

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

Cuc Mai

Senior Associate Dean GME/DIO

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

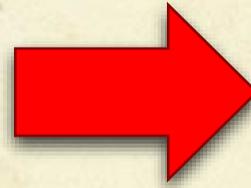
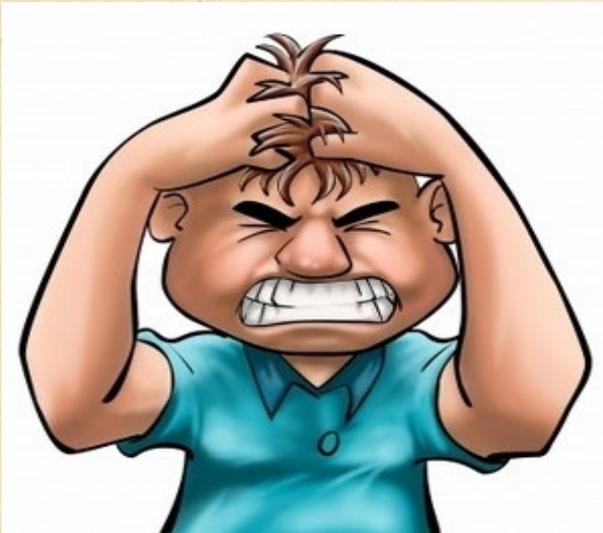
Completion of this form will certify that the individual named in Part 1 above completed a period of accredited postgraduate training at this facility. This form shall be signed by the Program Director (MD or DO only).



Goals & Objectives

- Discuss the prevalence of the problem resident
- Identify and address barriers and misconceptions that exist to improve the system of managing residents with problems
- Identify and learn how to address key elements in the remediation process to optimize educational success and ensure due process

Goals & Objectives

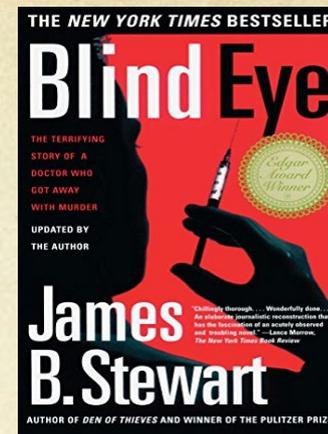


What is a problem resident?

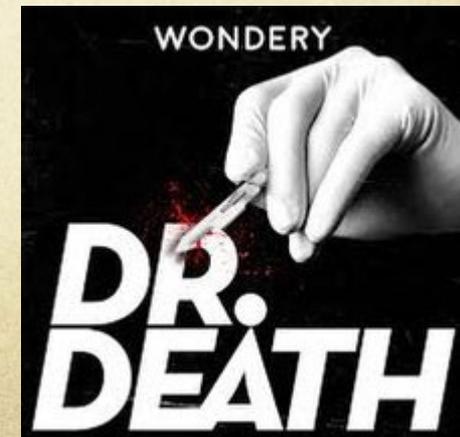
- “a learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural, or interpersonal difficulty”

