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Strategies for Remediation

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Remediation: A 3-Step Approach

Objectives / Summary

- Recognize problems; requires a system
- Diagnose problems; requires investigation
- Remediate problems; requires a system
- Document

Disclosures

- None

National Survey of Internal Medicine Residency Program Directors Regarding Problem Residents

David C. Yao, MD, MPH
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Context Internal medicine residency training is demanding and residents can experience a wide variety of professional and personal difficulties. A *problem resident* is defined by the American Board of Internal Medicine as "a trainee who demonstrates a significant enough problem that requires intervention by someone of authority." Data are sparse regarding identification and management of such residents.

Objective To gain more understanding of the prevalence, identification, management, and prevention of problem residents within US internal medicine residency programs.

Design, Setting, and Participants Mailed survey of all 404 internal medicine residency program directors in the United States in October 1999, of whom 298 (74%) responded.

Main Outcome Measures Prevalence of problem residents; type of problems encountered; factors associated with identification and management of problem residents.

Results The mean point prevalence of problem residents during academic year 1998-1999 was 6.9% (SD, 5.7%; range, 0%-39%), and 94% of programs had problem residents. The most frequently reported difficulties of problem residents were insufficient medical knowledge (48%), poor clinical judgment (44%), and inefficient use of time (44%). Stressors and depression were the most frequently identified underlying problems (42% and 24%, respectively). The most frequent processes by which problem residents were discovered included direct observation (82%) and critical incidents (59%). Chief residents and attending physicians most frequently identified problem residents (84% and 76%, respectively); problem residents rarely identified themselves (2%). Many program directors believed that residents who are from an underrepresented minority, are international medical graduates, or are older than 35 years are at increased risk of being identified as a problem resident ($P<.05$). Program directors believed that frequent feedback sessions (65%) and an assigned mentor for structured supervision (53%) were the most helpful interventions.

Conclusion Nearly all internal medicine residency programs in this sample had problem residents, whose presenting characteristics and underlying issues were diverse and complex.

JAMA. 2000;284:1099-1104 www.jama.com

Since 1972, the American Board of Internal Medicine (ABIM) has relied on residency programs to evaluate the readiness of eligible candidates for certification. Accordingly, attempts have been made to standardize resident evaluation at the program level, and to identify those residents who fail to meet the evaluation norms. The ABIM defines a *problem resident* as "a trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident."[1] The problem is often manifested in 1 or more of the ABIM's 7 areas that relate to clinical competency: clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, medical care, and moral and ethical behavior. Residency program directors predictably have to work with problem residents and must consider the negative impact they may have on the residency program.

Although problem residents pose challenges for residency programs, there is little information on their epidemiology or management. A number of articles have addressed specific issues such as impairment due to emotional stress and substance abuse.[2-25] To gain more understanding of the prevalence, identification, management, and prevention of problem residents, we conducted a national survey of internal medicine residency program directors.

METHODS

Participants

Program directors of all internal medicine residency programs in the United

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Adina Kalet
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Remediation in Medical Education

A Mid-Course Correction

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Alliance for Academic Internal Medicine
New Program Directors' Precourse
October, 2017

Remediating Struggling Residents

EMORY
UNIVERSITY

Dominique Cosco

Harley Friedman

Karen Warburton

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Defining the Problem

- Problem resident (ABIM):
  - "trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the PD…"

