Approach to the Resident in Need of Remediation

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From Failure to Success

- Delayed acquisition of speech
- Weak student
  - Significantly delayed
  - “He’ll never make a success of anything”
- Failed college entrance exam
  - Zurich Polytechnic Institute
From Failure to Success

- 1921 Nobel Prize for Physics
- Best known for his theory of relativity
  - Mass-energy equivalents
From Failure to Success
Cut as a sophomore from his high-school basketball team in Wilmington, N.C.
From Failure to Success

- Joined the NBA
- Won 6 NBA championships
- 5 time MVP and Defensive Player of the Year
- Has appeared on the Wheaties box more than any other athlete
From Failure to Success
From Failure to Success

- Dismissed from drama school for being too quiet and shy
- Began her performing career on Broadway, was hired—but then quickly fired
- Next, she was fired from a Shubert Brothers production
As star performer in her own TV show in 1948, she went on to win:
- 13 Emmy Awards
- 12 Golden Globes
- Lifetime Achievement Award
- International Fame

Shows continue to run daily, around the world.
From Failure to Success
Objectives

- Identify residents in need of remediation
- Identify methods for obtaining constructive resident evaluation and feedback
- Diagnose common specific areas of learner difficulty
- Develop a plan for remediation specific to the learner’s areas of difficulty
Timeline:

15min - Brief literature overview
  - Index Case

50min - Interactive discussion: approach to resident in difficulty
  - Diagnose key areas of learner difficulty
  - Explore identification and remediation of deficiency
  - Follow-up on presented cases

15min - Summary of approach to resident in need of remediation

10min - Session Evaluation
Resident in Need of Remediation

- ABIM: “a trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident”
Introduction

- Point prevalence of residents in need of remediation was 7%
- ABIM estimates that 8-15% of residents have significant areas of learner difficulty
- The percent of residents in difficulty has continued at the same frequency over time

Yao DC and Wright SM. JAMA 2000; 284;1099-104.
Most Common Deficits

- Unethical behaviors
- Tardiness or Absencess
- Unsatisfactory Humanistic Behaviors
- Unsatisfactory Clinical Skills
- Provision of Poor or Inadequate Care to Patients
- Inappropriate Interactions w/ Colleagues or Staff
- Inefficient Use of Time
- Poor Clinical Judgement
- Insufficient Medical Knowledge

Yao DC and Wright SM. JAMA 2000; 284;1099-104.
## Most Common Deficits

<table>
<thead>
<tr>
<th>Substance Used</th>
<th>% of IM Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>97.4</td>
</tr>
<tr>
<td>Marijuana</td>
<td>64.3</td>
</tr>
<tr>
<td>Cocaine</td>
<td>28.7</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>23.6</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>20.3</td>
</tr>
<tr>
<td>Opiates</td>
<td>7.5</td>
</tr>
<tr>
<td>Psychedelics</td>
<td>14.5</td>
</tr>
<tr>
<td>LSD</td>
<td>9.9</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Why is this important?

- Impact patient safety and timely care
- Increase the amount of time spent by faculty
- Add additional responsibilities and work onto their resident colleagues
- Affect the morale of the entire training program
- Our obligation to residents

Adapted from Lecture given by J. Wiese at Tulane.
...Despite the magnitude of the problem, we struggle to adequately and accurately identify and remediate residents.
Who identifies residents in difficulty?

The Resident
Patients and Fellows
Nursing
Attendings, Writers
Other Resident
Program Director
Attendings, Veterans
Chief Resident

Yao DC and Wright SM. JAMA 2000; 284;1099-104.
How are Residents Identified?

- Processes that identified problem resident:
  - 82% Direct Observation
  - 59% Critical Incident
  - 45% Poor Performance
  - 33% Neglecting Patient Care Responsibility

Yao, DC & Wright, SM. JAMA. 2000;284:1099-1104.
Why do residents in need of remediation come to our attention so late?
(Ab)Use of Likert scales

Comparison of Numeric and Written Evaluations

- Evaluations of 30 Surgical residents with deficiencies requiring remediation
  - 8-20% identified a deficiency in the written comments
  - 2-4% identified a deficiency in the rating scale
  - 23-55% with excellent ratings in the area of deficiency

60% of program directors felt that it was difficult to convince residents of their deficiencies because of inadequate/inaccurate written evaluations.

