"Problem" Resident *OR* Resident with a "Problem": Road to Remediation

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USF Health Morsani COM

Spring 2012…

1. Dates of training - From: _____ To: _____
2. Was the program ACGME accredited during their training? YES ☐ NO ☐
3. Did the applicant successfully complete the training program? YES ☐ NO ☐
4. Was the applicant in good standing during his/her attendance at your institution? YES ☐ NO ☐
5. Did he/she comply with all the Rules and Regulations of your school? YES ☐ NO ☐
6. Do you consider the applicant's personal qualifications, character and reputation such as to recommend him/her for staff affiliation? YES ☐ NO ☐
7. Additional Comment: _____

Was the trainee subject to any of the following during training?

(i) Conditions or restrictions beyond those generally associated with the training regimen at your facility; ☐ Yes ☐ No

(ii) Involuntary leave of absence; ☐ Yes ☐ No

(iii) Suspension; ☐ Yes ☐ No

(iv) Non-promotion/non-renewal; ☐ Yes ☐ No

(v) Dismissal; or ☐ Yes ☐ No

(vi) Resignation. ☐ Yes ☐ No

(If YES to any of the above, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

If "YES" to any of the following questions, please provide a written explanation and supporting documentation:

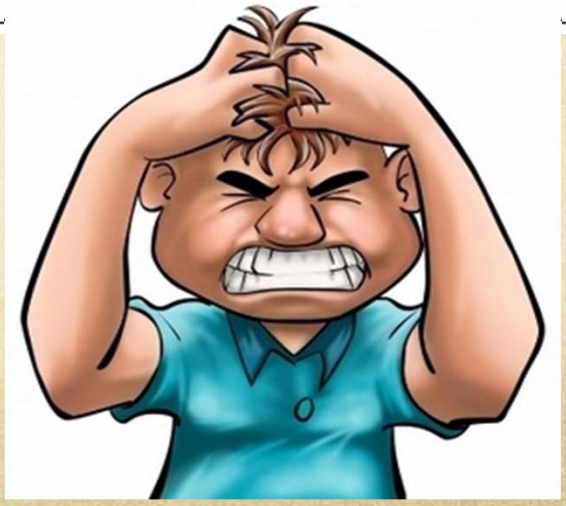
Any leave of absences requested/reported? ☐ Yes ☐ No

Any probationary action ever taken? ☐ Yes ☐ No

Any disciplinary actions or investigations? ☐ Yes ☐ No

Any special requirements or limitations due to questions of academic incompetence, disciplinary problem, etc? ☐ Yes ☐ No

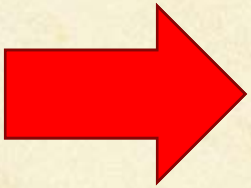
Completion of this form will certify that the individual named in Part 1 above completed a period of accredited postgraduate training at this facility. This form shall be signed by the Program Director (MD or DO only).



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
- Review Case studies

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"**

Vaughn LM, Baker RC, Thomas DG. The problem learner. Teach Learn Med 1998;10:217-22.

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

Papadakis Annals 2008

How common is the problem?

- Yao and Wright study (1999 survey)
  - Survey of internal medicine residency program directors by Association of Program Directors in Internal Medicine (APDIM)
  - 94% of programs had at least one resident in difficulty

How common is the problem?

