“I’m Really Enjoying These Remediation Meetings, When Can We Meet Again?”
Putting a Positive Spin On Remediation

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Objectives

• Discuss the benefits of actively involving residents in their own remediation plans
• Describe the strengths-based coaching approach
• Apply the strengths-based coaching approach to establish a therapeutic alliance with struggling learners
• Discuss how this approach to remediation can foster a ‘growth mindset’ for learners and teachers
Disclosures

• None
Pair-share- 5 minutes

- Think about a challenging remediation case that you have been involved in
- Share your case with someone next to you, then switch
Remediation?!
A Struggling Learner

• PGY2 resident in remediation for ~ 1yr
• Deficiencies in:
  – Medical knowledge
  – Clinical reasoning
  – Professionalism- tardiness, missed shifts
  – PBLI- defensiveness to feedback, lack of ownership of difficulties
Then one day...

<table>
<thead>
<tr>
<th>Information-gathering</th>
<th>Gathers too little or too much information without understanding which data is important</th>
<th>Knows pertinent positives and negatives and broad diagnostic categories</th>
<th>Able to filter, prioritize and synthesize information to develop a real-time differential diagnosis</th>
<th>Able to easily and efficiently gather information to reach a reasonable differential diagnosis</th>
<th>Unconsciously gathers essential and accurate information in a targeted and efficient manner</th>
<th>NA/did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>Consistently missed PE findings and reported findings unreliably</td>
<td>Occasionally missed PE findings, with impertinent reporting of findings</td>
<td>Good PE skills with accurate, appropriate reporting of findings</td>
<td>Consistently performed pertinent PE in respectful manner and reported essential findings accurately</td>
<td>NA/did not observe</td>
<td></td>
</tr>
<tr>
<td>Medical knowledge</td>
<td>Had below average medical knowledge for a 1st year resident</td>
<td>Had some medical knowledge appropriate for a 1st year resident but with obvious gaps that were below average</td>
<td>Had the medical knowledge expected for a 1st year resident</td>
<td>Had the medical knowledge expected for a senior resident and regularly attempted to fill in knowledge deficits by performing a query</td>
<td>NA/did not observe</td>
<td></td>
</tr>
<tr>
<td>Evidence-based practice</td>
<td>Explains the principles of EBM but has difficulty applying EBM to clinical care</td>
<td>Conducts searches when prompted. Has difficulty formulating clinical questions. Starts to learn critical appraisal skills.</td>
<td>Uses knowledge gaps as learning opportunities. Able to critically appraise a topic. Seeks evidence when needed</td>
<td>Self-motivated to learn by regularly formulating questions. Teaches learners about EBM.</td>
<td>Easily formulates easily answerable clinical questions on the majority of patients. Acts as a role-model for practicing EBM.</td>
<td>NA/did not observe</td>
</tr>
<tr>
<td>Identifies strengths and limits in</td>
<td>Acknowledges</td>
<td>Performance assessment is</td>
<td>Self-reflection, results in</td>
<td>Anticipates clinical problems/questions. Elaborate questioning to explore</td>
<td>NA/did not observe</td>
<td></td>
</tr>
</tbody>
</table>
A Struggling Learner reacts:

• “This is not helpful, this is only hurtful”
• The learner “goes missing” for several hours
• “Nobody cares how hard I’m working.”
• “Nobody notices the progress I’ve made”
• “I’m frankly apathetic about my remediation plan at this point.”
• The resident did not complete our program
Sal

Sal is a PL-2 who has just finished his first month as ward senior. He was a strong intern—motivated, detail-oriented and efficient. You were therefore surprised that his evaluations from this first rotation as a senior outlined several areas of concern. Per the hospitalist attendings, he seemed unable to prioritize issues for the floor. He missed details, such as following up on lab results and consultants’ recommendations, which impacted patient care. At the same time he seemed overconfident, and didn’t ask for help or feedback appropriately. His interns perceived him as stressed and overbearing, though they appreciated his confidence. Milestones were at the same level or lower than they had been for his intern year. Sal is upset by his evaluations and comes to speak with you.
**GROWTH MINDSET**

“Failure is an opportunity to grow”

“I can learn to do anything I want”

“Challenges help me to grow”

“My effort and attitude determine my abilities”

“Feedback is constructive”

“I am inspired by the success of others”

“I like to try new things”

**FIXED MINDSET**

“Failure is the limit of my abilities”

“I’m either good at it or I’m not”

“My abilities are unchanging”

“I don’t like to be challenged”

“My potential is predetermined”

“When I’m frustrated, I give up”

“Feedback and criticism are personal”

“I stick to what I know”
Mindset: Key Components

• Belief that effort will make a difference
• How one acts when working towards goal
• Response to failure or challenge
• Wellness
FAIL

• First
• Attempt
• At
• Learning

“Our next award is for spectacular failure.”
Growth Mindset

“Students can be taught that their intellectual skills are things that can be cultivated -- through their hard work, reading, education, confronting of challenges, etc. When they are taught this, they seem naturally to become more eager for challenges, harder working, and more able to cope with obstacles.”

Carol Dweck
Strengths-based coaching

- Acknowledgement: Kerri Palamara, Massachusetts General Hospital, Associate Program Director Internal Medicine
Collaborative Remediation

- Engages the learner
- Supportive $\Rightarrow$ Punitive
- Asset based
- Encourages to be their best self
- Pulls them out of place of weakness by using their strengths
- People learn, perform and relate better when they feel better
Poor Stress Response → Burnout

Optimal Performance

Level of Stress

Performance

Seeing Improvement

Energised Focused Work feels effortless

Fatigue

Exhaustion

Health

Breakdown & burnout

Bored

CALM

EUSTRESS

DISTRESS

Yerkes-Dodson Curve
A Coaching Approach For Remediating

1) Give me a story of you at your best.
2) What do you love most about your work as a doctor?
3) What are your strengths?
4) It’s the end of your next rotation and it went perfectly. What happened that was so good? Be specific!
5) Between now and the end of the rotation, what is one thing you can work on to get you toward those goals?
A Struggling Learner

• PGY1 resident
• Deficiencies in:
  – Patient Care
  – Medical knowledge
  – Clinical reasoning
  – Professionalism- falling asleep during conferences
  – Organization/task completion
A Struggling Learner

• PGY1 resident (now PGY2)
• Deficiencies in:
  – Patient Care
  – Medical knowledge
  – Clinical reasoning
  – Professionalism - tardiness
  – Organization/task completion
  – Communication
A Struggling Learner reacts:

• “This sucks, this is hard, but I’m really enjoying these remediation meetings, when can we meet again?”
• “You’re one of the only people I feel that I can totally be myself in front of without worrying about how you’ll be judging me.”
• “Can we do more direct observations? I feel like that’s really helpful.”
• “I’m looking forward to proving to everyone that I can do it.”
Pair-share: 2 minutes

• How can you apply a strengths-based coaching approach to this resident?
• Is this a Corrective Action Plan (CAP) or a Formal Remediation Plan (FRP)?

Share your case with someone next to you, then switch