
Residents in
Difficulty:
The “Problem”
Resident or The
Resident With a
“Problem”



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I have no conflicts of interest to
report.

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Outline

- Implications in a competency-based model
- Magnitude of the problem
- Staged approach to addressing the learner
- Legal reality

A Case

This past summer, your program accepted an upper level resident transfer and within the first two months of the year, the resident leaves the hospital without notifying any member of the residency. The resident does not report to work the next day.

No explanation offered ---

How do you proceed?

Definition –Problem Learner

“A trainee who demonstrates a significant enough problem that requires intervention by someone of authority”

ABIM

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Framework

The Competency Continuum

Incompetent  Dyscompetent  Competent

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Incompetent

not legally qualified. Inadequate to or unsuitable for a particular purpose.
lacking the qualities needed for effective action, unable to function properly

Merriam Webster

Dyscompetent

A deficiency in any domain of competency
not out of the realm of developmental
learning
Not necessarily a bad thing.

Leape 2006

Competent

Possessing the required abilities in all domains in a certain context at a defined stage of medical education or practice.

The International CBME Collaborators, 2009

Resident Deficiencies - 1999

Insufficient knowledge (48%)

Poor clinical judgment (44%)

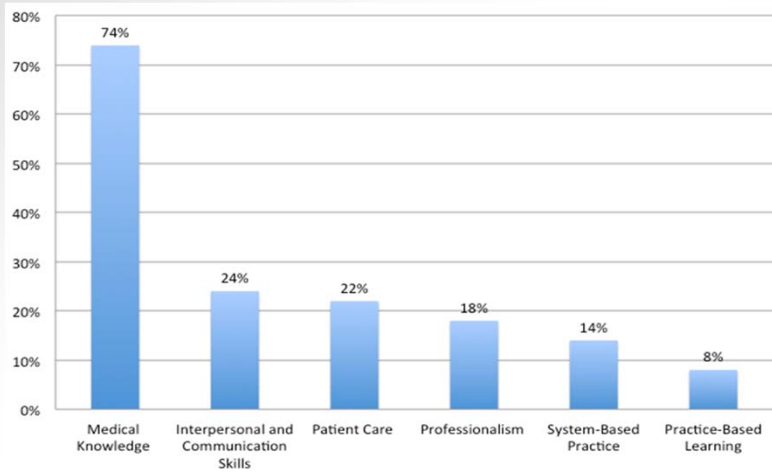
Inefficiency (44%)

Inappropriate interactions (39%)

Provision of poor skills (36%)

Yao and Wright

General Surgery Remediation (1999-2010)



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Internal Medicine Residency 2008

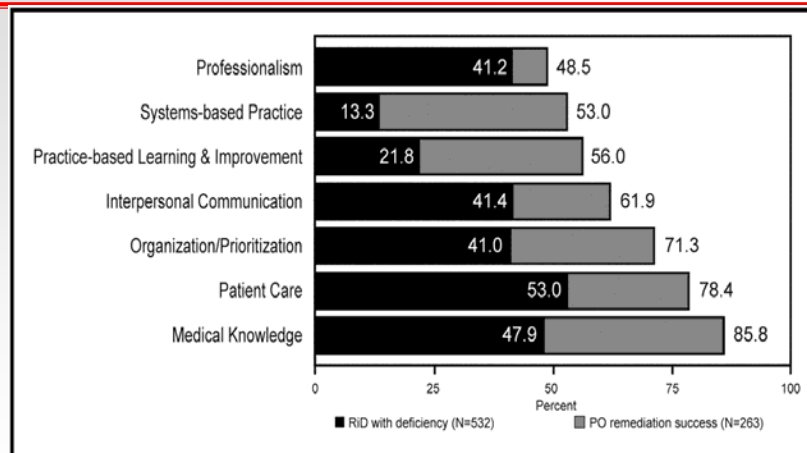


Figure 1. Comparison of reported competency deficiency frequencies in 532 residents with program directors (n= 268) estimated the likelihood of successful remediation.