1. Yao: JAMA 2000.

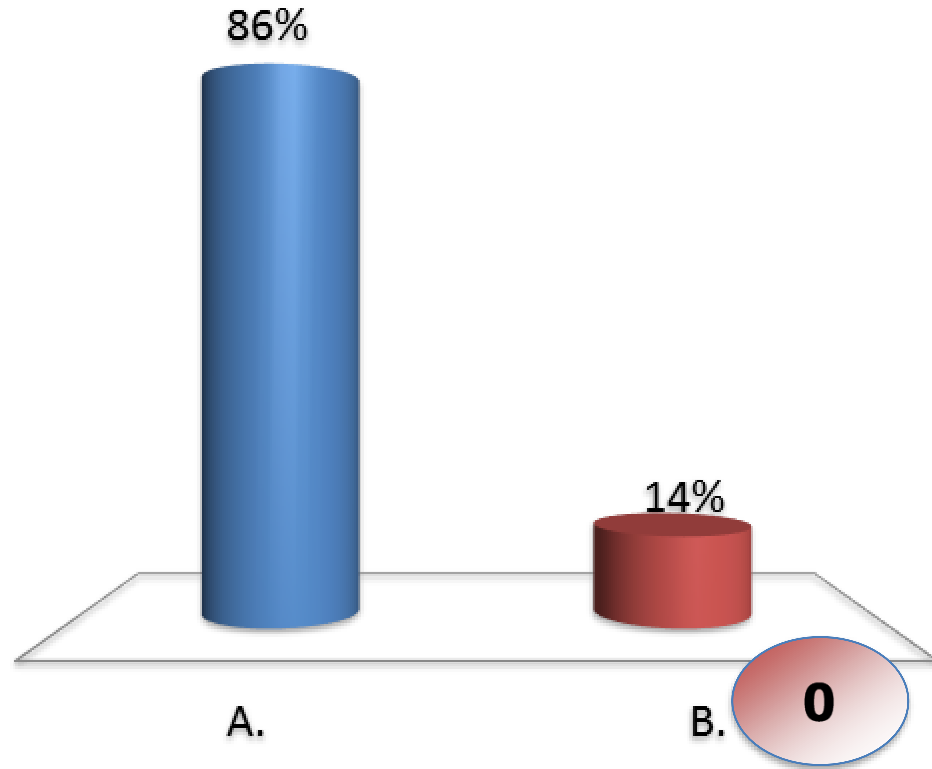
Scope of Problem

- Point prevalence of ~7% in IM residency
- 94% of programs had “problem resident”
- No fellowship data

1. Yao: JAMA 2000.

Do you have a fellow in your program who is or was a "problem fellow"?

A. Yes
B. No



3-Step Approach

Step 1

Recognize Potential Problems

Recognizing Problems: How?

- **Direct clinical observation (82%)***
- **Critical incident (59%)***
- Poor performance at conference (45%)*
- Neglecting patient care (33%)*
- Chart review (25%)*
- ITE (23%)*

*1/2 the time or more, %

1. Yao: JAMA 2000.

Recognizing Problems: Who?

- **Chief resident (84%)***
- **Attending (VERBAL) (76%)***
- **PD (74%)***
- Other housestaff (49%)*
- Attending (WRITTEN) (41%)*
- Nursing staff (31%)*

