The Approach to the Resident in Difficulty: Prevention, Early Recognition, and Early Intervention

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Thanks to Our Core FM Faculty

1. Bill Buoni, MD
2. Rob Crane, MD
3. Pat Fahey, MD
4. Ahmad Faraz, MD
5. Melissa Davis, MD
6. Rebecca Grant, MD
7. Laurie Greco, PhD
8. Allison Macerollo, MD
9. Don Mack, MD
10. John McConaghy, MD
11. Elizabeth Nogan, MD
12. Rupal Oza, MD
13. Beth Panchal, MD
14. Kristen Rundell, MD
15. Leah Welsh, DO

And to…
Laura Thompson, MA
Our residents!

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Presentation Objectives

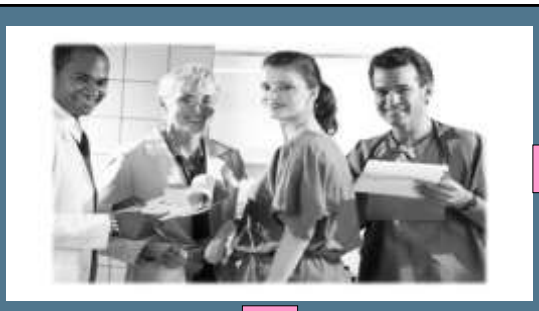
At the completion of this workshop you should be able to….

- Identify major problems in which residents may experience difficulty.
- Establish a system that allows for early detection and intervention for the more common problems residents experience.
- Share personal insights of experiences that others may use to evaluate and intervene with residents experiencing difficulty.

Note: We will NOT be covering remediation, probation or due process – that is for another lecture.

Recommended Practice

1. Choose wisely.
2. Establish clear written standards and expectations.
3. Have an evaluation system in place that recognizes difficulties early before they become major problems.
4. Develop a process of intervention that improves a resident's chance of successful remediation.



Vast majority do well!

6-10% will have problems

Rarely

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Responsibilities of a FM Residency Program

- Promote learning
- Help residents acquire
  - knowledge
  - clinical skills
  - behaviors and attitudes
- Ensure residents can deliver safe, quality health care to the public (ultimately independent pratice)

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Responsibilities of a FM Residency Program

- We have an obligation to the community to train competent family physicians
- We are NOT obligated to certify that every resident that comes into our program is competent

The Problem Resident

two definitions

"that resident who fails to meet one or more of the ACGME core competencies.

- ACGME

"a trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident"

- ABIM

What Do Problem Residents Have in Common?

Problem residents can

- consume much time of the program director and faculty
- be a risk to patient safety
- provide patient care that does not meet standards of quality
- adversely affect teamwork

Describing the Problem Learner Exercise

- 5 minutes
- What types of problems can residents have?
- Which are the most common and most difficult types of problems?

Poll Question

How many “problem” residents do you have in your program?

A. 0 (None)
B. 1-2
C. 3-4
D. 5 or more

Prevalence of Problem Residents

- Survey of US IM program directors
  - Response rate 74% (298 of 404)
- 94% had at least 1 problem resident
- Mean prevalence of problem residents per program was **6.9%**
  - Range 0-39%

Yao DC, Wright SM: National survey of Internal Medicine Residency Program Directors regarding problem residents. JAMA 2000; 284:1099-1104.

Frequency of Deficiencies
"≥ 50% in problem residents"

48% • Insufficient medical knowledge
44% • Poor clinical judgment
44% • Inefficient use of time
39% • Inappropriate interactions
36% • Poor/inadequate patient care
31% • Unsatisfactory clinical skills
23% • Unsatisfactory humanistic skills

Yao DC, Wright SM: National survey of Internal Medicine Residency Program Directors regarding problem residents. JAMA 2000; 284:1099-1104.

Types of Difficulties

- Cognitive
- Affective – Attitude (Professionalism)
- Value problems
- Environment
- Medical

Poll Question

Which one of the following competencies do you find the most problems with your residents?

A. Patient Care
B. Medical Knowledge
C. Systems Based Practice
D. Practice-Based Learning & Improvement
E. Professionalism
F. Communication

Poll Question

Which one of the following competencies do you find the most difficult to deal with in your residents who have problems?

A. Patient Care
B. Medical Knowledge
C. Systems Based Practice
D. Practice-Based Learning & Improvement
E. Professionalism
F. Communication

Poll Question

It is better to prevent or identify problems early rather than to let them grow and fester.