- Data from American Board of Internal Medicine FASTrack system:
  - End of year intern scores
    - 56% satisfactory
    - 14% satisfactory and left program
    - 3% marginal
    - 1% unsatisfactory (50% stay in program)

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

APDIM Survey 2008: Success of Remediation by ACGME Competency

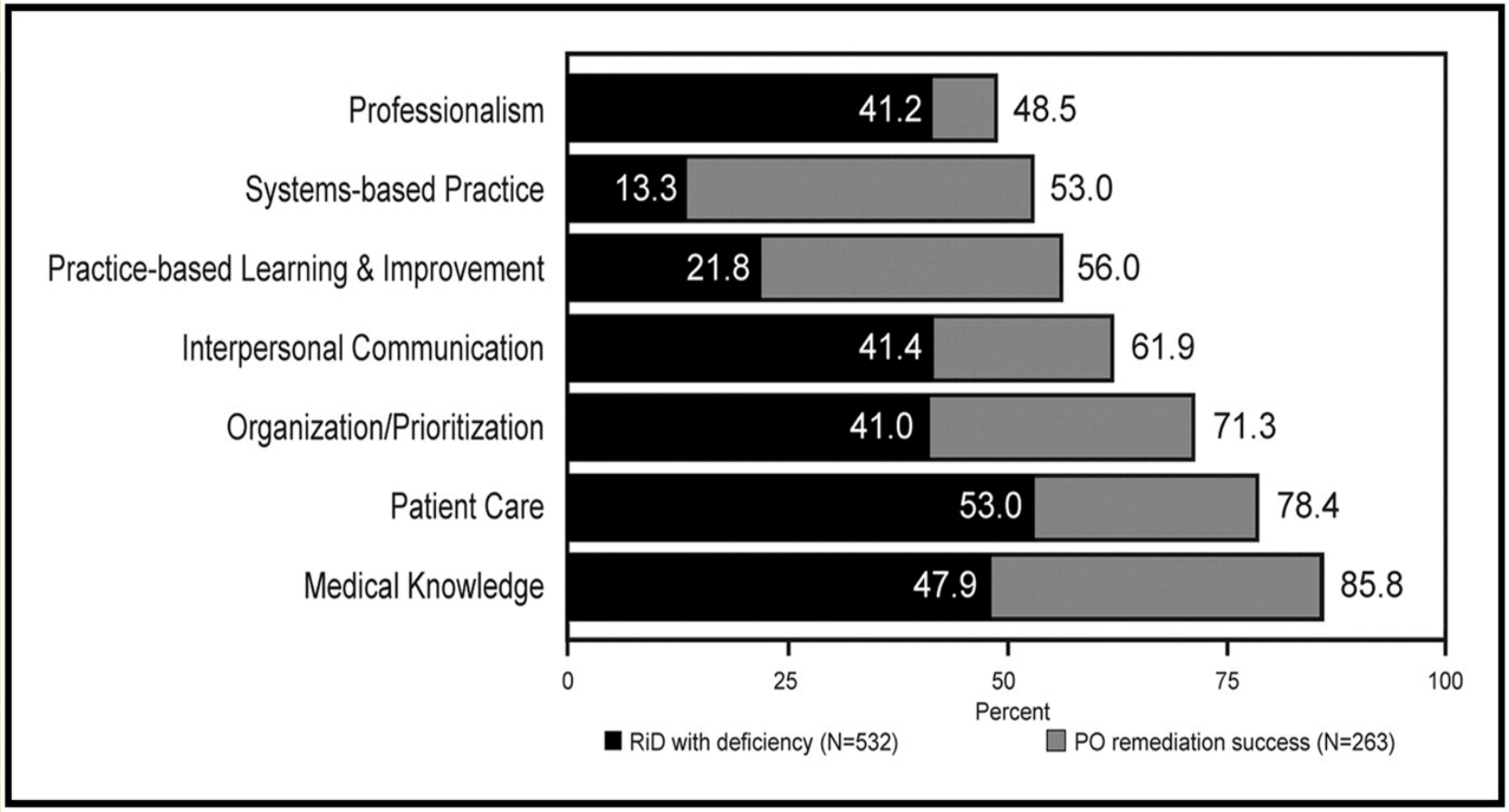
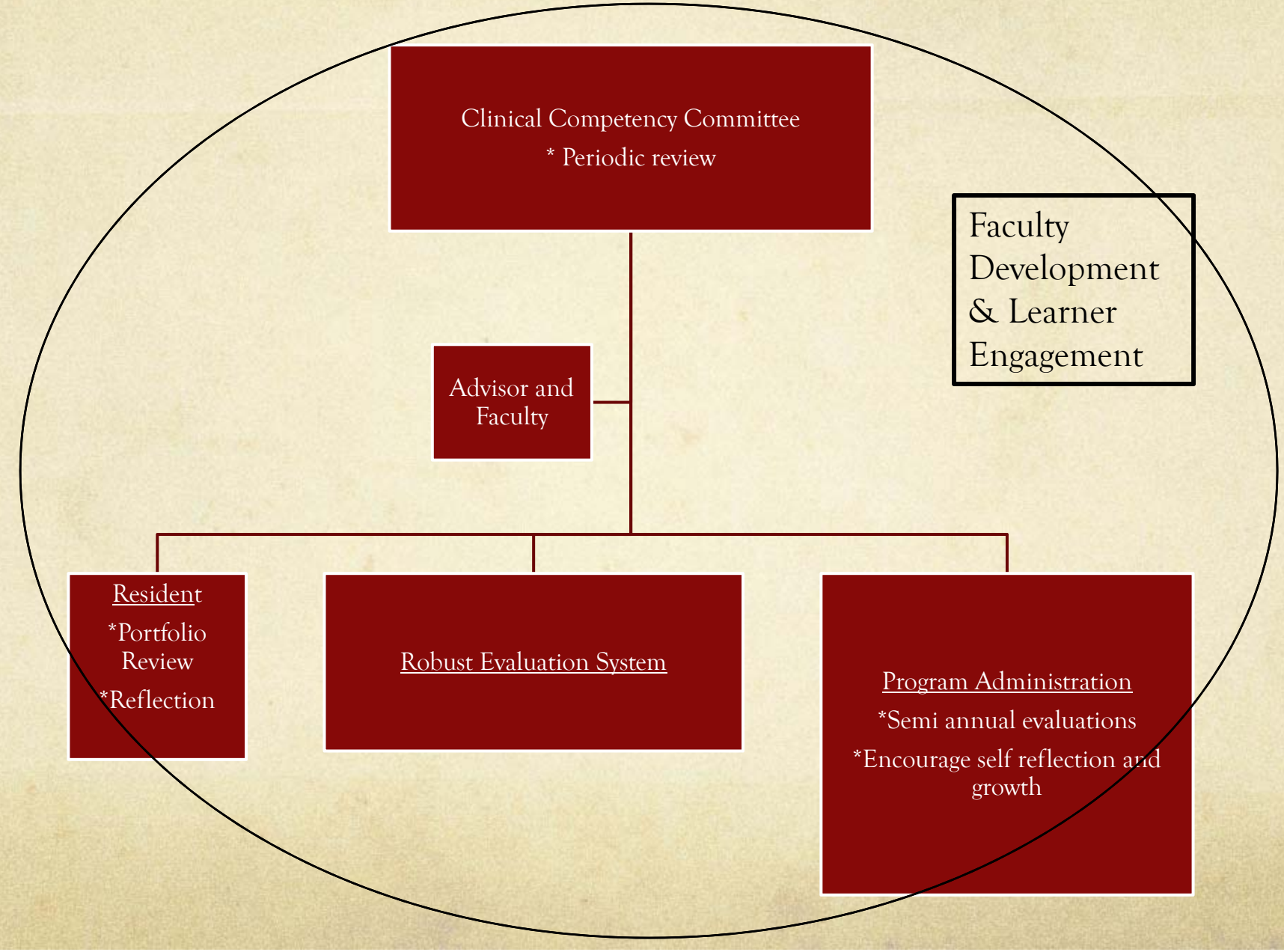