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*1/2 the time or more, %

1. Yao: JAMA 2000.

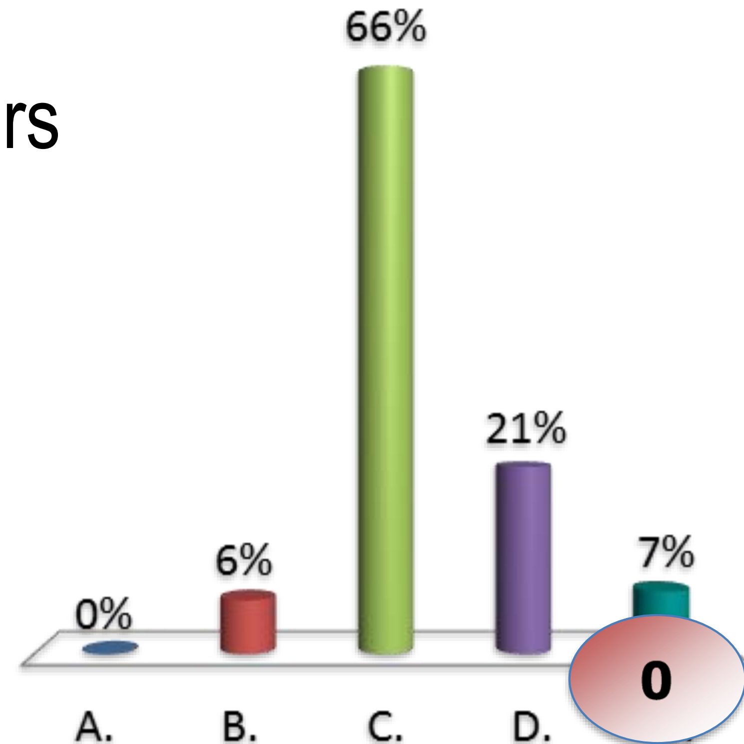
Recognition Requires a System

- Expect that you will have problems
- Regular meetings
  - Clinical Competency Committee
  - Typically the PD and ≥3 others
  - Discuss *all* issues, even "small"
  - Document and save, when appropriate

Adapted from Harley Friedman, MD

How frequently do you meet to discuss fellows' performance & potential problems?

A. At least once during the 3 years
B. At least yearly
C. At least every 6 months
D. At least every 3 months
E. At least every month



Recognition Requires a System

- Regular meetings
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  - *At least* every 6 months

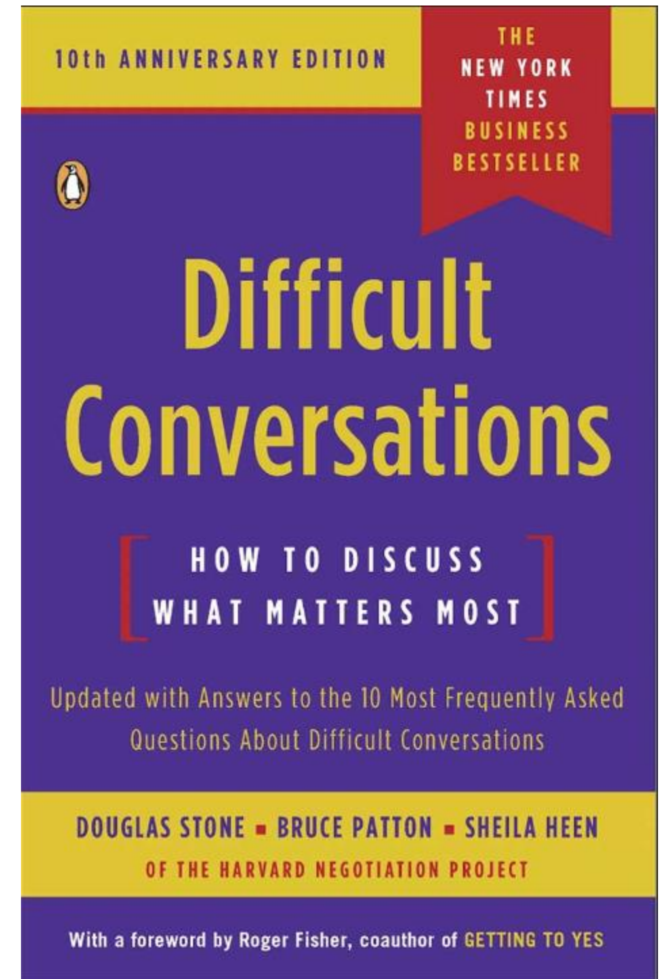
Adapted from Harley Friedman, MD

Step 2

Accurately Diagnose Problems

Investigate to Diagnose

- Investigate all issues
- Investigate *all sides* of story
- Document



Adapted from Harley Friedman, MD

What is the Deficiency?