A. Yes
B. No

Poll Question

If you have a system in place to identify and deal with the problem resident, how satisfied are you with your system?

A. Very satisfied
B. Satisfied
C. It's "okay"
D. Dissatisfied
E. Very dissatisfied

Step 1 – Try to Avoid Selecting A Potential Problem Resident

- **Interview**
  - –USMLE/COMLEX scores (MK)
  - –Social interaction with residents (IPC)
  - –Interview with PD, faculty (IPC, PR)
    - Include your behavioral health faculty if possible

Step 1 – Try to Avoid Selecting A Potential Problem Resident

- **Interview Questions**
  - What relationships have helped you to achieve success?
  - How do you handle being blamed for something?
  - Has there been a time when you had a strained important relationship? How did you handle it?
  - Describe a time during medical school when you were particularly stressed. What did you do to handle the pressure?
  - What do you anticipate will be the most difficult part of your internship? How do you plan to handle that?

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Step 1 – Try to Avoid Selecting A Potential Problem Resident

- **Interview Questions**
  - What skills do you have that helps make you successful?
  - What techniques have you learned to keep emotionally balanced?
  - What techniques do you use when people are rude to you?
  - How do you create balance in your life?
  - Please share with me an example from your life that demonstrates you as a hard worker – dedicated to your job, rolling your sleeves up and getting the job done.
  - What does the term "team player" mean to you? Please share with me an example from your life that demonstrates you as a quality "team player."
  - Are you a "half-glass full" or "half-glass empty" person; how does that impact the way you approach life?
  - What is your primary motivation in life?

Step 2 – Establish clear written standards and expectations.

- **Sources of standards**
  - American Board of Family Medicine
  - ACGME – RC-FM – milestones
  - Sponsoring Hospital
  - Residency Program
- **Your residency program should have written standards for**
  - Your program
  - Each year of training
  - Each rotation
  - Each learning activity

Step 2 – Establish clear written standards and expectations.

- **Standard essentials**
  - Written
  - Up front (distributed to everyone)
  - Understood by all
  - Reviewed periodically
- **Examples**
  - Essential Job Function List of a Family Medicine Resident
  - Professionalism Agreement and Accountability Plan
  - Criteria for Advancement and Graduation

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ESSENTIAL JOB FUNCTION LIST FOR FAMILY MEDICINE RESIDENTS

The following list includes tasks that are representative of those required of a resident in family medicine. The list is not meant to be all-inclusive nor does it constitute all academic performance measures or graduation standards. It does not preclude the residency from temporarily restructuring resident duties as it deems appropriate for residents with acute illness, injury, or other circumstances of a temporary nature.

Without the use of an intermediary, the family medicine resident must be able to:

- Take a history and perform a physical examination, conducted in English
- Administer injections and obtain blood samples
- Use sterile technique and observe universal precautions
- Perform cardiopulmonary resuscitation
- Move throughout the clinical site and hospitals to address routine and emergency patient care needs
- Deliver a baby and repair an episiotomy
- Assist in surgical procedures
- Communicate effectively with patients and staff, verbally and otherwise in a manner that exhibits good professional judgment, good listening skills, and appropriateness for the professional setting
- Demonstrate timely, consistent, and reliable follow-up on patient care issues, such as laboratory results, patient phone calls, or other requests
- Input and retrieve computer data through a keyboard and read a computer screen
- Read charts and monitors
- Perform documentation procedures, such as chart dictation and other paperwork, in a timely fashion
- Demonstrate necessary computer skills to efficiently use the electronic health record
- Must be willing and able to communicate through the local e-mail system in a timely manner
- Manage multiple patient care duties simultaneously
- Make judgments and decisions regarding complicated, undifferentiated disease presentations in a timely fashion in emergency, ambulatory, and hospital settings
- Demonstrate organizational skills required to eventually provide care for 12 or more patients in the office in a half day
- Take call for the practice or service, which requires inpatient admissions and work stretches of up to 24 hours at a time
- Present well-organized case presentations to other physicians or supervisors
- Participate in and satisfactorily complete all required rotations in the curriculum
- Actively participate in required didactic sessions and workshops

The Ohio State University Family Medicine Residency Program
Professionalism Agreement and Accountability Policy – 2016-2017

The following professionalism agreement outlines the OSU Family Medicine Residency Program's expectations of me during my training. I will:

