FORM A BETTER LEARNER: MILESTONES-BASED APPROACH TO SUCCESSFUL REMEDIATION

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Disclosure

• Authors have no conflicts of interest to disclose
Objectives

• Identify universal remediation strategies to improve learner competence

• Map learner remediation needs to milestones

• Develop milestones based multi-rater evaluation tools to track resident performance related to remediation plan
WHEN TO REMEDIATE AND WHAT ARE THE CHALLENGES??
Competency Issue

• Based on assessment of 6 core competencies
  – Assisted by 52 sub-competencies and milestones
• Issues arise through multi-rater evaluations, ITE’s, procedure logs, etc.
• Relative performance as determined by CCC
PRINCIPLES OF REMEDIATION/ REMEDIATION TEMPLATE
Principles of Remediation

- Education Oriented
- Transparent to the Trainee
- Confidential
- Duty to society
Steps in Remediation- Enhanced Learning Plan (ELP)

• All residents have Individualized Learning Plan
• If area of concern develop ELP
• Work with advisor to develop strategy
• Timeline for completion (2-3 months)
• Internal to program
Next Step-Corrective Action/Remediation

- Failure to correct with ELP
- Deemed require higher level intervention
- Professionalism issue
- Is sent to Institutional GME office
- Should remain internal to institution unless prolongs training
Who to include

• Resident
• Advisor
• Program Director
• Additional faculty
  – Consider Chief Resident, APD, resident chosen advocate
• ?family member
Key Components of Document

• Description of deficit and ultimate expectations
  – Behavior oriented
  – Based in competencies/milestones
• Strategies for remediation
• Assessment methods that will be employed
Key Components of Document

• Timeline for completion with planned meeting at mid-point
• Resources for stress related to corrective action
• Possible consequences at conclusion with any change to residency end date
• Notification of option for appeal to DIO
Lessons Learned

• Use of external resources
  – Test taking, mental health, professionalism coach, communication expert, etc.
• Invite a faculty advocate (chief resident)
• Consider including a family member if high stakes
• Start discussing alternative career plans early
• Ask resident to generate strategies to be included in ELP or correction action
• Importance of DOCUMENTATION!!
SMALL GROUP WORK #1
Small Group Work #1
20 minutes

- Review sample trainee scenario
- As a group use worksheet to:
  - Identify which type of remediation needed
  - Identify which sub-competencies need work
  - Identify milestones level per sub-competency
    (where the trainee is currently performing)
CREATING INDIVIDUALIZED MULTI-RATER EVALUATION FORMS
Report Back

• Lessons learned?
Creating individualized multi-rater evaluation forms

• Add selected sub-competencies into eval form
• Use or adapt milestones language for anchors
  – May need training if milestones approach new to raters
Pediatric Milestones-Based Evaluation Form

Dr. XXXXX

Please mark which milestone best describes the observed performance. Please email back to Aditee.Narayan@duke.edu

This can also be turned into the Pediatric Residency Office or faxed to 919-681-5825.

Name of evaluator ________________________________ Date of evaluation __________________

Essential and accurate information about the patient (Patient Care)

Mark which box best describes the behaviors observed on date or term evaluated

- Advanced development of pattern recognition leads to the creation of illness scripts which allow information to be gathered while is simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.

- Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.

- Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.

- Not able to evaluate

Organize and prioritize responsibilities to provide patient care that is safe, effective, and efficient (Patient Care)

Mark which box best describes the behaviors observed on date or term evaluated

- Struggles to organize patient care responsibilities, leading to focusing on individual patients rather than multiple patients; responsibilities are prioritized as a reaction to unanticipated needs that arise (those responsibilities presenting the most significant crisis at the time are given the highest priority); even small interruptions in task often lead to a prolonged or permanent break in that task to attend to the interruption, making return to initial task difficult or unlikely.

- Organizes the simultaneous care of a few patients with efficiency; occasionally prioritizes patient care responsibilities to anticipate future needs; each additional patient or interruption in work leads to notable decreases in efficiency and ability to effectively prioritize; permanent breaks in task with interruptions are less common, and prolonged breaks in task are still common.

