

“Problem” Resident *OR*  
Resident with a “Problem”:  
Road to Remediation

Cuc Mai

Senior Associate Dean GME/DIO

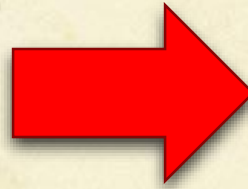
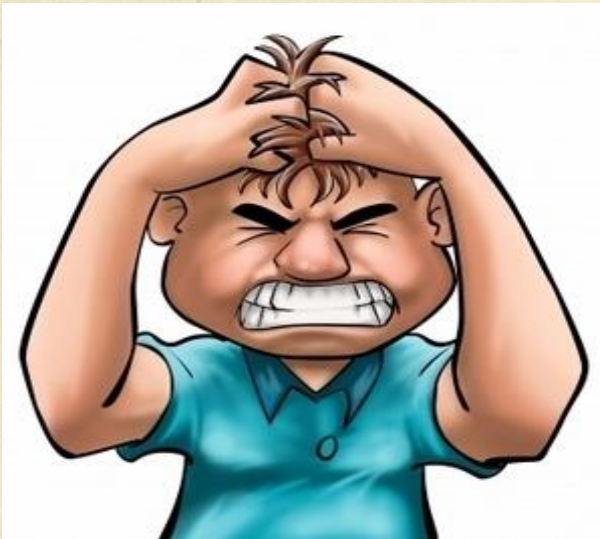
USF Health Morsani COM



# Goals & Objectives

- Discuss the prevalence of the problem resident
- Identify and address barriers and misconceptions that exist when dealing with problem residents to improve the residency training system
- Identifying key elements in the remediation system to optimize educational success and ensure due process

# Goals & Objectives



# What is a problem resident?

- “a learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural, or interpersonal difficulty”

# Problem Residents = Problem Physicians



- 66,171 IM diplomates -1990-2000
- A low professionalism rating (4 or below) and poor performance on the certifying exam predicted increased risk
  - Nearly twice the risk of disciplinary action
  - Over 80% of actions were for unprofessional behavior
  - 31% related to substandard pt care