1. Work hard and put forth my best effort at all times.
2. Be on time to all rotations, educational opportunities, meetings, patient care activities, rounds, etc. If I am going to be late due to an unavoidable circumstance, I will notify the person in charge as soon as reasonably possible that I will be late and when I expect to arrive.
3. Be diligent in patient care activities and address issues in a timely fashion (except when I am away on vacation or on an away rotation). I will adhere to the following guidelines:
   a. Address patient telephone and medication requests by 5:00 pm of the next business day.
   b. Review all test results, on average, within 48 hours of receipt.
   c. Notify patients of all test results (immediately by phone for life-threatening results, within 24 hours by phone for those that are significantly abnormal, all others within one week by phone, letter, or OSU MyChart). Document this notification on the Result Note of IHIS.
   d. Finish documentation of office encounters and forwarded to the attending preceptor within 24 hours to ensure they are closed within 72 hours.
4. Be attentive and actively engaged in all educational activities (e.g., rounds, conferences). I will give the presenter my full attention, avoiding the use of my smart phone, laptop, etc., except when reviewing materials discussed during the presentation.
5. Be prepared and ready for discussions related to my patients.
6. Complete my assignments in a timely fashion.
7. Treat patients, medical students, residents, staff, and faculty with courtesy, respect and dignity.
8. Praise others in public, provide constructive feedback in private, and avoid gossip.
9. Commit to total honesty and integrity. Examples include the following:
   a. I am where I am supposed to be.
   b. I document only what I performed and what occurred.
   c. I do what is right even when nobody is looking.
   d. I am accountable for what I do and do not do.
   e. I do not blame others.
   f. I do not lie.
   g. I do what is best for the patient, not what is expedient for me.
   h. I show up prepared.
10. Commit to teamwork, evidenced by the following:
    a. As part of teamwork, I will be responsible for my work first. If someone needs help, I will willingly assist without complaining.
    b. I show up with the team, and leave with the team.
    c. I recognize and appreciate contributions of all team members.
    d. I help set and understand team goals.
    e. I will learn how to give and receive feedback graciously.
11. Strive to excel at communication, evidenced by the following. I understand I am allowed one day off in seven from these responsibilities. If I am covering for someone who is on vacation or on an away rotation, I will adhere to these guidelines for that person:
    a. I will respond to my pages in a timely fashion (15 minutes or less) during duty hours.
    b. I will check and respond to my e-mail messages at least once a day.
    c. I will respond promptly to RSVPs by the stated deadline.
    d. I will check to ensure that others understand what I have said.
    e. I will check and respond to my IHIS in-basket at least once a day.
    f. If I am unable to cover my IHIS in-basket, I will arrange appropriate coverage.
    g. I will ensure that the forum for communication is appropriate.
12. Commit to excellence in patient care.
13. Demonstrate "ownership" of my patients.
14. Place the safety of my patients first and before my own interests.
15. Conduct safe and complete patient handoffs.
16. Make an honest effort to read daily on something medically-related that I encounter each day, and engage in a pattern of life-long learning by actively asking and answering questions.
17. Properly follow our procedures if I need to call off because of an illness or emergency. I will only use sick leave for which it is intended – a personal or family illness.
18. Read and follow all policies as outlined in the Residency Policy & Procedure Manual.

A few examples of behaviors considered unprofessional include (but are not limited to):

- Unexcused absence from any responsibility, including Support Group, Clinical Jazz, Ambulatory Nuggets, Wednesday afternoon conferences, Family Medicine Office, Geriatrics, Family Medicine Inpatient Service, as well as rotations on other services/hospitals.
  - Unexcused is defined as failure to notify the supervising individual prior to the start of the obligation and without an acceptable reason
- Not following the proper procedure for calling off.
- > 10% of evaluations and duty hours surveys past due > 4 weeks
- > 10% open office encounters due to resident failure to adequately complete and forward the encounter to the preceptor in a timely fashion
  - Open > 10 days
  - > 10% Open > 3 days over a two-month period
- < 90% two months in a row in addressing patient calls by 5:00 pm of the next business day (or 3 times in a six month period)
- Consistently (3 or more times) showing up late (defined as > 5 minutes after the start of the activity) to required educational or patient care activities, without prior notification
- Not properly notifying patients and documenting notification of all test results ordered in IHIS
- Failure to respond to an e-mail request within 3 days or an RSVP by the deadline (unless on vacation)

The established Accountability Plan is found on the following pages of this agreement.

I know that I should be and will be continuously evaluated on these items. I hold myself to the highest professional standards and agree to follow the above as outlined. I understand this is one of the six core competencies as defined by the ACGME. Failure on my part to comply with the above may result in an adverse action, to include the possibility of termination from the residency program.

