CHIEF RESIDENT CRISIS MANAGEMENT
APPD Forum for Chief Residents
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Taumoha Ghosh, MD
Pediatric Chief Resident, University of Maryland Children’s Hospital

Bethany Williams, MD
Pediatric Chief Resident, Texas Tech University Health Sciences Center

Sophia Goslings, MD
Pediatric Residency Associate Program Director, University of South Alabama

Erin Giudice, MD
Pediatric Residency Program Director, University of Maryland Children’s Hospital

Edwin Zalneraitis, MD
Pediatric Residency Program Director, University of Connecticut
Types of Crisis You Deal with As Chief

- Personal Crisis
  - Bereavement
  - Illness
  - Well-Being Issues

- Academic Crisis
  - Remediation
  - Concerns about feedback

- Scheduling Crisis
  - Call-Outs
  - Emergency Response

- Conflict Resolution
  - Between residents
  - Between faculty
  - Between different levels of providers
CHIEF’S ROLE IN CRISIS MANAGEMENT

- As a chief, you are the “middle manager”
- Many people may come to you for assistance in crisis including:
  - Residents
  - Nurses
  - Medical Students
  - Faculty
  - Program Leadership
- You are then expected to come up with a solution
How Most of Us Feel in These Situations
How to Manage a Conflict

- Listen
- Build a foundation of respect and trust
- Identify the problem
- Establish a common goal and build consensus
- Validate each individual’s concerns
- Try to encourage others to see the situation from another’s perspective
- Facilitate a solution without solving the problem
- Give reasons if you are providing the solution
- If possible, provide choices
- When you are personally involved in the problem – beware the role of “victim”
HOW TO REACT TO A CRISIS

- Listen: take a moment to figure out what is going on
  - Gather Information from all parties involved
- Act promptly, not hurriedly
- Manage expectations
  - May not have an immediate solution
- Demonstrate control
  - Maintain your composure
- Be adaptable
  - Your first response may not be your final response as more information is gathered or the situation changes
- Provide perspective
THE CRISIS MANAGEMENT PROCESS

○ Gather Data
  • What information do you have?
  • How valid/valuable is the information?
  • What other information would you like to have?
  • What is your gut feeling?
  • How insightful is the resident about these issues?

○ Identify Problems

○ Develop Solutions:
  • What are your resources?
  • What is the specific plan?
  • How will you measure outcomes? How might it link to milestone achievement? What is your timeline?
  • What are the consequences of failure?
  • Remediation: Development of an individualized learning plan that incorporates deliberate practice, feedback, reflection & focused reassessment or probation
ACADEMIC CRISIS: RESIDENT REMEDIATION

- 7-28% of medical trainees will require remediation & individualized learning plans to achieve competence

- Early identification & remediation are key to help underperforming residents avoid becoming underperforming pediatricians

- Allowing underperforming learners to remain in the curriculum for prolonged periods risks wearing down their clinical teachers & colleagues

- Requires substantial time & resources

- “Successful” for 90% of learners

[2, 3]
Potential Areas of Remediation: Learning & Performance Domains

- Medical knowledge
- Clinical skills
- Clinical reasoning
- Time management
- Organization
- Interpersonal skills
- Communication skills
- Professionalism – conduct
- Practiced-based learning & improvement
- Systems-based practice
- Well-being issues – mental health issues, substance abuse, learning disabilities, psychosocial stressors including burnout

Most common Deficits:
Medical knowledge
Clinical reasoning
Professionalism
Mental health issues

Multiple deficits COMMON
**Evolution of Learning & Performance Deficits**

**Causes of Problems**
- Lack of ability
- Lack of preparation
- Lack of effort or commitment
- Interpersonal difficulties
- Illness: physical/mental health, substance abuse

**Enhancement of Problems**
- Time pressures
- Sleep deprivation
- Excessive responsibility
- Increased work stress
- Dysfunctional team dynamic
- Inadequate support
- Personal life demands
- Multiple deficits

**Learning & Performance Deficit(s)**
- Unable to function as part of medical team
- Unable to work as part of medical system
- Unable to provide adequate medical care
- Poor ITE scores
- Board failure
- Negative impact on long-term career goals
THE REMEDIATION PLAN

Must specifically define:
- Strategies to fit the problem
- Expectations of resident input
- Expectations of supervisory input
- Implementation time table
- Process for timely feedback, re-evaluation & follow-up
- Documentation process
- Consequences of failure to adhere to the plan
- Consequences of plan failure – involvement of 3rd party

Requires Resident “buy-in”
- Anticipate defensive feelings
- Help resident understands to & agrees for need
- Goals are clear & agreed upon
- Adequate resident resources identified
- Express sincere commitment from education faculty
- Bi-directional feedback
TIME TO PRACTICE
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REPORTING OUT

- What type of crisis was discussed in your case?
- What is the 30 second summary?
- What were the most creative solutions your team created?
Questions?
We will post the solutions that were discussed today, as well as what actually happened with these cases on the APPD website for you to have for future reference!
Thanks for your participation! 😊
REFERENCES