

Preventing Program Director Nightmares: How to Manage Trainees facing Academic and Professionalism Difficulties



Preventing Program Director Nightmares: How to Effectively Manage Trainees with Professionalism and /or Academic Difficulties

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Why are We Here?

- Workshop Objectives
 - Identify trainees at risk for professionalism and/or academic difficulties
 - Provide strategies to create an effective remediation plan and timeline for trainees for trainees with deficits in the core competencies
 - Select the appropriate evaluation tools to develop an effective remediation plan for trainees with academic and/or professionalism deficiencies
 - Identify and address potential legal problems when remediating the trainee with academic and/or professionalism deficiencies
 - Discuss options and next steps in the event of an unsuccessful remediation



Just remember...

- Up to 10% of trainees will face “difficulty” during training
- Despite these difficulties, most trainees will still be able to complete training successfully



What are the Challenges Involved with the Remediation of the Difficult Learner ?



What Challenges Have You Experienced with the Difficult Learner ?

- Fear of damaging the relationship
- Inexperience handling these situations
- Concern you are misjudging the circumstances
- Lack of documentation
- Fear of retribution by the student
 - May have legal ramifications if trainee remediation is unsuccessful
- Problems often go unidentified until a critical incident has occurred
 - Due to limited exposure of the faculty to the trainee
 - Lack of direct observation

» COMSEP, Bernstein, October 3, 2016



Akron Children's Hospital

The Hidden Costs of Failing to Fail Residents: Williams JGME, 6/2011

- Patient care & safety
 - Risk to patients
 - Others have to “overwork” for the deficient trainee
- Perception that poor performance is tolerated
 - Very costly, especially in professionalism areas
 - Will affect recruitment of other residents in future
- Burden is on the PD & faculty to decide when the costs of continued remediation exceed the potential for ultimate success



STEP 1: IDENTIFY THE PROBLEM



Identification of the difficult learner

- Have You Ever Known a Resident That...
 - Has been told not to show his face in a patient's room again...more than once?
 - Receives multiple complaints?
 - Has trouble reading social cues?
 - Doesn't play well with others?
 - Makes negativity "viral"
 - Makes excuses for missing deadlines?
 - Lies or disappears?
 - Performs poorly on standardized tests?
 - Can gather information, but doesn't know how to use it?
 - Is disorganized and inefficient?
 - Performs below the expected level of training on their rotational evaluations?
 - Performs below the national/class mean on the milestones?



“Define the Problem”

Academic	Professionalism
Knowledge	Culture
Skill	Stress
Learning Disability	Physical Health
Self-Esteem	Mental Health
Motivation	Personality: Attitude, conflicts
	Substance Abuse
Combination of both	



7 Early Warning Signs of a Trainee in Difficulty

- The “disappearing act”
 - Not answering pages
 - Disappearing between clinic and floors
 - Frequent tardiness or sick leave
- Low Work Rate
 - Slowness in doing procedures, documentation, making decisions
 - Arriving early and leaving late but not able to manage reasonable workload



7 Early Warning Signs of a Trainee in Difficulty

- “Ward Rage”
 - Bursts of temper or shouting
 - Real or imagined slights
- Rigidity
 - Poor tolerance of ambiguity
 - Inability to compromise
 - Difficulty prioritizing
 - Inappropriate “whistle blowing”



7 Early Warning Signs of a Trainee in Difficulty

- “Bypass Syndrome”
 - Junior colleagues or nurses find ways to avoid seeking trainee’s opinion or help
- Career Problems
 - Difficulty with exams
 - Uncertainty about career choices
 - Disillusionment with medicine



7 Early Warning Signs of a Trainee in Difficulty

- Insight Failure
 - Rejection of Constructive Criticism
 - Defensiveness
 - Counter Challenging



STEP 2: Data Gathering and Documentation



Objective Data

- **Milestones/EPAs**
- Conference Attendance
- Chart Completion Rates
- SITE scores



Subjective Data

- 360 Evaluations
- Rotation Evaluations
- Chart Reviews



Documentation of All Concerns

- Who
- What
- When
- Subsequent Discussion with outcome
- Timeline if necessary

- **DOCUMENT, DOCUMENT, DOCUMENT!!**
 - Follow up conversation with email or letter to recap



Step 3: Intervention



Who's on your team?