Yao, DC & Wright, SM. JAMA. 2000;284:1099-1104.
**Deficits in Eval System:**

<table>
<thead>
<tr>
<th>ACGME competencies</th>
<th>Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
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</tr>
<tr>
<td>Patient Care</td>
<td>Clinical Skills</td>
</tr>
<tr>
<td>Interpersonal Skills and Communication</td>
<td>Clinical Judgment and Reasoning</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Organization and time management</td>
</tr>
<tr>
<td>Practice-Based Learning</td>
<td>Communication</td>
</tr>
<tr>
<td>Systems of Care</td>
<td>Interpersonal skills</td>
</tr>
</tbody>
</table>

Adapted from Lecture given by Wiese at Tulane, 2005.
Packard, C. RI ME competencies.
Limitations Identified By Evaluators

- Standards are not well defined
- Lack the ability or knowledge of the grading system
- Lack knowledge of what and how to document
- Question their ability to fairly and fully assess the residents
- Unwilling to record negative evaluations

Interactive Discussion:

50min  - General approach to residents in difficulty
   - Index case presentation
     For each of 3 scenarios:
     - Diagnose key areas of learner difficulty
     - Explore identification & remediation of deficiency
     - Follow-up on case

15min  - Summary of approach to resident in need of remediation

10min  - Session Evaluation
In January, a 30 y.o. PGY1 internal medicine resident joins your general ward service.

- Patient presentations are below the level of his peers
- Does not appear to know his patients very well
- Presents similar physical exam and review of systems for all of his patients.
- Objective data is neither clear nor organized
- Missing relevant information
- Assessments do not demonstrate a clear thought process
- Plan is present but brief
- His attendance at morning report and noon conferences is less than 25%.
You are concerned with his overall performance and contact the program director.

His prior evaluations reflect an average resident, scoring 5-6 out of 9 on the numeric likert scales for each of the 6 ACGME competencies.

There are only a few written comments on his prior evaluations and they document a significant knowledge deficit.

The program director feels that this is inconsistent as his USMLE 1 and 2 scores which are >98, >240.
Diagnosing the Problem

- Does the resident have deficiencies?
Diagnosing the Problem

- Does the resident have deficiencies?

Yes!
Diagnosing the Problem

- What is the differential?
Diagnosing the Problem

- What is the differential?
  - Medical Knowledge
  - Clinical Skills
  - Clinical Judgment and Reasoning
  - Organization and Time Management
  - Communication
  - Interpersonal skills
  - Professionalism
  - Mental Health +/- Substance Abuse
Diagnosing the Problem

- What additional information/data do we need to narrow the differential?
Additional Information

- Ability to collect H&P
- Integration of information, represent problem
- Formulation of ddx, A/P
- Efficiency
- Prioritizing tasks
- Ability to summarize case
- Formulation of questions
- Chart review

- Responsiveness to colleagues/nurses/patients
- Arrival/departure time
- 360° evaluations
  - Interactions
  - Ownership
- Reading materials
- Social Stressors
- Substance Abuse
- Resident’s Perspective
Scenario 1:

- Attempting to get a better understanding of the resident’s difficulties, you decide to observe him admit a patient.
  - H&P takes twice as long as you would have expected.
  - Appears to have no focus, gathering much extraneous information
  - Unable to prioritize his differential diagnosis
  - Orders too many tests
  - On further questioning, unable to assign pre and post test probabilities
  - Answers all direct fact-based questions correctly
Scenario 1: Diagnosis

What are his deficiencies?
- Medical Knowledge
- Clinical Skills
- Clinical Judgment and Reasoning
- Organization and Time Management
- Communication
- Interpersonal skills
- Professionalism
- Mental Health +/- Substance Abuse
Scenario 1: Diagnosis

- What additional assessments may help differentiate and define the underlying problem?
Additional Information

- Ability to collect H&P
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- Resident’s Perspective
Scenario 1:

- How would you target his remediation?
Follow-up

- Case 1: Clinical Reasoning
  - Identified via 1 negative evaluation early in intern year
  - Prompt feedback and discussion of concerns
  - 2nd negative evaluation and communicated concerns led to probation
    - Clinical reasoning deficits
Follow-up

Case 1: Clinical Reasoning

- Remediation Plan:
  - Standardized patient cases, videotaped
  - Review taped with mentor
  - Met with mentor regularly
  - Schedule changes to allow resident to practice independently for additional 4 months
    - Assess ability to integrate and process information
**Follow-up**

- **Case 1: Clinical Reasoning**
  - Successful remediation
  - Accepted into the competitive fellowship of choice
Scenario 2:

- He is routinely 15 minutes late to daily rounds, often appearing disheveled.
- During daily rounds, you decide to ask him to lead the interaction with his patient. As he introduces the team, it appears that the patient does not recognize him.
- He proceeds with a vague presentation. The patient’s family interjects to add relevant information.
Scenario 2:

Before you leave, you call the intern to see if the team has any more questions.
- You soon learn that he has left an hour early.
- In following up with the on-call team, you learn that he has signed out an inappropriate amount of work.
- The frustrated covering resident blurts out, that he is not surprised and that he has given up arguing with this resident.
Scenario 2: Diagnosis