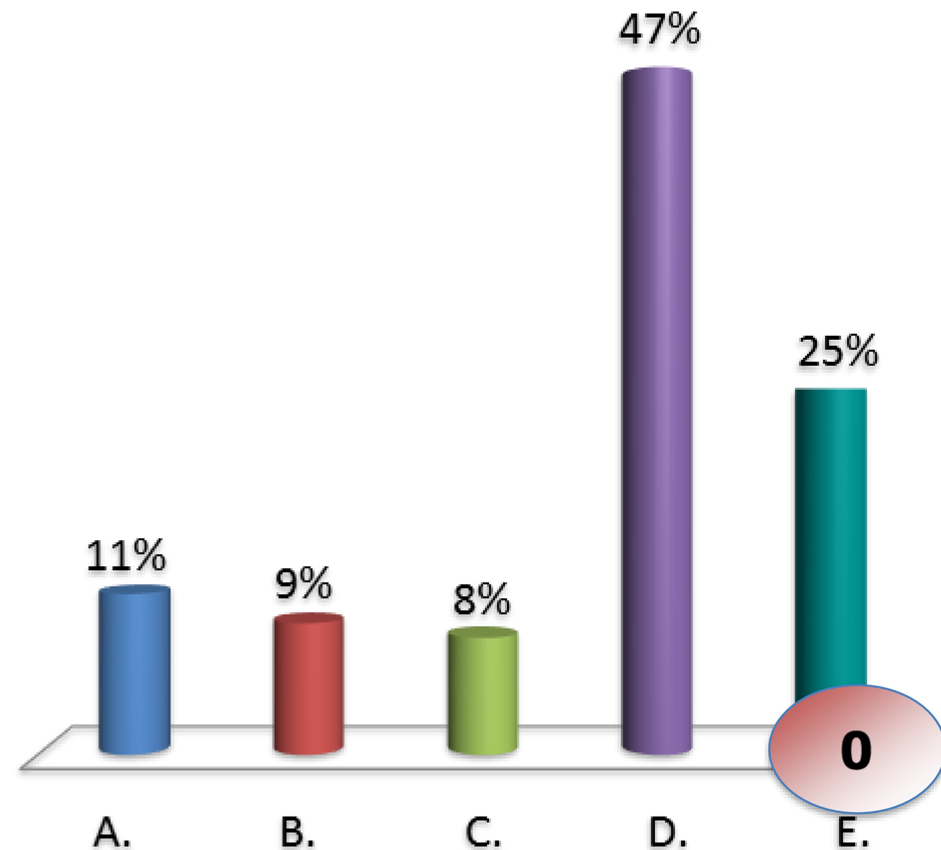
- **Insufficient knowledge (48%)**
- **Poor clinical judgement (44%)**
- **Inefficient use of time (44%)**
- **Inappropriate interactions (39%)**
- *What about post-residency?*

*1/2 the time or more, %

1. Yao: JAMA 2000.

What is the most commonly identified deficit in post-residency learners?

A. Mental well-being
B. Clinical reasoning
C. Medical knowledge
D. Professionalism
E. Time management and organization



Many with ≥ 2 deficits

Type of deficit

Mental well-being

Systems-based practice

Practice-based learning and improvement

Communication

Interpersonal skills

Professionalism

Time management and organization

Clinical reasoning

Clinical skills

Medical knowledge

% 10% 20% 30% 40% 50% 60%

Percentage of learners with deficit

□ Postresidency learners

■ Residents

■ Medical students

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Guerassio: Acad Med 2014.

Consider Underlying Factors

- Psychosocial stress
- Psychiatric diagnosis
- Impairment
- Learning disability
- Poor preparation
- Wrong career / program choice
- Noncognitive professional attributes

Courtesy of Harley Friedman, MD

Making the Right "Diagnosis"

- Direct observation, if possible
- Discuss with those who work with the learner
- Meet with learner
  - Assess insight
  - Rule out underlying factors
  - "Review of systems" for competencies

CC: Fellow is "disorganized"

- Ddx:

1) True disorganization
   - Global—not new, bills late, messy desk, etc.
   - Specific—unfamiliar with system

2) Clinical reasoning deficit in otherwise organized learner—unprepared

3) Issue with mental well-being

Courtesy of Harley Friedman, MD

Step 3

Effectively Deal with Problems

Intervention

- Develop a *structured* evaluation and remediation process with *timeline*
  - Standardized language
  - Decisions by committee whenever possible