Figure 1. Comparison of reported competency deficiency frequencies in 532 residents with program directors (n= 268) estimated the likelihood of successful remediation.

Barriers & Misconceptions in the Remediation Process

- Evaluation System
- Faculty
- Program Culture
- Legal concerns

Barriers: Improving the System



Robust Evaluation System

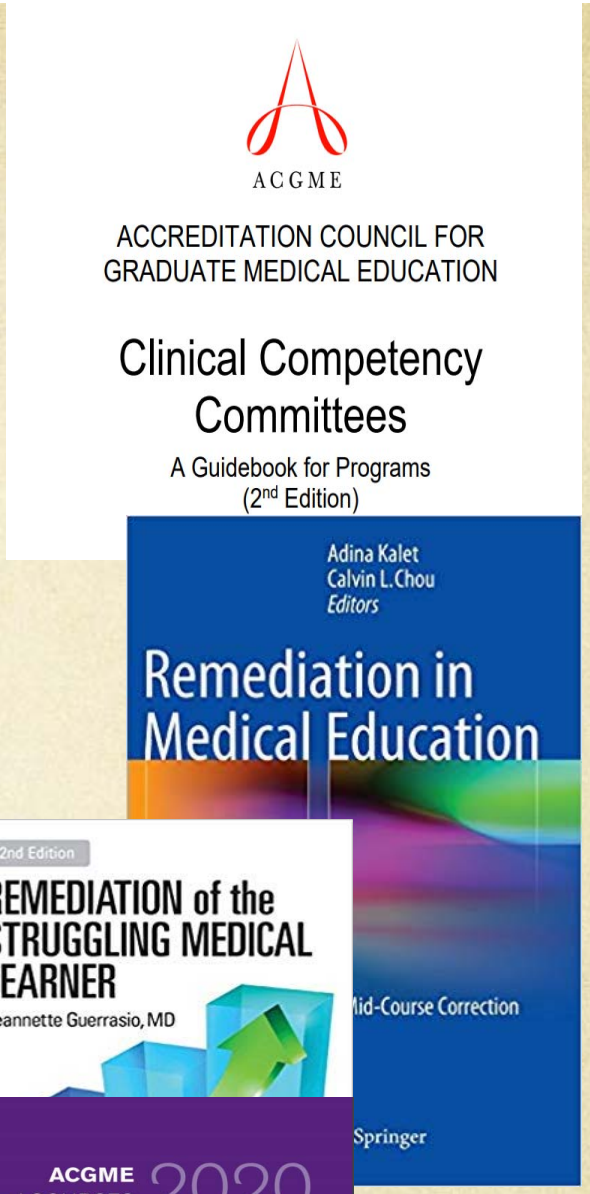
ACGME Core Competency	Evaluation Method
Medical Knowledge	Standardized Examinations, Presentations, Chart Recall, Rotation Evaluations
Patient Care	Direct Observation, Mini-CEX, Standardized Patients, Simulation, Rotation Evaluations
Practice Based Learning and Improvement	Medical Record Audit, Practice Improvement Modules, Clinical Vignettes, EBM tools, self assessment, portfolio
Professionalism	Multisource feedback, direct observation, Rotation Evaluations
Interpersonal Skills and Communication	Direct Observation, mini CEX, standardized patients, multisource feedback, medical record audit, Rotation Evaluations
Systems Based Practice	Clinical care audit to eval best practices or cost effectiveness, utilization of system resources, qi/ps projects,

Clinical Competency Committees in the Next Accreditation System

- Each program is expected to have a Clinical Competency Committee w/ policy and program to develop its members
- Members of committee will make consensus decision on the progress of each resident
- Vary in composition, structure, methods, and authority but provide higher likelihood of uncovering deficiency and improved evaluation and recommendations for remediation plan

Resources for the CCC

- https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf
- Remediation in Medical Education by Kalet
- Remediation of the Struggling Medical Learner by Guerrasio
- https://www.acgme.org/Meetings-and-Educational-Activities/Other-Educational-Activities/Courses-and-Workshops/Developing-Faculty-Competencies-in-Assessment



Faculty Development

- Topics to Address
  - Timeliness and Completion
  - Knowledge of Different Evaluation Tools and Evaluation Management System
  - What and How to Assess
  - How to provide feedback for learner and CCC
  - Biases in Evaluation

Barriers - 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

Barriers - 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 voluntarily

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

Case

- A faculty member calls you in your role as PD to complain about a resident. The faculty states that the resident has been showing up to late for work for the last few days despite reminders to be on time.
- What do you do?