Dupras. Am J Med 2012

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GME to Unsupervised Practice – The Gaps

Office-based Practice Competencies

Inter-Professional team skills

Clinical IT Meaningful Use skills

Population management skills

Reflective practice and CQI skills

Care Coordination

Continuity of Care

Leadership and management skills

Systems thinking

Procedural Skills

Crosson Health Affairs 2011



Gaps in Graduating General Surgeons Entering Fellowship Training

21% of new fellows arrived unprepared for the operating room,

66% were unable to operate for 30 unsupervised minutes of a major procedure.

56% could not suture.

24% were unable to recognize early signs of complications.

Mattar et al. *Ann Surg* 2013;258:440–449



Approach to Evaluation and Intervention

- Problem Identification
 - Investigation
 - Intervention
- Remediation / Probation

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How do programs become aware?



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Problem Identification

Most common event:

- Direct observation
- Critical incident/complaint
- Poor performance (morning report/ITE)
- Neglecting patient care responsibilities

Most common individuals:

- Chief residents
- Attending thru *verbal* comments
- Other residents
- Written comments from attendings less frequent, self and patients *rare*

Yao and Wright, 2000



Early Warning Signs

- The disappearing act
- Low work rate
- Rage in the clinical setting
- Rigidity
- Bypass syndrome
- Career problems
- Insight problems

National Clinical Assessment Authority-UK 2004

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Impact on Peers

“It really doesn’t matter?”
“Having warm bodies is what really matters”

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Burnout



The state of being
incapable of producing
desired result

Emotional exhaustion
Depersonalization
Professional inefficacy



How Common is Burnout in Your Program?

How do you monitor?

How do you prevent?

Burnout (and Depression)

- Univ. of Washington Study
 - 76% of residents met criteria for burnout
 - 50% reported depressive symptoms
 - 53% of residents with burnout reported suboptimal patient care practices

Shanafelt, Ann Intern Med, 2002



Causes of Burnout

- Lack of control.
- Unclear job expectations.
- Dysfunctional workplace dynamics.
- Mismatch in values.
- Extremes of activity.
- Lack of social support.
- Work-life imbalance.

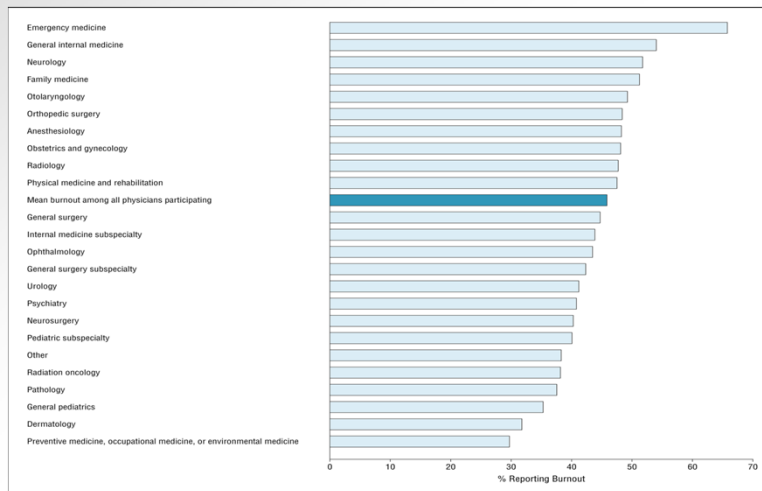
Burnout – Physicians vs General Population

| Physicians | General Population |
|---------------------------------------------|---------------------------------------------|
| Burnout Symptoms 46% | Burnout Symptoms 28% |
| Dissatisfaction Work/life Balance 40% | Dissatisfaction-Work/life Balance 23% |
| 60 hour work week 38% | 60 hour work week 10% |