- Organizes the simultaneous care of many patients with efficiency; routinely prioritizes patient care responsibilities to proactively anticipate future needs; additional care responsibilities lead to decreases in efficiency and ability to effectively prioritize; frequently interrupted in task; interruptions in task are prioritized and only lead to prolonged breaks in task when workload or cognitive load is high.

- Organizes patient care responsibilities to optimize efficiency; provides care to large volume of patients with marked efficiency; patient care responsibilities are prioritized to proactively prevent those urgent and emergent issues in patient care that can be anticipated; interruptions in task lead to only brief breaks in task in most situations.

- Serves as a role model of efficiency; patient care responsibilities are prioritized proactively prevent interruption by routine aspects of patient care that can be anticipated; unavoidable interruptions are prioritized to maximize safe and effective multitasking of responsibilities in essentially all situations.

- Not able to evaluate
Creating individualized multi-rater evaluation forms

• Use same form for multiple raters:
  – Self
  – Faculty
  – Chief Resident
  – Other

• Facilitate face-to-face weekly feedback
Creating individualized multi-rater evaluation forms

• Now that evals are created, need to know how to interpret them
• We already know where we think the trainee is performing
• How to decide where trainee SHOULD be?
Creating individualized multi-rater evaluation forms

• Expert consensus
  – CCC identify expected milestones
  – Audience response

• Review peer data
  – MedHub
Creating individualized multi-rater evaluation forms

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SMALL GROUP WORK #2
Small Group Work #2
20 minutes

• Identify strategies to help the trainee per sub-competency
• Consider program, institutional, regional, and national resources
• Consider interdisciplinary approach
Large group report back

• What strategies were identified?
Suggested strategies

• Patient Care
  – Observation and coaching (chief resident)
  – Guided Critical Thinking Skills development
  – Detailed to do lists
  – Highlighting
  – Written presentations
Suggested strategies

• Medical Knowledge
  – Reading plan
  – Study plan
  – PREP
Suggested strategies

• PBLI
  – EBM exercises
  – Library resources

• Interpersonal and Communication Skills
  – Observation and coaching
  – Video recorded reflection
Suggested strategies

• Systems Based Practice
  – Patient Care Coordinator referral
  – Follow a patient

• Professionalism
  – Coaching
  – Reflection
Suggested strategies

• Employee Health
• PCP
• Mental health resources
• Professionalism coach
• Share cost with trainee
DOCUMENTATION AND GRAPHS
We have identified
  – where trainee was in need of remediation
    • Multi rater evals/CCC review
  – where trainee needs to be
    • Expert consensus/peer data

Incorporate into Corrective Action Plan
Dear Resident A,

This document summarizes our discussion today during which we indicated to you that we plan to institute an adverse Corrective Action from XXX to YYY (typically 2-3 months). Your performance was judged to fall short of expected competencies in patient care and personal/professional development.

This is demonstrated by the following specific issues:

Based on review of evaluations and feedback from Emergency Medicine faculty, continuity clinic faculty, Chief Residents, GME Program Directors, and the Pediatric Clinical Competency Committee you were not able to consistently:

1. Gather essential and accurate information about the patient
2. Organize, execute, and prioritize patient care task lists.
3. Ensure appropriate follow up of patient care tasks.
4. Problem-solve fundamental patient care tasks.
5. Present as trustworthy to supervising faculty regarding the care of patients
6. Take full ownership of patients without overreliance on supervising faculty
7. Incorporate timely feedback into improving practice in subsequent encounters
These concerns are translated into the context of the Pediatric Milestones for further clarification. (What follows is a link to the document entitled The Pediatrics Milestone Project which was prepared as a joint initiative of the ACGME and American Board of Pediatrics: https://www.abp.org/abpwebsite/publicat/milestones.pdf)

At this time, the following Pediatric Milestones are found to be below that expected for your level of training for the Emergency Medicine and HOCC rotations.