# How common is the problem?

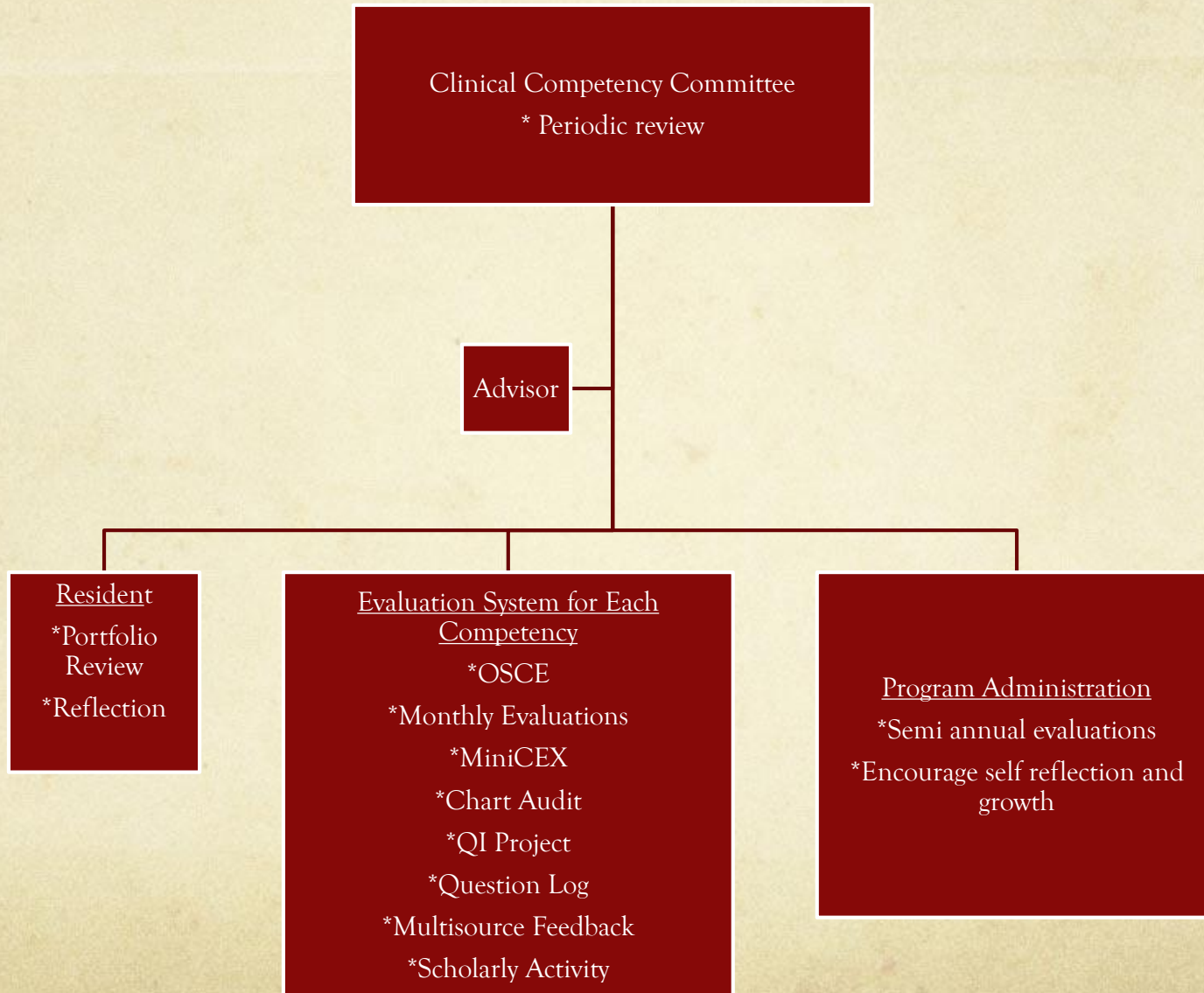
- Single institutions reporting retrospective data on percentage of problem residents
  - Surgery: 26% over 10 years
  - Psychiatry: 5.8 % over a 4 year period
  - Family Medicine: 9.1% over a 25 year period

# Barriers & Misconceptions in the Remediation Process

- Evaluation System
- Faculty
  - Lack of accurate evaluations documenting needs for remediation
- Program Culture
- Legal concerns



# Improving the System



# Legal Issues

- Fear is worse than reality
- Courts are ill-equipped to evaluate academic performance and less likely to interfere with professional judgments if:
  - Decisions are fair and equitable
  - Due process was followed

# Litigation in Medical Education

- 171/329 cases in ten year span involved residents
  - >90% of time institutional defendants “won”
  - 80% of claims directly challenged institutional actions (rejection, demotion, dismissal)
    - More than half alleged discrimination
    - 13% claims regarding due process
    - 13% breach of employment contract

# Litigation in Medical Education & Due Process

- Academic Issues = Student Role
  - Give notice and remediation plan
  - Decisions should be careful and reasoned
  - Based on GME policy
- Misconduct Issues = Employee Role
  - Give notice of charges of misconduct
  - Give an opportunity to be heard
  - Decision should be careful and reasoned

# USF GME Policy 218: Disciplinary and Appeal Process

- Education Improvement Plan
- Written Warning-considered disciplinary action
  - Report only if asked whether resident has gone through any disciplinary action.
  - Detail reasons for warning and competency areas that are deficient
  - Detail remediation plan- think about competency areas that are involved
  - Detail time period
  - Detail consequences of failure to meet standards
  - Review letter with counsel and central GME prior to finalizing
  - Review letter with resident and resident should sign letter
  - Place copy of letter in file

# USF GME Policy 218: Disciplinary and Appeal Process

- Probation or Suspension
  - Cited in all official LOR/credentialing



## Action Steps:

- 1) Notify CCC/GME to collaborate on decision
- 2) Notification statement should include information on appeal process; reasons; timeframe; remediation plan; consequences of failed remediation plan.
- 3) Statement should make include statement about reporting and how this will affect evaluation to board
- 4) Statement should be signed by resident and copies given to resident, GME, and placed in file.