Shanafelt Arch Intern Med 2012



Burnout in US Physicians

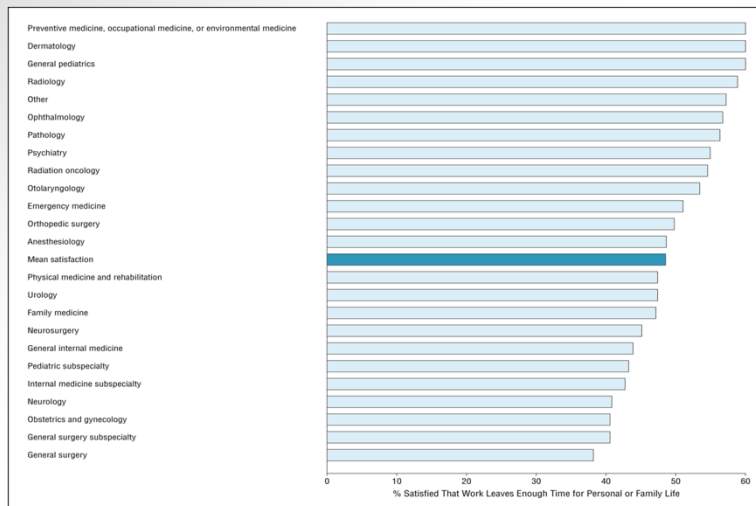


Arch Intern Med. 2012;172(18):1377-1385

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Satisfaction with Work Life Balance



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Maslach Burnout Inventory

- Designed for use in health care and other service industries.
- Well-validated; readily available; utilized by Physician Worklife Study.
- 10-15 minutes to complete.
- Cost: approximately \$1.25 per test, with additional fee for scoring key.

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Avoiding Burnout



- Work with purpose.
- Eliminate or delegate unnecessary work.
- Take control, and actively manage your time.
- Learn how to manage stress.
- Get more exercise.



Are You Being Healthy?

Exercise 20 minutes 3x per week

Don't smoke

Eat fruits and vegetables regularly

Wear seatbelts regularly

Are at an appropriate BMI

Annals Int Med April 2006



Addressing Burnout/Poor Performance

- Systems issues
- Secondary causes
 - The 6 Ds
- Impairment

The 6 Ds

Deprivation
Distraction
Depression
Dependence
Disordered personality
Disease

Reality of Secondary Causes

Does not excuse poor performance
LOA/Fitness for Duty Evaluation
Evaluation by non-teaching physician
(employee health)

Faculty role is as an educator, not a treating physician. They should not diagnose/treat your learners

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Is a Secondary Cause Resulting
in Impairment?

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Impairment

“...unable to fulfill professional or personal responsibility because of psychiatric illness, alcoholism or drug dependence.”

Annals 1988

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Substance Abuse

- Who to suspect?
 - Frequent absences, tardiness
 - Weekend problems
 - Impulsivity, irritability
 - Performance change
 - *Requires decompensation!*



Learning Disabilities and ADHD?



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American with Disabilities Act

- Protects an individual who has a physical or mental impairment that substantially limits one or more major life activities.
 - Act of 1990 – Breathing, Walking, Talking, Hearing, Seeing and Eating
 - Amendment of 2008 – Thinking, Concentrating and Reading

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ADA

“prevent discrimination against persons who are “otherwise qualified” for a position.

Require programs define essential functions



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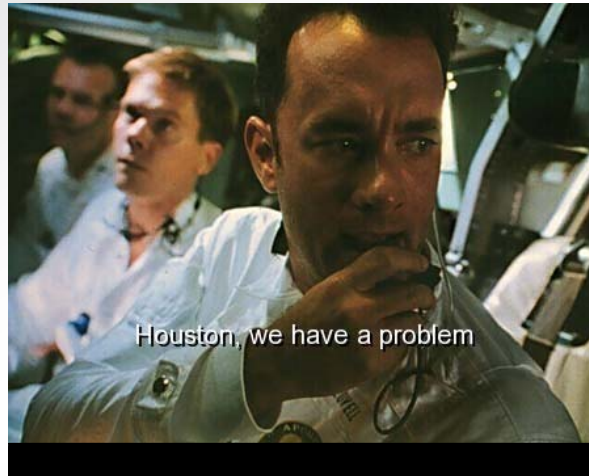
ADA – Additional Points