Note that an unprofessional action may be deemed sufficient enough to automatically be referred without prior warning to the Residency Academic and Professionalism Committee or to the Program Director for review and determined action.

By signing my name below, I acknowledge receipt of the above and commit to the principles as outlined.

Printed Name _____ Signature _____ Date _____

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CRITERIA FOR ADVANCEMENT

General Requirements

The decision whether to promote a resident from the first year (R-1) to second year (R-2), the R-2 year to the third year (R-3), and from R-3 to graduation shall be determined by the Program Evaluation Committee (PEC) with final approval by the Program Director.

Methods of evaluation shall consist of direct observation of the resident (including videoprecepting), and indirect observations through rotation evaluations, correspondence between departments, standardized examinations (ABFM In-Training Examinations, USMLE/COMLEX), 360 degree written evaluations (self, peer, patient, staff, attendings), and adherence to professional and administrative obligations.

Residents are required to:

1. Pass all required rotations or complete programs of remediation, as determined by the PEC.
2. Actively participate in all aspects of the curriculum, including ambulatory nuggets, Wednesday afternoon conferences, Objective Structured Clinical Examinations (OSCEs), residency retreats, etc.
3. Meet with their Advisor each rotation and meet with the Program Director on a semi-annual basis for summative evaluations.
4. Complete all administrative responsibilities in a timely manner, including completion of ambulatory and inpatient medical records, licensure, and credentialing.
5. Show satisfactory performance in the family medicine office, including meeting quality measures and timely attendance to patients' telephone and OSU MyChart messages, medication refills, and lab results.

The criteria for advancement shall be based upon three (3) parameters. The resident must be judged as competent in each of the three parameters for each level of advancement. The parameters of satisfactory performance are:

1. **Clinical and Academic Competence** – fund of knowledge, education meeting attendance, ABFM In-Training Examination scores, passing required examinations such as USMLE/COMLEX in a timely fashion, clinical performance (rotation evaluations), clinical judgment, technical skills, including procedure competence and documentation, knowledge of limitations, and doctor-patient relationships.
2. **Professional Behavior** – collegial and professional working relationship with faculty, ancillary staff, resident colleagues, medical students, and patients; acceptance of responsibility; including punctuality and reliability; demonstrated ability to supervise others; willingness to participate in jeopardy call coverage as needed; and fulfillment of administrative duties, including timely and thorough completion of ambulatory and inpatient medical records, completion of all testing, licensing, and certification requirements, and administrative meeting attendance; timely attention to clinical duties (quality measures, returning messages, refills and lab results).
3. **Absence of Impairment** – lack of impaired function due to mental or emotional illness, personality disorder, substance abuse; absence of lying or cheating on examinations.

There are three steps that shall be evaluated: The R-1 to R-2 level, R-2 to R-3 level, and the R-3 level to graduation. At each level, satisfactory performance in the three parameters must be documented. Additionally, to be advanced to the R-2 and the R-3 levels, residents must be judged competent to supervise others (residents and students), and to act with limited independence (indirect supervision; i.e. perform R-2 call). In the R-3 to graduation step, the resident must be judged competent to act independently. The requirements for each step are summarized below.

To Advance from a 1st-Year to 2nd-Year Resident

- Successfully complete all required rotations. If rotations are not completed successfully, complete remediation assignments as assigned after required meeting with the RAPC and the Program Director. **(PC)**
- Behave professionally and appropriately at all times, as evidenced by evaluations completed by peers, patients, staff and faculty. **(PR)**
- Communicate effectively with patients as documented by observation and videoprecepted interviews, evaluated by the family medicine and behavioral medicine faculty. **(PC, IC, PR)**
- Communicate effectively with family physicians regarding their patients admitted to the Family Medicine Inpatient Service. **(PC, IC, PR)**
- Communicate effectively with staff personnel and colleagues, as evidenced by peer evaluations. **(IC, PR)**
- Demonstrate competency in performing and documenting H&Ps on the family medicine inpatient service. **(PR, IC, PC)**
- Obtain at least the average national score for 1st-year residents on the ABFM In-Training Examination. If the 1st-year resident receives a score less than the national average, he/she must complete an assigned academic enrichment program, re-take the examination by the first week of May, and show at least a 10% improvement in the initial score. If this is not satisfied by June 15th, a RAPC review will take place regarding advancement. **(MK)**
- Successfully complete the following three (3) courses: Advance Cardiac Life Support (ACLS), Pediatric Advance Life Support (PALS), and Advance Life Support in Obstetrics (ALSO), unless excused by extenuating circumstances and plans. **(MK, PC)**
- Complete CITI training in anticipation of developing a research project. **(MK)**
- Complete at least two (2) Introduction to Practice of Medicine (IPM) modules. **(MK)**
- Complete all required Computer Based Learning Modules (CBLs) by December 31st. **(PC, PBLI, SBP)**
- Complete the required 16 IHI Open School modules by June 30th. (PBLI)
- Successfully complete two OSCEs (June, Apr). **(MK, PC, IC, PR)**
- Provide care to a minimum of 150 patients in the family medicine office. **(PC)**
- Participate in a minimum of 30 deliveries on the two-month obstetrics rotation. If 30 deliveries are not obtained, schedule a 2nd-year obstetrics elective rotation. **(PC)**
- Successfully manage at least on average 5 patients concurrently on the Family Medicine Inpatient Service by the third month on service. **(PC)**
- Manage the care of at least a total of 15 critically ill patients on the MICU, Cardiology, and FM Inpatient Service, documented in the procedure log. **(PC)**
- Have at least 40 newborn encounters.
- Have at least 75 inpatient pediatric encounters.
- Have at least 300 inpatient adult encounters.

