“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.)
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

- 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

Clinical Competency Committee
* Periodic review

Advisor and Faculty

Resident
* Portfolio Review
* Reflection

Robust Evaluation System

Faculty Development & Learner Engagement

Program Administration
* Semi annual evaluations
* Encourage self reflection and growth
# Robust Evaluation System

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

<table>
<thead>
<tr>
<th>What?</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why?</td>
<td>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.</td>
</tr>
<tr>
<td>Who?</td>
<td>Referrals are made to the office of Gary Wood &amp; Associates. Gary Wood &amp; 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.</td>
</tr>
<tr>
<td>Results?</td>
<td>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.</td>
</tr>
</tbody>
</table>

### 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

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

<table>
<thead>
<tr>
<th>PROF 3</th>
<th>Responds to each patient's unique characteristics and needs</th>
</tr>
</thead>
</table>
| 48 Professional responsibility | - Written self-evaluation of poor attendance at required conferences
- Review this area of concern with Mentor
- Written self-review of difficulties with this area with plan for improvement
- Make amends with those injured by unprofessional behavior |
| 49 Sensitive to differences | - Maintain an attendance rate of ___% for the remainder of training
- No further reports of concern in this regard
- Satisfactory improvement of evaluation metrics in this area |

<table>
<thead>
<tr>
<th>PROF 4</th>
<th>Exhibits integrity and ethical behavior in professional conduct</th>
</tr>
</thead>
</table>
| 50 Modifies care plan for individual | - Review this area of concern with Mentor
- Written self-review of difficulties with this area with plan for improvement
- Review past cases for further insight
- Make amends with those injured by unprofessional behavior |
| 51 Honesty/integrity | - No further reports of concern in this regard
- Satisfactory improvement of evaluation metrics in this area |
| 52 Ethical principles | - Review DHMC Code of Professional Conduct with Mentor
- Written self-review of difficulties with professionalism
- Make amends with those injured by unprofessional behavior |
| 53 Personal and professional conduct | - No further reports of concern in this regard over the period of this remediation
- Satisfactory improvement of evaluation metrics in this area |
- Any further professional code violations will result in immediate probation or termination |
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

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.

*Dartmouth University IM Residency Program
Sample Letter

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:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Subcompetency/Milestone/EPA if applicable</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type here Example: Professionalism</td>
<td>Type here Example: PROF 2- Accountability to patients, society, profession.</td>
<td>Type here Example: Not attending 75% of conference</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Specific Outcome</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type here Example: Meet with program director and advisor weekly for self-reflection</td>
<td>Type here Example: Weekly meetings with e-mail confirmation of attendance</td>
<td>Type here Example: Weekly throughout XXX</td>
</tr>
</tbody>
</table>

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 (Receive in the local residency file until graduation and then be destroyed/remain 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 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.

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

- Iobst W, Holmboe E. American Board of Internal Medicine Faculty Development Course: Evaluation of Clinical Competence: Assessment and Evaluation Skills for Core and General Faculty in a New Era, April 2012.