# Litigation in Medical Education & Due Process

- For questions, seek GME legal council.
  - Robert Pelaia

# Approach to Remediation

- 1. Identify Problem
- 2. Investigate, Confirm, and Refine
  - Confirm problem, it's impact, and refine
  - Rule out impairment
- 3. Remediation Process
  - Competency Committee
  - Use Due Process: refer to USF GME Policy 218
  - Ensure documentation & notification
- 4. Follow-up



# Important Procedures in All Steps!

- Ensure documentation at every stage
- Protect resident confidentiality
- Comply with due process

# Step 1: Problem Identification

- Challenges:
  - Residents hardly ever identify themselves.
  - Improve the evaluation system
  - Most likely sources are chief residents and faculty
    - Consider giving your chief resident education regarding problem residents

# Step 2. Investigate, Confirm, & Refine

- Gather Data
  - Important to consider how this may impact learner buy in and due process
  - Determine impact on patients, peers, & program
- Look for Secondary Causes and evidence of impairment
  - Impairment: unable to fulfill professional or personal responsibility because of psychiatric illness, alcoholism, or drug dependence.
  - Refer to appropriate resource (RAP). Do not diagnose and treat learners.

# Step 2: Investigate, Confirm, & Refine

- Things to Consider When Gathering Data:
  - Will patients be safe under resident/fellow's care?
  - Will students be able to learn from resident/fellow?
  - Is the resident currently capable of learning?
  - Will the morale and standards of the program be maintained if the resident/fellow remains on active training status?

# Step 2: Investigate, Confirm, & Refine

- Look for Secondary Causes and evidence of impairment:
  - The 6 D's
    - Deprivation
    - Distraction
    - Depression
    - Dependence
    - Disordered Personality
    - Disease

# Impairment

- Magnitude:
  - Narcotic addiction 30 - 100X more likely
  - Residents - 13-14% with alcoholism
  
- Who to suspect?
  - Frequent absences, tardiness
  - Weekend problems
  - Impulsivity, irritability
  - Performance change
  
- Consider Professionals Resource Network (PRN)-protecting patient safety while providing resources to help health professional

# Learning Disabilities and ADHD

- ~ 5% of med students
- Minority diagnosed in medical school
  - Only a problem with standardized tests when volume of material exceeds coping strategies
- Exposed in residency
  - Stimulus rich environment
  - Need for extensive synthesis and processing of diverse data

# Step 2: Investigate, Confirm, & Refine

- Refine problem based on ACGME core competencies
  - Medical Knowledge
  - Patient Care
  - Practice based learning improvement
  - Systems Based Practice
  - Interpersonal Communication
  - Professionalism



Cognitive



Non -  
cognitive



# Step 3: Develop a Remediation Plan

- Identify the appropriate setting for the action plan i.e. does level of supervision need to be changed
- Has to be specific to the deficiency in competency
- Outline process for improvement and target objectives
- Establish time frame
- Assign mentor and communicate expectations of remediation to mentor

# Remediation Plans by Competency

<b>MEDICAL KNOWLEDGE</b>				
Milestone		Theme	Remediation Plan	Goals to resolve Remediation
<b>MK 1</b>	Clinical knowledge	17 Knowledge	<input type="checkbox"/> Develop reading plan with mentor <input type="checkbox"/> Board Review course recommended <input type="checkbox"/> Increased assignments in ITE structured reading program	<input type="checkbox"/> Pass USMLE Step III <input type="checkbox"/> Score above a pre-set minimum score on the NBME IM shelf exam or other exam testing level appropriate Medical Knowledge <input type="checkbox"/> Satisfactory completion of and improvement in regular quizzes of reading material. <input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area.
<b>MK 2</b>	Knowledge of diagnostic testing and procedures	18 Interpretation of basic tests	<input type="checkbox"/> Review textbook of Clinical Data <input type="checkbox"/> Lab Results <input type="checkbox"/> XRay Results <input type="checkbox"/> CT/MR Results <input type="checkbox"/> US Results <input type="checkbox"/> EKG / Echo Results <input type="checkbox"/> Results <input type="checkbox"/> Rotation focusing on clinical skill development <input type="checkbox"/> Written summaries of clinical skill interpretation	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing Clinical data interpretation <input type="checkbox"/> Demonstrate ability to interpret clinical data to the Program Director's satisfaction
		19 Pre-test probability	<input type="checkbox"/> Review basics of test characteristics and biostatistics <input type="checkbox"/> Review test characteristics of commonly ordered tests <input type="checkbox"/> Written examples from resident's own cases.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain
		20 Risks with procedures	<input type="checkbox"/> Review basics of procedures and risks <input type="checkbox"/> Review institution and individual procedure complications.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain.