**Patient Care** Milestones:

- Gather essential and accurate information about the patient *(currently at subcompetency level 2)*

- Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient *(current between sub-competency levels 2-3)*

- Perform complete and accurate physical examinations *(currently at subcompetency level 2)*

- Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment *(current sub-competency level 1-3, inconsistent performance)*

- Develop and carry out management plans *(current between sub-competency levels 1-3, inconsistent performance)*
As a result of these issues you will be to demonstrate the following knowledge, skills and attitudes (at the minimum):

Patient Care:

1. Gather essential and accurate information about the patient—Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. *(level 3 of subcompetency)*

2. Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient—Organize the simultaneous care of many patients with efficiency; routinely prioritize patient care responsibilities to proactively anticipate future needs; additional care responsibilities may lead to decrease in efficiency and ability to effectively prioritize only when patient volume is quite large or there is a perception of competing priorities; interruptions in task should be prioritized and only lead to prolonged breaks in tasks when workload or cognitive load is high. *(level 3 of subcompetency)*

3. Perform complete and accurate physical examinations—Performs, elicits, recognizes, and interprets the findings of most physical examination maneuvers correctly. *(level 4 of subcompetency)*

4. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement (current sub-competency level 1-3, inconsistent performance)—Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan. Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers to compare and contrast the diagnoses being considered when presenting or discussing a case. Shows the emergence of pattern recognition in diagnostic and therapeutic reasoning that often results in a well synthesized and organized assessment of the focused differential diagnosis and management plan. *(level 3 of sub-competency)*
We have identified where the trainee is performing during the remediation period
– Multi rater evals
Pediatric Milestones-Based Evaluation Form

Dr. XXXXXX

Please mark which milestone best describes the observed performance. Please email back to Aditee.Narayanan@duke.edu.

This can also be turned into the Pediatric Residency Office or faxed to 919-681-6825.

Name of evaluator __________ Date of evaluation __________

(Include any essential and accurate information about the patient) (Patient Care)

Mark which box best describes the behaviors observed on date or time evaluated

- Struggles to organize patient care responsibilities, leading to focusing care on individual patients rather than multiple patients; responsibilities are prioritized as a reaction to unanticipated needs that arise (those responsibilities representing the most significant crisis at the time are given the highest priority), even small interruptions in task often lead to a prolonged or permanent break in that task to attend to the interruption, making return to initial task difficult or unlikely.

- Organizes the simultaneous care of a few patients with efficiency; occasionally prioritizes patient care responsibilities to anticipate future needs; each additional patient or interruption in work leads to notable decreases in efficiency and ability to effectively prioritize; permanent breaks in task with interruptions are less common, but prolonged breaks in task are still common.

- Organizes the simultaneous care of many patients with efficiency; routinely prioritizes patient care responsibilities to proactively anticipate future needs; additional care responsibilities lead to decreases in efficiency and ability to effectively prioritize only when patient volume is quite large or there is a perception of competing priorities; interruptions in task are prioritized and only lead to prolonged breaks in task when workload or cognitive load is high.

- Organizes patient care responsibilities to optimize efficiency; provides care to a large volume of patients with marked efficiency; patient care responsibilities are prioritized to proactively prevent those urgent and emergent issues in patient care that can be anticipated; interruptions in task lead to only brief breaks in task in most situations.

- Serves as a role model of efficiency; patient care responsibilities are prioritized to proactively prevent interruption by routine aspects of patient care that can be anticipated; unavoidable interruptions are prioritized to maximize safe and effective multitasking of responsibilities in essentially all situations.

- Not able to evaluate

- Further development of pattern recognition leads to the creation of illness scripts, which allow information to be gathered while it is simultaneously filtered, prioritized, and synthesized into specific diagnostic categories. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.

- Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information. The ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives as well as broad diagnostic categories.

- Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.

- Not able to evaluate
Documentation and graphs

- We can demonstrate data in graph form
  - Collates multiple evals together for big picture
  - Informs progress (or lack of progress) over time
Documentation and graphs

Provide appropriate supervision (PC)
Documentation and graphs

Gather essential and accurate information about the patient
(Patient Care)
Summary

• Developed written policies for remediation
• Utilized milestones based approach to individualize remediation
• Tailored assessments support the conclusion of the corrective action or ELP
• Written document supports program and trainee