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



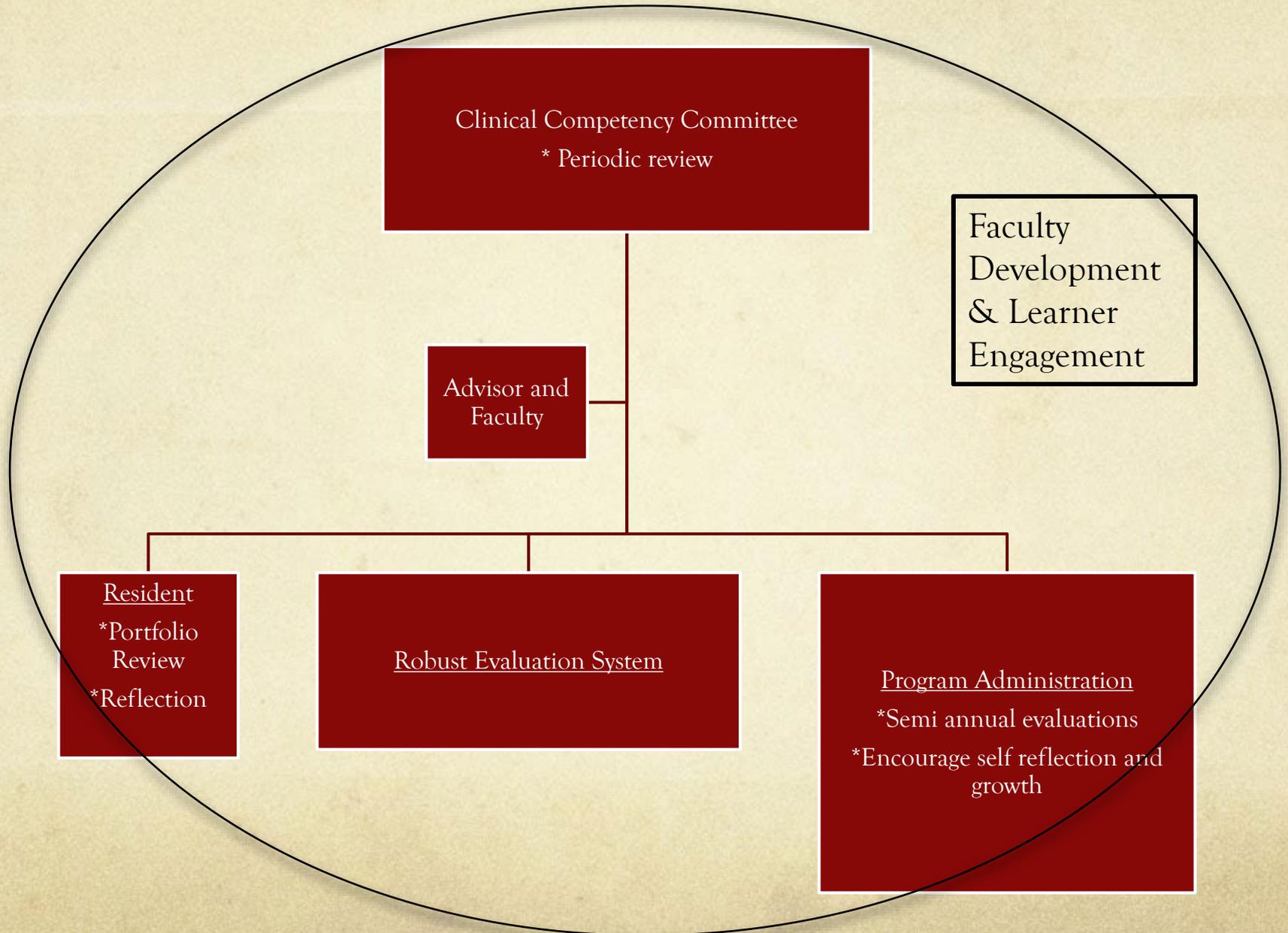
Papadakis Annals 2008



Barriers & Misconceptions in the Remediation Process

- Evaluation System
 - “Not timely or accurate”
- Faculty
 - “Concerned about retribution”
 - “Will damage their career”
- Program Culture
 - “Give them time”
- Legal concerns
 - “Concerned about going to court”

