

Helping Residents in Difficulty Workshop
Bob Gobbo, Stu Hannah, Leslie Waters and Gary Newkirk
Rural Training Track Conclave 2018
Spokane Washington.

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation."

- William Osler

Professional: Having or showing the skill appropriate to a professional person; competent or skillful.
Dreyfus and Dreyfus model categories: Novice, Advanced Beginner, **Competent**, Proficient and Expert

1) **Does X have a deficit?**

Assuming this is representative of prior performance; do you have a framework for diagnosing the deficiency?

Use your differential diagnosis skills to apply to a learner's deficits:

- Medical knowledge
- Clinical skills
- Clinical reasoning and judgment (the most labor intensive)
- Time management and Organization
- Interpersonal skills
- Communication
- Professionalism
- Practice Based Learning and Improvement
- Systems Based Practice
- Mental Wellbeing ²

The biggest barriers to identifying deficits early on were faculty discomfort giving negative feedback and delayed evaluations. Inadequate direct observation was also a risk factor for delays. Successful remediation is correlated with early identification and intervention.

2) **Target and remediate the biggest one or two deficits**

3) **Encourage success by:** granting permission to change, setting expectations of growth and timeline, noting and addressing challenges, connection to faculty and peers and choice (learning styles)

4) **Build a plan and fine tune it together (meet with resident and their advisor (who is there solely for support and assistance) and the program director (who provides difficult feedback).**

- a. **Deliberate practice:** focused practice of weakest skill and each time receiving and incorporating external and internal feedback to improve one's ability to master the skill
- b. **Feedback:** demonstrating, advising, critiquing, questioning, correcting errors and reinforcing what they got right..
- c. **Self-Assessment:** Learner needs to reflect on their performance so that they continue to learn in a life-long learning profession

- Define concrete expectations through written goals and objectives
- Establish and maintain well-defined policies
- Delineate consequences for failure to meet expectations
- Outline procedure for remediation/probation/dismissal
- Orient residents and faculty to residency goals, objectives, and policies
- Provide ongoing reminders of expectations
- Identify support networks available to residents ³

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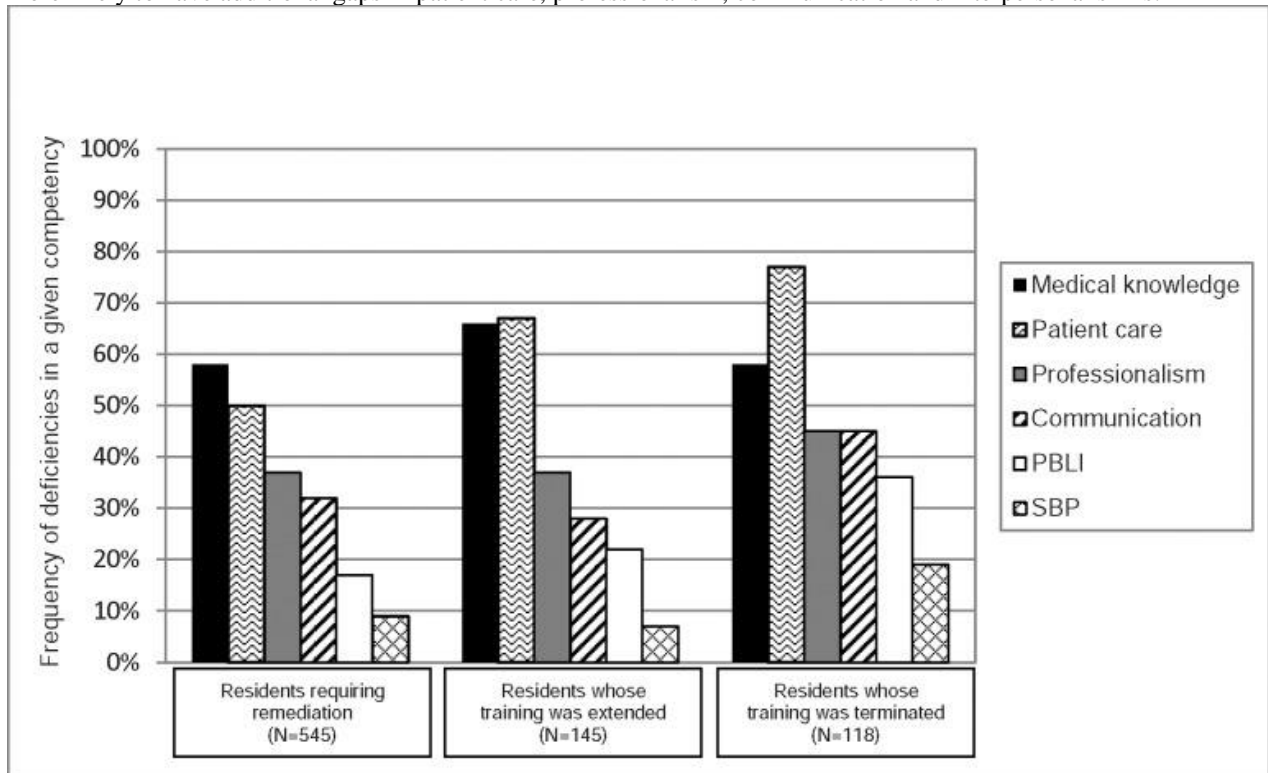
Use Action words for learning objectives when drafting written document for resident: to identify, to define, to demonstrate, to resolve, etc ⁴