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To Advance from a 1st-Year to 2nd-Year Resident (continued)

- Accurately complete discharge paperwork on the Family Medicine Inpatient Service in a timely and efficient manner as evidenced by evaluations of the inpatient service. **(PC, PR)**
- Demonstrate knowledge of outpatient coding and billing as evidenced by passing a test on introductory coding and billing. **(SBP)**
- Participate in a quality improvement (QI) project as a team member, as assigned as part of the QI curriculum. **(PBLI)**
- Complete at least 90% of assigned monthly evaluations within two (2) weeks of completing rotations. **(PR)**
- Document all procedures performed using the E-value system, and ensure an updated procedure log is on file in the residency office. **(PR)**
- Achieve required levels of supervision: for the office, Indirect Supervision with Direct Supervision Immediately Available; for the family medicine inpatient service: Indirect Supervision with Direct Supervision Available. **(PC)**
- Prepare and present at least two (2) talks related to the Case of The Month during Wednesday afternoon conferences. (PC, IC)
- Complete and submit for presentation a scholarly project (e.g., Poster) by April.

To Advance from a 2nd-Year to 3rd-Year Resident:

- Successfully complete all required rotations. If rotations are not completed successfully, complete remediation assignments as assigned as assigned after meeting with RAPC and the Program Director. **(MK, PC)**
- Behave professionally and appropriately on all rotations, as evidenced by evaluations completed by peers, patients, staff and faculty. **(PR)**
- Communicate effectively with patients as documented by observation and videorecepted interviews, evaluated by the family medicine and behavioral medicine faculty. **(PC, IC, PR)**
- Communicate effectively with family physicians regarding their patients admitted to the Family Medicine Inpatient Service. **(PC, IC, PR)**
- Communicate effectively with staff personnel and colleagues, as evidenced by peer evaluations. **(IC, PR)**
- Perform above a minimum standardized score of **455** on the ABFM In-Training Examination for the 2nd-year resident level. If the 2nd-year resident receives a score less than 460, the resident must complete an assigned academic enrichment program, re-take the examination by the first week of May, and show at least a 10% improvement in the initial score. If this is not satisfied by June 15th, a RAPC review will take place regarding advancement. . **(MK)**
- Take and pass Step 3 of the USMLE/COMLEX by April 30th. If the 2nd-year resident fails Step 3, the resident must retake and pass Step 3 by June 30th. If not satisfied by June 30th, the resident will not advance until he/she has passed Step 3. A referral for RAPC review will take place. **(MK)**
- Successfully complete at least four (4) Introduction to Practice of Medicine (IPM) modules (for a total of six (6) by June 30th). **(MK)**

Successfully complete required Computer-Based Learning Modules by December 31st. **(MK, PR)**

To Advance from a 2nd-Year to 3rd-Year Resident (continued)