Barriers: Improving the Evaluation System



Robust Evaluation System

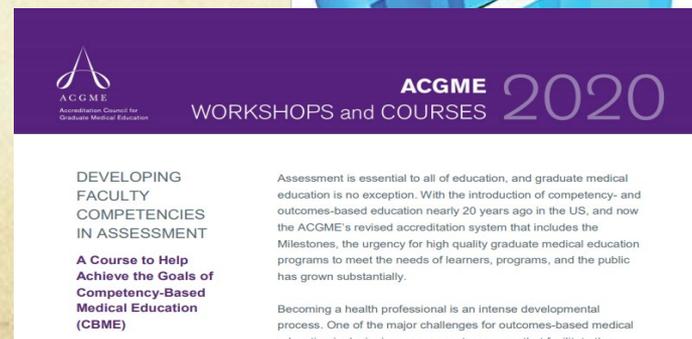
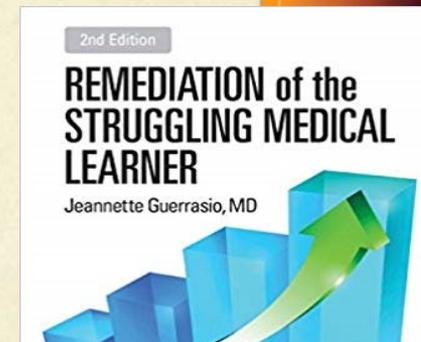
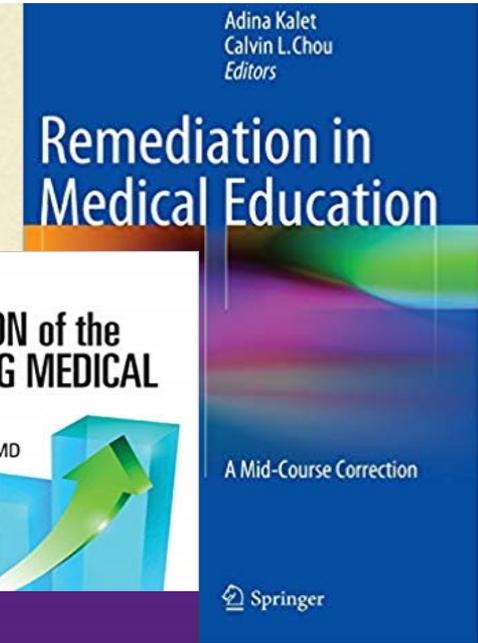
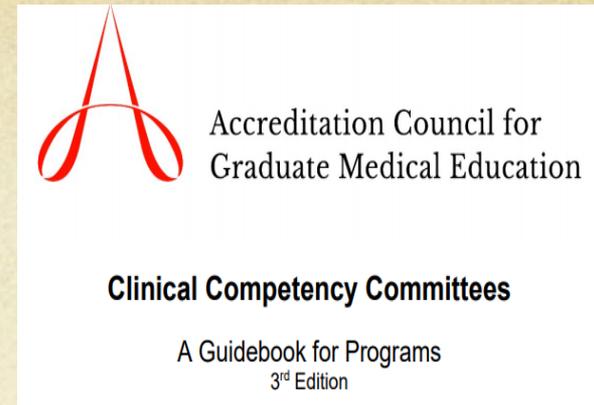
ACGME Core Competency	Evaluation Method
Medical Knowledge	Standardized Examinations, Presentations, Chart Recall, Rotation Evaluations
Patient Care	Direct Observation, Mini-CEX, Standardized Patients, Simulation, Rotation Evaluations
Practice Based Learning and Improvement	Medical Record Audit, Practice 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,

Faculty Development

- Topics to Address
 - Knowledge of Different Evaluation Tools and Evaluation Management System
 - Timeliness and Completion
 - ACGME Core Competencies and Milestones – What and How to Assess
 - How to provide learner with feedback
 - How to report concerns to PD and/or CCC
 - Implicit and Explicit Biases in Evaluation

Resources for Faculty Development

- <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>



Barriers - Legal Concerns?

- 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 – Legal Concerns?

- 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

Addressing Legal Issues - Due Process

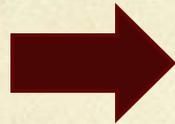
- Academic Issues = Student Role
 - Give notice and remediation plan
 - Decisions should be careful and reasoned
 - Based on GME policy
- Misconduct Issues = Employee Role
 - Give notice of charges of misconduct
 - Give an opportunity to be heard
 - Decision should be careful and reasoned

USF GME Policy 218: Disciplinary and Appeal Process

- <https://health.usf.edu/medicine/gme/policies>
- Education Improvement Plan
- Written Warning
 - Detail reasons for warning and competency areas that are deficient
 - Detail remediation plan- think about competency areas that are involved.
 - Remediation plan – Set expectations, be specific on action plans and follow-up
 - 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
 - No appeal and not cited unless question ask specifics that apply

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.
- 5) Appeal with GME adhoc committee

Litigation in Medical Education & Due Process

- For questions, seek GME legal council and contact GME office

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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 Considerations 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: Identify Problem

- 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.