# Remediation Plans by Competency

- See additional handouts for each competency

# Step 3: Develop a Remediation Plan

- Professionalism Competency:
  - Think in terms of employee vs. student misconduct
  - Right vs. wrong behavior
  - Corrective action: stop behavior
  - Insight may be a problem
  - Consider including in plan
    - Reflective writing
    - Attending board of medicine disciplinary meeting
    - Having resident address competency committee meeting

# Differentiating Student vs. Employee Standards in Due Process

## ○ Academic (Student) issues

- Knowledge-based
- Lack of core competency
- Lack of specialty training
- Lack of introspection

## ○ Misconduct (Employee) issues

- Dishonesty, medical record forgery
- Harassment
- Disruptive behavior
- Theft
- Violence

# Sample Letter

## APPENDIX 2. SAMPLE REMEDIATION/PROBATION LETTER

[Date]

Dear Dr. [X]:

The Clinical Competence Committee has met to review the entire record of your performance. This memo serves to notify you that you are failing to meet our program's expectations in the following areas: [choose area/areas]

- » Patient care
- » Medical knowledge
- » Professionalism
- » Interpersonal skills and communication
- » Systems-based practice
- » Practice-based learning and communication

Problem identified by Competency. Need to include reasoning and remediation plan.

As a consequence of these deficiencies, you are being placed in a formal remediation/probation program. Failing to correct these problems in the time and manner described below may result in adverse action, including extension of the required training time at the current level, immediate termination, or contract nonrenewal.

Consequence of Failure Noted

We believe that you have the capacity to improve and succeed, and we are willing to support you in this endeavor. You will be assigned Dr. Y as a faculty mentor during your period of remediation/probation. While Dr. Y will help you, it is your responsibility to correct the identified performance deficiencies.

The committee will receive periodic progress reports from Dr. Y and will reconvene in 12 weeks to reassess your performance. Your failure to comply with the outlined program may be grounds for immediate dismissal.

Duration & Target Outcomes

Pursuant to your resident contract, you [may/may not] appeal this decision. If you wish to appeal, you must notify us in writing within five business days.

Appeal Process Noted

Hand Delivered by Dr. Z on [date]

*The next page would detail the educational corrective action plan referenced above.*

# Step 4: Follow-up

- Decide whether success has been achieved by using input from mentor, competency committee, targeted objectives.
- Follow-up outcomes:
  - Success
  - Partial Success
  - Failure: extending residency;  
nonrenewal/suspension/termination

# Group Activity Background

- You, the PD, take the time to document in a memo what was verbally discussed between you and a faculty member regarding poor performance in the ICU. As you review resident's file, you note that last month she had evaluation documenting deficiencies in medical knowledge, patient care, and professionalism.
- Step 2: Investigate and Refine.
  - Medical Knowledge: consistently low scores on evaluation and in-training exam has scored below 35 percentile
  - Patient Care: evaluation states she is not able to manage critically ill or complex patients
  - Professionalism: always late and never shows up for conference



# Group Activity

- Decide level of action
- Develop Step 3: The Remediation Plan
  - Medical Knowledge
  - Patient Care
  - Professionalism
- Develop Step 4: What are the follow-up plans and objectives of the remediation plan?

# Conclusions

- Address barriers to early and effective remediation in your program
- Develop a system for early and effective remediation that coaches a learner towards improvement keeping in mind due process and documentation
- Adhere to USF GME policy for disciplinary process
- Discuss questions and concerns with USF legal council

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