Standardized Language

	"Cup of Coffee"	Remediation	Probation
Expectations	Alert resident to concerns	Gradual improvement of deficiencies	Immediate improvement of deficiencies
Ramifications	Note to file, no further action if no further issues.	Remediation plan, mentor, follow up. Copy to resident.	Same, plus consider HR. Definite copy to resident, consider receipt.
Reportability	"Off the Record"	QA Protected, not reportable outside the institution	Reportable to licensing boards and employers

Courtesy of Harley Friedman, MD

Intervention

- Make clear requirements for promotion
  - i.e., from 2nd to 3rd year fellow status

PGY-5 Remediation Timeline

Promote to PGY-6

Contracts

CCC

CCC

July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December

Prime PGY-5 Remediation Period

Late PGY-5 Remediation Period

Initial review of all PGY-5

Final Promotion decisions for PGY-5

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Courtesy of Harley Friedman, MD

Helpful Interventions

- **More frequent feedback sessions (65%)**
- **Assigned mentor / structure supervision (53%)**
- Probation (35%)
- Psych counseling (35%)
- Strict behavioral guidelines (32%)
- Remedial didactics (28%)…

*1/2 the time or more, %

1. Yao: JAMA 2000.

Making a Remediation Plan

- Pick 1-2 skills per competency
- Priorities: mental well-being and professionalism
- 3 steps:
  - Deliberate practice of weak skills
  - Frequent feedback
  - Mentor / coach; reflection

Rumack: Acad Radiol 2017.

Remediation: Key steps

Instruction/ Remediation Activities

Deliberate Practice

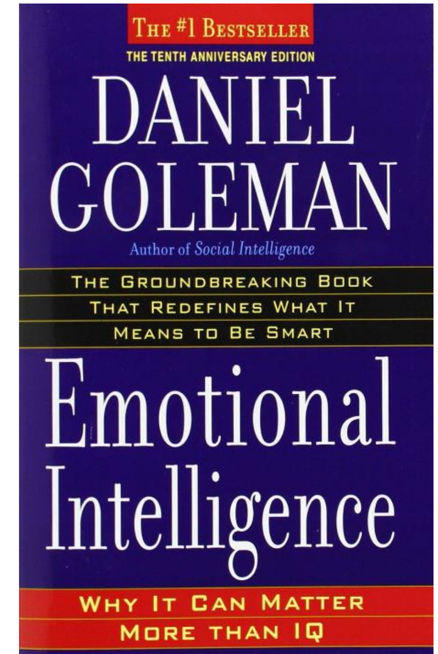
Feedback and Reflection with Mentor

Repeat Deliberate Practice

Implement the Plan

Remediating Professionalism

- Mentoring
  - Pick someone with high “EQ”



- Consider simulation and videotaping
  - Incorporate identified “triggers”

Rumack: Acad Radiol 2017.

It Takes Time…

Table 1

Faculty Face Time Required for Remediation by Type of Learner Deficit, University of Colorado School of Medicine, 2006–2012*

	Hours of faculty face time		
Type of learner deficit	Mean	Interquartile range	5%–95% range
Medical knowledge	10	2–30	1–70
Clinical skills	3	2–4	1–4
Clinical reasoning	20	5–38	2–74
Time management and organization	16	2–24	1–50
Professionalism	10	5–28	2–60
Interpersonal skills	17	6–30	2–60
Communication	19	5–39	2–76
Practice-based learning and improvement	2	1–3	2–3
Systems-based practice	12	5–24	5–24
Mental well-being	9	5–20	1–38

*Reported time does not include time for planning, assessment, or preparation. Data collected from faculty assigned remediation tasks for 151 learners (medical students, residents, fellows, and attendings).

Guerassio: Acad Med 2014.

Summary

- Recognize problems; requires a system
- Diagnose problems; requires investigation
- Remediate problems; requires a system
- Document

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