Consider secondary causes - 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

Consider secondary causes - 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

- Engage CCC
- Identify the appropriate setting for the action plan
 - Does level of supervision need to be modified?
 - Will upcoming rotations provide breadth of experience to judge progress?
- Action items should be specific to the deficiency in competency
- Outline process for improvement and target objectives
- Establish time frame for remediation and follow up plan
- Consider role of 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	<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.
MK 2	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

		48 Professional responsibility	<input type="checkbox"/> Written self-evaluation of poor attendance at required conferences <input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> Maintain an attendance rate of % for the remainder of training <input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
PROF 3	Responds to each patient's unique characteristics and needs	49 Sensitive to differences	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Review of specific race / cultural / religious differences of which the resident may not be aware <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		50 Modifies care plan for individual	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Review past cases for further insight <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
PROF 4	Exhibits integrity and ethical behavior in professional conduct	51 Honesty/integrity	<input type="checkbox"/> Review DHMC Code of Professional Conduct with Mentor <input type="checkbox"/> Written self-review of difficulties with professionalism <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Any further professional code violations will result in immediate probation or termination.
		52 Ethical principles		
		53 Personal and professional conduct		

Remediation Plans by Competency

- See additional handouts for each competency

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.

Follow-up Noted

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.

Sample Letter

DATE _____

Dr. RESIDENT NAME,

On behalf of the PROGRAM NAME Clinical Competency Committee, and PROGRAM DIRECTOR NAME of the RESIDENCY PROGRAM NAME, this letter is to inform you that you (have received a letter of concern/are placed on a corrective action plan/are placed on remediation/are placed on probation) for concerns with your clinical performance to date as more fully detailed below. This letter serves as official notification of a need to resolve issues of performance. The dates for this plan run from DATE to DATE.

This decision is based on (among other things) (SOURCES OF INFORMATION) and constitutes our expert opinion as educators in the RESIDENCY PROGRAM NAME.

Based on this information the following specific areas of concern have been identified:

Competency	Subcompetency/Milestone/EPA if applicable	Issue
Type here- Example: Professionalism	Type here- Example: PROF 2- Accountability to patients, society, profession.	Type here- Example: Not attending 70% of conference

As such, the following actions are to be taken with all deliberate speed in order to rapidly address the concerns.

Action	Specific Outcome	Timeline
Type here- Example: Meet with program director and advisor weekly for self-reflection	Type here- Example: Weekly meetings with e-mail confirmation of attendance	Type here- Example: Weekly throughout XXXX

This plan has been formulated in accordance with the residency program's policies, INSTITUTION/SCHOOL NAME policies, and has been reviewed by the Clinical Competency Committee, among others.

If each of the above issues are successfully remediated, this letter will (Remain in the local residency file until graduation and then be destroyed/remains in the local residency file unless additional remediation is warranted and in that case will be forwarded to the GME office/be maintained by both the residency and GME).

It is all of our hopes that you will finish this period of focused remediation and review with a much better understanding of yourself as a physician and also with the skills necessary to continue as an emergency medicine resident and eventually become a board certified emergency medicine physician.

Failure to achieve and sustain significant improvement will result in additional action, which may include among other remedies:

- Remediation
- Probation
- Non-promotion
- Non-renewal of contract
- Termination

You should be aware that additional steps such as remediation, academic probation, extension of training, and termination are reportable to the American Board of Emergency Medicine, state licensing agencies, and future employers. Please review the NAME AND NUMBER OF GOVERNING INSTITUTIONAL POLICY.

Signatures:

By signing this document, the resident indicates that he/she has met with the program director and has discussed and reviewed this document.

Problem identified by Competency.

Remediation Plan - Specific with Duration & Target Outcomes

Consequence of Failure Noted

Resident Name

Date

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

- Step 1. Identify Problem
- Step 2. Investigate, Confirm, and Refine
- Step 3. Develop a Remediation Plan
 - Medical Knowledge
 - Patient Care
 - Professionalism
- Step 4: Follow up
 - What are the follow-up plans and objectives of the remediation plan?

Conclusions

- Remediating residents is an opportunity and common challenge
- Address barriers by developing evaluation systems to identify deficiencies early and accurately and provide faculty development
- Document well
- Follow due process and GME policies
- Discuss questions and concerns with USF GME and legal council early and often

Bibliography

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