- What are his deficiencies?
  - Medical Knowledge
  - Clinical Skills
  - Clinical Judgment and Reasoning
  - Organization and Time Management
  - Communication
  - Interpersonal skills
  - Professionalism
  - Mental Health +/- Substance Abuse
Scenario 2: Diagnosis

- What additional assessments may help differentiate and define the underlying problem(s)?
Additional Information

- Ability to collect H&P
- Integration of information, represent problem
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- Responsiveness to colleagues/nurses/patients
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- Reading materials
- Social Stressors
- Substance Abuse
- *Resident’s Perspective*
Scenario 2: Remediation

- How would you target his remediation?
Follow-up

- Case 2: Professionalism
  - First reported end of 2nd year
    - Inappropriate communication: confrontational and threatening
  - Prompt feedback and written warning
  - Recurrent unprofessional behavior towards physicians and staff
Follow-up

- **Case 2: Professionalism**
  - Remediation Plan:
    - Evaluation by Colorado Physicians’ Health Program (CPHP)
    - Regular meetings with mentor
    - Role playing and practicing alternative methods of communication
    - Strict behavior guidelines
    - Required: 100% passing evaluations & no additional unprofessional behavior
Follow-up

Case 2: Professionalism

- Placed on probation 3rd year for
  - Unexcused absences
  - Failing score for professionalism
  - Unreliable and failed to complete required assignments
  - Ongoing conflicts with Attendings and Staff
Follow-up

- Case 2: Professionalism
  - Successful completion of requirements during residency
  - Obtained employment, following graduation
  - Continues to have professionalism problems at place of employment
  - Practicing with active license, no actions
Scenario 3:

- He spent 2 years between medical school and residency doing research and learning English, as a second language.

- During observed patient encounters, he appears to miss valuable information and the opportunities to ask follow-up questions.

- On rounds, he is disorganized and has difficulty participating in discussions.
  - However, if you ask him specific questions, he answers them correctly.
Scenario 3:

- Concerned that he may have missed some information on rounds, you review his to do list.
  - He has only written down about half of the necessary tasks, and is unable to tell you which of the previously mentioned tasks are missing.

- He has much difficulty signing his patient out to another team.

- It is clear that he is a hardworking and dedicated intern and that he is trying his best.
Scenario 3:

- You are shocked to hear a rumor among the residents that he doesn’t work well with women and doesn’t take direction from them.

- Nurses complain that he does not communicate well with them.
Scenario 3: Diagnosis

What are his deficiencies?

- Medical Knowledge
- Clinical Skills
- Clinical Judgment and Reasoning
- Organization and Time Management
- Communication
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Scenario 3: Diagnosis

- How additional assessments may help differentiate and define the underlying problem(s)?
**Additional Information**

- Ability to collect H&P
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- *Resident’s Perspective*
Scenario 3: Remediation

- How would you target his remediation?
Follow-up

Case 3: Communication
- Identified late winter of intern year
  - Communication, Organization, Medical Knowledge
- Placed on Probation
- Remediation Team Reviewed Case
  - Regular meetings with mentor
  - Specific examples identified and explored
  - Areas of weakness more clearly defined
  - Addressed reasons for communication deficiencies
Follow-up

- Case 3: Communication
  - Successful remediation on wards and clinic, PGY-1 completed with 2 additional months
  - Critical incident during ICU as PGY-2
    - Premature Closure
    - Lack of Confidence
  - Successful remediation of ICU
Summary:

- Train the evaluators
- Understand the expectations for each skill set
- Look for competencies and deficiencies
Summary:

- Emphasize the importance of identifying the resident’s greatest deficit?
  - Where should we concentrate our efforts
  - Remediation of which problem will give the best yield
- Early communication with the program director, if deficiencies present
Summary:

- How to best document or convey strengths and weaknesses
  - Correlating numeric score with comments
  - Consider changing size of rating scale to 5 points
  - Anticipated distribution of scores
  - Provide percentile among peers
Summary

- Challenge of struggling residents exist in all residency programs
- Our current evaluation system does not always identify residents in need of remediation
- Identifying and helping residents with learner difficulty is both a challenge and an obligation
- Improvements in the evaluation system and culture could help with early identification and intervention
Summary

- Helping struggling residents requires:
  - Early awareness
  - Careful diagnosis
  - Diligent reporting
  - Individualized remediation plan
References

3. Packard, C. RI ME competencies.
8. Wiese, J COUGAR. Grand Rounds
10. Yao DC and Wright SM. A national survey of internal medicine residency program directors regarding problem residents. JAMA 2000; 284;1099-104.
Thank you

...for the audience participation!