Discuss process whereby if resolved, that the information is removed from files and not released as it is part of the education process. If not resolved, define next steps and always give resident copy of Due Process policy⁵

Faculty

Learning styles: Sensing (concrete) or Intuitive (abstract), Visual (seeing) or Verbal (hearing)
 Active or Reflective and Sequential (left brain) or Global (right brain)

Some data: In a national recall survey by Program Directors of pediatric residencies with 54 % response rate (105/196 representing 545 residents in remediation /4500 total residents or 12%), medical knowledge is the most common “remediable” competency. When residents require remediation in several competencies, this is more likely to be unsuccessful leading to termination. Deficits in professionalism and communication were moderately common. Both SBP and PBLI were least common. Twenty-six percent had deficits in multiple competencies. Of those whose training was terminated, 42% had deficiencies in multiple competencies. Those dismissed were equally likely to have medical knowledge deficits in those who remediated successfully. However, those dismissed were more likely to have additional gaps in patient care, professionalism, communication and interpersonal skills. ⁶



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The Gary Newkirk File

1. If you think that your program does not have resident performance issues, just wait.
2. Residents must have advisors, choose carefully from the beginning.
3. Managing residents in difficulty takes practice. #prepare#
4. Keep things confidential even if the resident decides to tell the world.
5. Remember that "PATIENT SAFETY" ultimately is what physician behavior is all about.
6. Have a support group for all residents
 - a. e/g Balint for R2 and R3, support group for R1s.
 - i. These should not be led by your own faculty #FACULTY FREE ZONES#
7. Residents are employees. #employee law AND resources apply# KNOW THEM
8. Residents are apprentices so can't have learners and not have performance issues.
9. Society (and lawyers) view residents as licensed physicians....they must respond to State rules/regs
10. A focused resident should have a mentor as AND an adviser. Allow them to choose Mentor.
11. Be an active listener and consider having the resident's advisor or your residency coordinator, HR, depending on the circumstances, **participate** in discussions.
12. The Director as adviser? Only for a good reason. Delegate early if there are issues.
 - a. Role model + bad news messenger + Captain of the ship = set-up for disaster
13. Have in hand boiler-plate formats for:
 - a. Letter of Concern
 - b. Letter of Probation
 - c. Letter of Termination
14. Be sure to notify your DME and IME i.e. "Turn **MY** worry into **WE** worry:
15. Identify now, prior to needing them, resources for counseling, psychometric evaluation etc.
16. Get to know your State's Physician Wellness Programs and their statutes/roles.
17. As Program Director (faculty) you may have children in the same age range as you own children OK, you did not raise them but the real sand trap is that you will instinctively use your own "Family Rules and Experiences" to help solve resident problems. That can be risky.
18. Take advantage of peer level assistance e.g. Directors meetings, Mother Ship resources etc.
19. Remember that you and your faculty are role modeling ALL THE TIME, including potential bad behaviors, burnout, etc. Always explore with the resident this potential impact on them.
20. Finally, we are taught that the first thing we should do when encountering a CODE is to take our own pulse first. Be sure we remain in the right frame of mind when engaging in difficulty discussions. This is a very stressful process.

Gary Newkirk, MD - Family Medicine Spokane Residency and Rural Training Track

Resources:

- 1) Minter RM, Dunnington GL, Sudan R et al. Can this Resident be Saved? Identification and Early Intervention for Struggling Residents J of Am Col Surgeons Nov 2014 219 (5) 1088-1095
- 2) *Remediation of the Struggling Medical Learner* by Jeannette Guerrasio 2013 Am Hosp Med Ed

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- 3) ***Remediation in Medical Education: A Mid-Course Correction***: Kalet and Chou. 2014 Springer Science.
- 4) Katz, E. D., Dahms, R., Sadosty, A. T., Stahmer, S. A., Goyal, D. and on behalf of the CORD-EM Remediation Task Force (2010), Guiding Principles for Resident Remediation: Recommendations of the CORD Remediation Task Force. *Academic Emergency Medicine*, 17: S95–S103
- 5) ***Planning Programs for Adult Learners: A Practical Guide for Educators, Trainers and Staff Developers*** by Rosemary Caffarella 2002 John Wiley and Sons <http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2010.00881.x/epdf>
- 6) [https://teams.providence.org/sites/gme/GMEC%20Policies/08.%20GMEC%20Policy%20on%20Due%20Process%20\(2017\).pdf](https://teams.providence.org/sites/gme/GMEC%20Policies/08.%20GMEC%20Policy%20on%20Due%20Process%20(2017).pdf) Providence 2017 policy on Due process
- 7) Riebschleger, Meredith P., and Hilary M. Haftel. “Remediation in the Context of the Competencies: A Survey of Pediatrics Residency Program Directors.” *Journal of Graduate Medical Education* 5.1 (2013): 60–63. *PMC*. Web. 14 Feb. 2018.

Handouts:

- A. Currently defined Education Plans used by CCCs and approved by Providence Oregon Regional GME