lab
- Other

The Future

- She will either get better or worse
- The resident is the one with the problem...not you
 - You just have to manage it
- Documentation can help you make a case
 - Remediation successful or not
 - Counseling regarding career choice
 - Probation before termination
 - Making the case that will stand up to due process if termination

PGY 5 Dr. Sam Ham

- It is time for the biannual review with Dr. Sam Ham, PGY 5. You have observed Dr. Ham in conferences and have **concerns about his medical knowledge and ability to assimilate the literature into practice.**
- In addition, you just received your in-training exam results and Dr. Ham has scored in the **20%tile for the second year in a row.**
- Dr. Ham is married with 3 kids



ACGME Program Requirements



Accreditation Council for
Graduate Medical Education

ACGME

V.C.2.c).(1) During the most recent five-year period at least 70 percent of graduates taking the qualifying examination of the American Board of Plastic Surgery, and at least 60 percent of program graduates taking the certifying examination must pass on the first attempt. (Outcome)

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ACGME Program Requirements



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IV.A.5.b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents: (Outcome)

IV.A.5.b).(1) must demonstrate knowledge the pertinent basic science subjects, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, pharmacology, as well as practice management, ethics, and medico-legal topics; (Outcome)

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tissues

American Board of Plastic Surgery

Requisite Clinical Training



1. Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery
2. Head and neck surgery, including neoplasms of the head, neck and oropharynx
3. Craniomaxillofacial trauma, including fractures
4. Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities
5. Plastic surgery of the breast
6. Surgery of the hand/upper extremity
7. Plastic surgery of the lower extremities
8. Plastic surgery of the trunk and genitalia
9. Burn reconstruction
10. Microsurgical techniques applicable to plastic surgery
11. Reconstruction by tissue transfer, including flaps and grafts
12. Surgery of benign and malignant lesions of the skin and soft tissues

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American Board of Plastic Surgery

Written Examination Content



1. Gross and functional anatomy and embryology.
2. Basic knowledge of pathology, e.g., the biologic behavior of neoplasms, inflammation, and repair.
3. Basic techniques, wound healing, microsurgery, transplantation.
4. Burns, sepsis, metabolism, trauma, resuscitation, nutrition, endocrinology, shock, hematology.
5. Preoperative and postoperative care, anesthesia, cardiorespiratory care, complications, and clinical pharmacology.
6. Cosmetic and Breast Surgery.
7. Tumors of the head and neck, skin, and breast; including treatment by radiation therapy, immunotherapy, chemotherapy, and surgery.
8. Trunk, lower extremity, musculoskeletal system, pressure ulcers, rehabilitation.
9. Hand, peripheral nerves, rehabilitation.
10. Maxillofacial and craniofacial surgery and microsurgery.
11. Congenital anomalies, genetics, teratology, facial deformity, speech pathology, gynecology and genitourinary problems.
12. Psychiatry and legal medicine.

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What do you want to consider?

- Is this an issue of time management or medical knowledge?
 - NRMP notes that the average Step 1 score for Integrated Plastic Surgery is 245
 - What was his Step 1, Step 2?
 - Has he tapped out his ability to learn?
- Does Dr. Ham have a learning disability?
 - Evaluation and test accommodations are available

Remediation Options

- Mentor
 - Deliberate question practice using the released PSITE examination
 - Reading schedule with discussion
 - Review of presentations prior to conferences
- Consider having Dr. Ham write out the answer to all missed questions on the PSITE and turn them into you (keeping a copy for himself!)
- Send him to a Board prep course this year!

Other considerations for discussion

- When is it a good idea to hold a resident back or have them repeat a year in training?
- At what point have you done enough to say it's time to let them go?
- Who do you need to get buy-in from when considering either of the above options?

Recommendation

- Guerrasio, J. Remediation of the Struggling Medical Learner. Association for Hospital Medical Education (AHME). 2013
 - Exercises included in the book which can help you AND your faculty

Having the Conversation

- “Help me understand...”
- Use “I” statements
- Practice before you have the conversation with the resident
 - Create a letter outlining what you need to say
 - Say it, then allow them to leave
- Sandwich technique
- Provide context
 - JCAHO 2008 Statement
 - “Behaviors that undermine a culture of safety”
 - Being labeled as a disruptive physician can ruin a career

Personal Safety for Difficult Conversations

- Have another person in the room
- You should be between the resident and the door in case you need to get out
- If concern of weapons, then inform hospital security
- If concern of suicide, also have supportive person available for resident

Resources for Help

- Inside your institution
 - DIO office
 - CMO office of hospital
 - Psychiatry Department
 - Other program directors
- Outside your institution
 - Vanderbilt Center for Professional Health Program for Distressed Physicians
 - LIFE Curriculum from Duke, UNC, Stanford
 - State Medical Board