- Clinical Competency Committee
- Graduate Medical Education
- Human Resources
- Hospital Legal Counsel
- American Board of Pediatrics
- Trainee



Academic vs. Professional Plans

- Academic
 - Individualized Study Plan
 - Clinical Case Reviews
 - Simulation
 - Question banks
- Professionalism
 - Employee Assistance Program/Counseling
 - 360 Evaluations
 - Faculty Advisor



SMART Approach to Remediation

- **S: Specific**
 - Target specific areas of improvement with goal directed objectives
- **M: Measurable**
 - Outcomes should be measurable at the end of remediation/training period
- **A: Agreed Upon**
 - Specify who will be involved with assisting in completion
- **R: Realistic**
 - Objectives should be realistic for the level of training and time frame allotted
- **T: Time Related**
 - Time frame in which plan needs to be completed



STEP 4: REASSESSMENT



Determine Success

- Did the program review remediation and provide adequate feedback?
- Did trainee meet specified objectives in the timeline provided?
- Can they progress in their level of training?
- Can remediation conclude successfully?



Cases of Failure

- Did trainee demonstrate progress, but not enough to meet timeline or objectives?
 - Extension of Training
 - Probation
 - Termination
- Did the trainee fail to demonstrate any progress (failure to remediate)
 - Resignation
 - Termination



Termination, Probation or Resignation

- Documentation
 - Must have clear documentation
 - Must have documented this outcome to trainee as possible consequence
- Due Process
 - Trainee must have due process available to them
 - Must be stated in detail



Legal Implications

- Fear of litigation
 - Courts typically uphold academic actions that are
 - Well documented
 - In the interest of the institution and society
 - In line with institution's due process
 - Courts do not typically intervene in decisions as long as faculty members
 - Used professional judgement
 - Reviewed entire record of performance
 - Demonstrated fair and equitable treatment



ADA and Trainees

- Reasonable Accommodations must be provided for disabilities for which an accommodation has been requested
- Evidence necessary to document disability
 - Evaluation by trained professional and conducted by accepted methods that yield objective and factual data
 - Substantially limits at least one major life activity
- Must be familiar with institution's policies

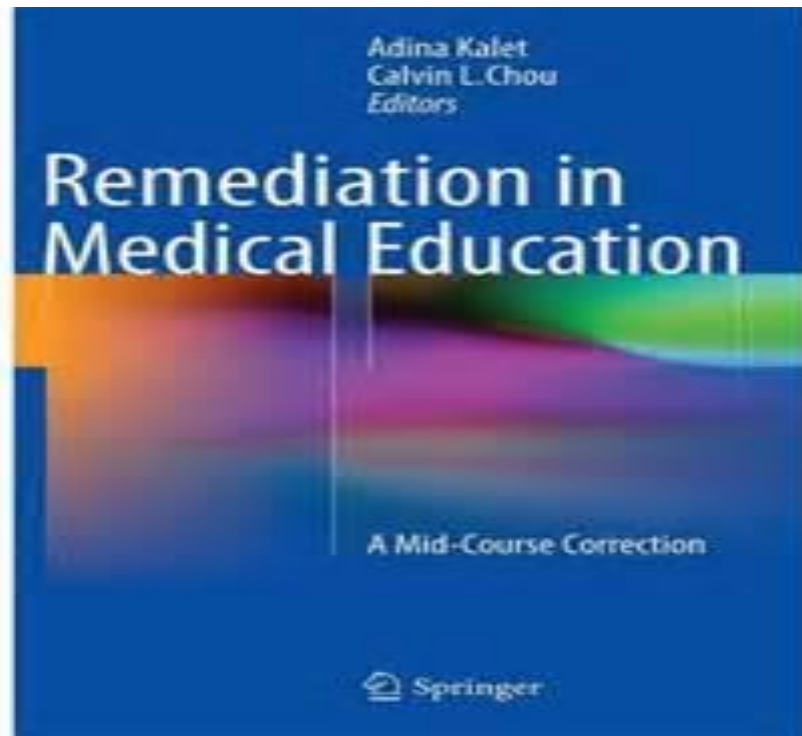


Principles to Follow

- Early identification of problems
 - Focus on specific behavior rather than personality issues
- Appropriate documented evidence to support the concerns
- Timely intervention
 - Appropriate, specific learning plan
- Confidentiality
- Remember, it is not the learner, but the behavior.