Approach to Remediation

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

- **All steps should be done in collaboration with Clinical Competency Committee

Important Procedures in All Steps!

- Ensure documentation at every stage
- Protect resident confidentiality
- Comply with due process
- Contact GME office and GME legal early on

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
- Identify problem according to ACGME core competencies

Step 2. Investigate, Confirm, & Refine

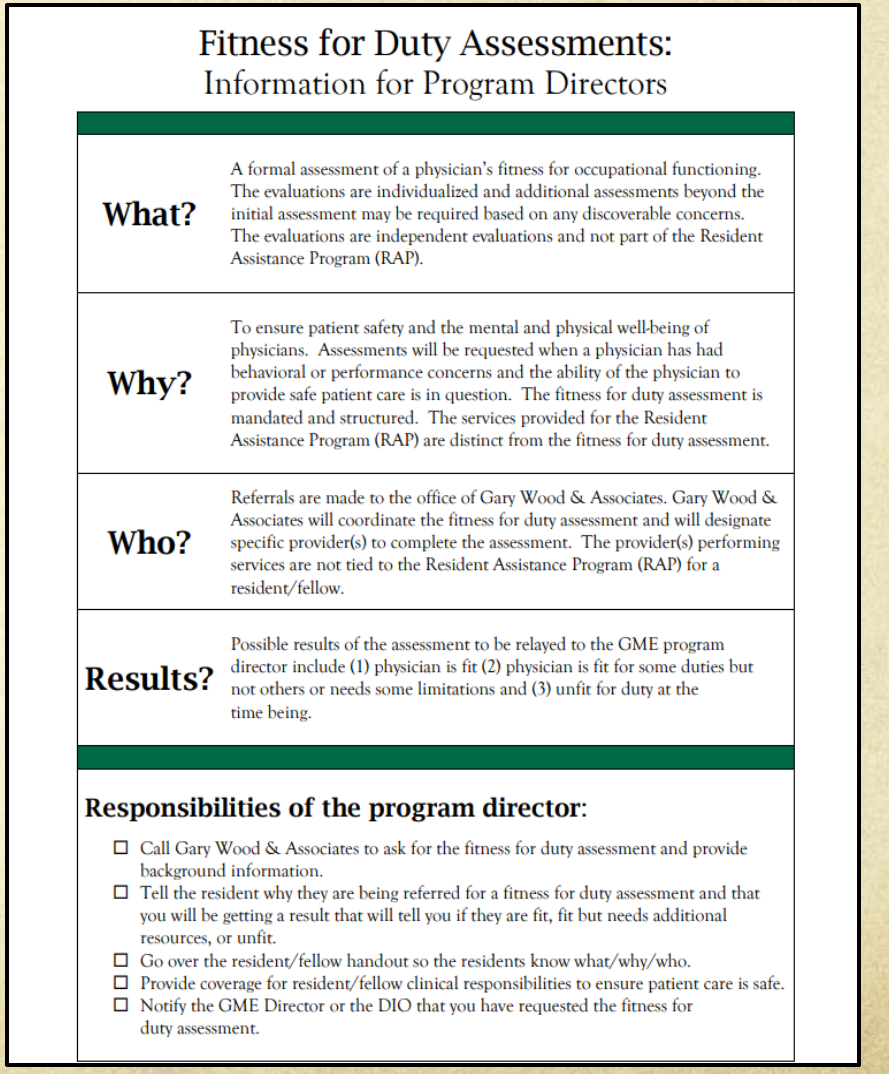
- Gather Data
  - Important to consider how this may impact learner buy in and due process
  - Determine impact on patients, peers, & program
- Look for Secondary Causes and evidence of impairment
  - Impairment: unable to fulfill professional or personal responsibility because of psychiatric illness, 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