- Can not be applied in retrospect
- ADA compliance does not require a change in standards
- A program may decide that a proposed accommodation is not reasonable if:
 - Lowers academic standard
 - Puts substantial financial hardship on a program
 - Fundamentally alters the nature of training

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Intervention



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Further diagnostic evaluation

- Utilize employee health – Fitness for Duty
Is an accommodation possible?
- Program assessments
SP-based exam, mini-CEX, CSR
Time with the “**GOLD STANDARD**” evaluator
(Core Faculty)
- Categorize deficiency (s)
Developmental vs non-developmental

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Transfer from another program
“desires a more academic place”
Resident rumors about un-collegial behavior
Leaves patient workups unfinished.
Intern and medical students complaint about lack
of support
“Told to look up”
Critical incident: does not respond to request to
assist a critical patient; patient dies

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Developmental - Remediation

- Specific to the deficiency
- Improvement opportunity
- Defines target objectives and intermediate goals and objectives for improvement
- Defines resident's responsibility to improve

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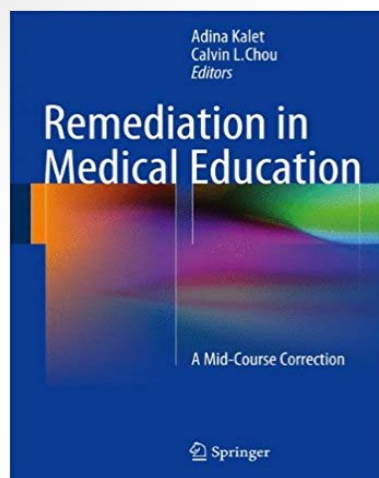
Remediation

- Delineate consequences of failure
- Establish time frame
- Assign mentor/advocate
- Document everything
- Protect resident confidentiality
- Comply with due process

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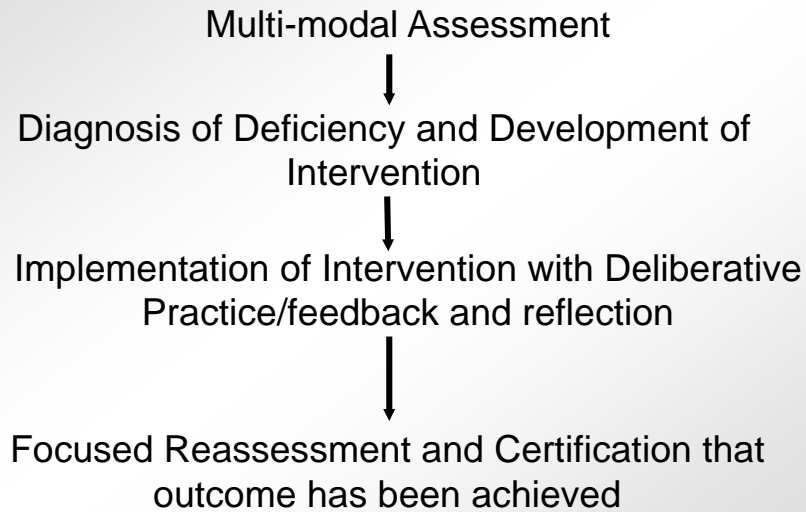
Remediation - The State of the Art



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Proposed Model for Remediation



Hauer Academic Medicine 2009

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Non-developmental - Probation

Deficient interpersonal relationships

- Unmet professional responsibility
- Lack of effort toward self-improvement
- Diminished relationships



Probation

- Right vs. wrong behavior
- Goal: Behavior must stop
 - Consider secondary causes
 - Consider counseling
 - Review standards
 - Responsibility for adherence is resident's
- Insight may be a problem