Recommended Textbook



Small Group Work

- Case reviews
 - » Is this a difficult learner?
 - » What do you do now?
 - » Using the competencies/milestones, identify any academic and/or professionalism issues
 - » Create your own remediation plan if needed that includes
 - » Identifying the trainee's deficiencies
 - » Developing a remediation plan using the best assessment tools for this competency or milestone
 - » Developing a timeline when the trainee should have completed the remediation plan and/or be reassessed on their progress completing the remediation plan
 - » What happens if the trainee doesn't successfully complete the remediation plan per the timeline developed in the remediation plan?



CASE 1

- You just received your program's pediatric in-service scores for the academic year. You note that a PL 3 resident has consistently scored below the national and the program's mean on her PL 1, 2, and 3 in-service exams.
- You note that she performed below the national mean on all 3 parts of USMLE.
- You review her rotational evaluations and note her performing "at or above her expected level of training", in all of the competencies including patient care and medical knowledge.
- Her milestones are also at the same level as other residents at the same level of training.
- She is planning on getting married in May and has been accepted into a critical care fellowship starting in July.



Case 2

- You are the program director and receive a mid-rotational evaluation from the PICU that one of the PL 2 residents is having problems managing critically ill patients in the PICU.
- Examples given:
 - The faculty note that the resident can answer questions about hypovolemic shock during rounds but failed to recognize and promptly treat shock at the bedside.
 - The resident did not promptly treat a patient with Status Epilepticus
- The PICU is concerned that the resident is not ready to be a senior team leader and recognize and treat shock and Status Epilepticus
- You reviewed the resident's ED evaluation and noted that they scored below average in the ability to "manage critically ill patients". No comments were made by the ED faculty.



Case 3

- One of your residents is a clinical “star”! You receive comments from staff, faculty, administration, and families about the resident’s excellent interpersonal and communication skills.
- The resident received the annual teaching award from the medical students last year.
- The resident is always willing to recruit for the program and cover for residents who are ill.
- Due to their exceptional work ethic, clinical and leadership skills, this resident was selected to be a chief resident next year.
- You note that the resident never completes program documentation in a prompt manner
 - Examples: failure to log procedures, failure to log duty hours, and failure to complete their ILP in a timely manner
- You believe that the resident must learn to complete program requirements in a prompt manner as they are a rising chief resident and must be held to the same standards as the other residents in the program.



Case 4

- You are the fellowship program director. The fellows in your program work in a closed unit. The faculty, residents, nursing and allied health staff perform 360 degree evaluations on each fellow every 6 months. You receive the first set of 360 degree evaluations on one of your first year fellows.
- The nursing and resident staff notes that the fellow gets abrasive and abrupt when the service is busy or if he must manage one or more critically ill patients. The nursing staff stated that they do not enjoy working with this fellow.
- How would you proceed if this was the second time you received similar evaluations about this fellow in this area and their performance had not improved since you discussed this issue with them at their last semi-annual evaluation?



Case 5

- You just received a formal complaint from the inpatient nursing staff that one of your residents “dresses inappropriately” .
- Your chief residents have already counseled the resident about this issue once a few months ago. You mentioned this issue to the resident at their semi-annual evaluation a couple of months ago but the resident argued with you that her dress was not different from other women residents in the program.
- How would you proceed now?



Case 6

- One of the second year residents in your program was noted to be a “weak intern” based on the following information from the hospitalists on the in-patient services
 - Weak knowledge base as demonstrated on family-centered rounds.
 - Presentations disorganized during family-centered rounds
 - Reluctance to commit to a treatment plan for their patients during family centered rounds
- The hospitalists have noted the same concerns now that the resident is a PL 2 senior resident.
- You review the resident’s PL 2 ITE score which is far below the national mean.