- Consider Secondary Causes and look for evidence of impairment:
  - The 6 D's
    - Deprivation
    - Distraction
    - Depression
    - Dependence
    - Disordered Personality
    - Disease
- If concerned, consider fitness for duty assessment



Fitness for Duty Assessments:
Information for Program Directors

What?	A formal assessment of a physician's fitness for occupational functioning. The evaluations are individualized and additional assessments beyond the initial assessment may be required based on any discoverable concerns. The evaluations are independent evaluations and not part of the Resident Assistance Program (RAP).
Why?	To ensure patient safety and the mental and physical well-being of physicians. Assessments will be requested when a physician has had behavioral or performance concerns and the ability of the physician to provide safe patient care is in question. The fitness for duty assessment is mandated and structured. The services provided for the Resident Assistance Program (RAP) are distinct from the fitness for duty assessment.
Who?	Referrals are made to the office of Gary Wood & Associates. Gary Wood & Associates will coordinate the fitness for duty assessment and will designate specific provider(s) to complete the assessment. The provider(s) performing services are not tied to the Resident Assistance Program (RAP) for a resident/fellow.
Results?	Possible results of the assessment to be relayed to the GME program director include (1) physician is fit (2) physician is fit for some duties but not others or needs some limitations and (3) unfit for duty at the time being.

Responsibilities of the program director:

- ☐ Call Gary Wood & Associates to ask for the fitness for duty assessment and provide background information.
- ☐ Tell the resident why they are being referred for a fitness for duty assessment and that you will be getting a result that will tell you if they are fit, fit but needs additional resources, or unfit.
- ☐ Go over the resident/fellow handout so the residents know what/why/who.
- ☐ Provide coverage for resident/fellow clinical responsibilities to ensure patient care is safe.
- ☐ Notify the GME Director or the DIO that you have requested the fitness for duty assessment.

Impairment

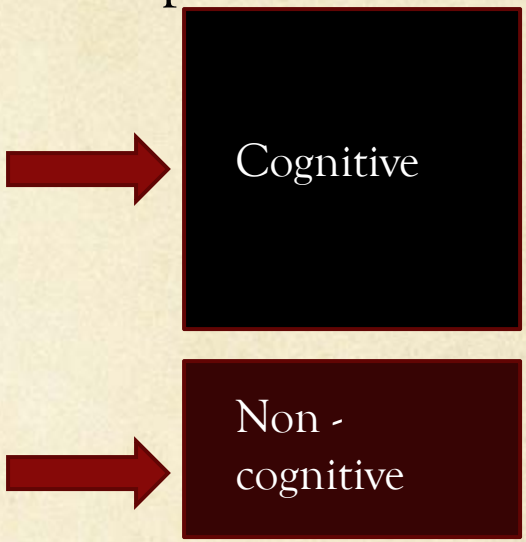
- Magnitude:
  - Narcotic addiction 30 - 100X more likely
  - Residents - 13-14% with alcoholism
- Who to suspect?
  - Frequent absences, tardiness
  - Weekend problems
  - Impulsivity, irritability
  - Performance change
- Consider Professionals Resource Network (PRN)-protecting patient safety while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



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

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

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.

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.

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.

Hand Delivered by Dr. Z on [date]

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

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

Consequence of Failure Noted

Duration & Target Outcomes

Appeal Process Noted

*Dartmouth University IM Residency Program

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
- Adhere to USF GME policy for disciplinary process for due process
- Document!!!
- Discuss questions and concerns with USF GME and legal council early and often

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