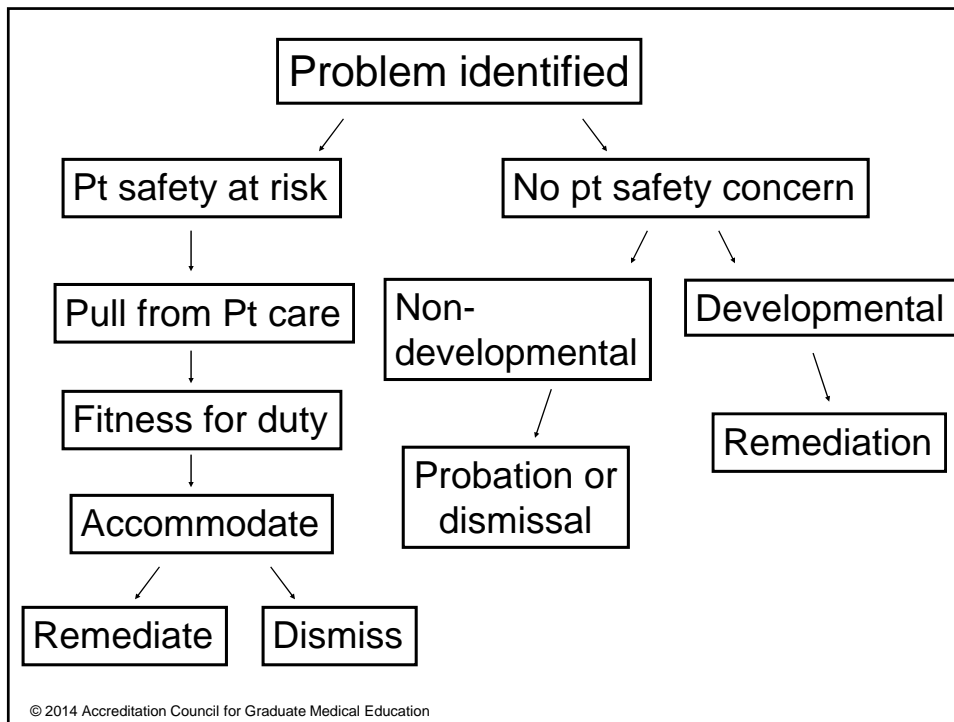
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Comparison of Corrective Action Plans

| Deficiency | Developmental or Ineffective Behavior (Skills) | Non-developmental: Unprofessional/ Inappropriate Behavior |
|-------------------------|------------------------------------------------|-----------------------------------------------------------|
| Process | Remediation | Probation |
| Goal | Improvement | Stop the behavior |
| Expected Progress | Gradual and sufficient | Immediate and sustained |
| Faculty Role | Tutors / mentors | Clarification of standards/surveillance |
| Outcome if unsuccessful | Extension of training Dismissal | Dismissal |





Legal Issues



US Supreme Court - "courts are particularly ill-equipped to evaluate academic performance"

Legal Principles

1. Judicial deference to professional judgment in reviewing the entire medical record of the student's performance
2. Judicial support of reasoned academic decision making
3. Judicial nonintervention

Due Process

- Give notice and opportunity to cure
 - A hearing and time to prepare
 - Decisions that are careful and reasoned
- Clinical competency committee
- Decisions based upon due process

*Due process is the process that you do!
Don't make it harder than it has to be!*

“Student” or “Employee”?

- Both!
- Academic issues:
 - Protected as students with respect to their educational environment and clinical settings in which they learn
- Misconduct or violation of institutional policies
 - Employee standards

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- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Academic (Student) issues<ul style="list-style-type: none">• Knowledge-based• Lack of core competency• Lack of specialty training• Lack of introspection | <ul style="list-style-type: none">• Misconduct (Employee) issues<ul style="list-style-type: none">• Dishonesty• Medical record forgery• Harassment• Disruptive behavior• Theft• Violence |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Effective System Components

| Structure | Process | Outcome |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Program administration Program faculty Employee health services Competency committee (CAPS) Legal counsel Information technology systems | Clearly defined, criterion-referenced processes for: <ul style="list-style-type: none"> - Defining learning outcomes - Problem identification - Problem verification - Learner assessments - Interventions - Assessments of the intervention - Data synthesis | Successful remediation Unsuccessful remediation Probation Dismissal Continuous quality improvement |

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Questions?

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