- Successfully complete one OSCE during the second year, unless excused for extenuating circumstances, at which time the OSCE must be made up in the third year. **(MK, PC, IC, PR)**
- Have at least 75 pediatric ED encounters an.
- Have at least 200 adult inpatient encounters.
- Successfully manage at least five (5) patients concurrently, on average, on the Family Medicine Inpatient Service consistently during the 2nd-year, independently and/or in conjunction with 1st-year residents. **(PC)**
- Maintain required levels of supervision: for the office, Indirect Supervision with Direct Supervision Immediately Available; for the family medicine inpatient service: Indirect Supervision with Direct Supervision Available. **(PC)**
- Supervise 1st-year family medicine residents while on family medicine call, demonstrating effective teaching and communication skills, as evidenced by peer evaluations. **(MK, PC, IC, PR)**
- Maintain required level as supervisor on the family medicine inpatient service. **(PC)**
- Complete accurate and coherent discharge instructions (DI) on the Family Medicine Inpatient Service in a timely and efficient manner as evidenced by evaluations by attending physicians. **(PC)**
- Appropriately provide care to assigned continuity pregnant patients, as demonstrate by chart reviews. **(PC)**
- Demonstrate knowledge of outpatient coding and billing as evidenced by passing a test on basic coding and billing. **(SBP)**
- Prepare and present at least one (1) case related to the Case of the Month during Wednesday Afternoon Conference, emphasizing patient safety and quality care. **(PBLI)**
- Prepare and present one (1) talk related to a medical issue of interest during Wednesday Afternoon Conference. **(MK, IC)**
- Participate in a quality improvement (QI) project as a team member, as assigned as part of the QI curriculum, and complete at least one project. **(PBLI)**
- Complete 90% of assigned monthly evaluations within two (2) weeks of completing rotations. **(PR)**
- Document all procedures performed using the E-value system, and ensure an updated procedure log is on file in the residency office. **(PR)**
- Make satisfactory progress toward completing a scholarly activity, by identifying a topic, identifying and contacting a scholarly activity adviser, performing a literature review regarding the topic, and meeting with the appropriate scholarly activity adviser as necessary for the scope of the project. **(SBP)**
- Complete and document at least two (2) home visits on continuity patients. **(PC)**
- Participate in at least two (2) evenings in a free clinic, beyond what is required in the Community Medicine rotation. **(PC)**
- Participate in at least one (1) residency program committee. **(PBLI)**
- Complete and record at least one (1) ABFM Knowledge Assessment (KA) Module in the Resident Training Management system. **(MK, PC)**

TO GRADUATE FROM THE PROGRAM:

- Successfully complete all prior requirements as noted above.
- Successfully complete all assigned rotations. If rotations are not completed successfully, complete remediation assignments as assigned as assigned after meeting with RAPC and the Program Director. **(MK, PC, IC, PR)**
- Behave professionally and appropriately on all rotations, as evidenced by evaluations completed by peers, patients, staff and faculty. **(IC, PR)**
- Communicate effectively with patients as documented by observation and videoprecepted interviews, evaluated by the family medicine and behavioral medicine faculty. **(PC, IC, PR)**
- Communicate effectively with family physicians regarding their patients admitted to the Family Medicine Inpatient Service. **(PC, IC, PR)**
- Communicate effectively with staff personnel and colleagues, as evidenced by peer evaluations. **(IC, PR)**
- Perform at least a minimum standardized score of **500** on the ABFM In-Training Examination for the 3rd-year resident level. If the 3rd-year resident receives a score less than 480, the resident must complete an assigned academic enrichment program and re-take an examination by the first week of May, unless he/she takes the ABFM Certification Examination in April. **(MK)**
- Successfully complete four (4) Introduction to Practice of Medicine (IPM) modules (for a total of 10 IPMs over the 3 years). **(MK)**
- Successfully complete required Computer-Based Learning Modules by December 31st. **(MK, PR)**
- Successfully complete one OSCE in the third year of residency. **(MK, PC, IC, PR)**
- Provide care to at least 1,500 patients in the family medicine office over the last two years of residency, for a total of at least 1,650 patient visits for the three years of residency.
- Provide care to at least 200 adult inpatient encounters during the year, for a total of 750 total for the three years of residency). **(PC)**
- Provide care to elderly patients in the ECF over the previous two years, completing at least 100 hours (25 four-hour shifts) **(PC)**
- Participate in at least 40 obstetrical deliveries, 35 of which must be vaginal, 5 of which must be continuity patients. **(PC)**
- Maintain required levels of supervision: for the office, Indirect Supervision with Direct Supervision Immediately Available; for the family medicine inpatient service: Indirect Supervision with Direct Supervision Available. **(PC)**
- Effectively lead, teach, and manage the Family Medicine inpatient service, as demonstrated by faculty and peer evaluations. **(MK, PC, IC, PR)**
- Make at least two (2) home visits to continuity patients in the 3rd year (total of four (4) over the three years). **(PC)**
- Initiate paperwork to apply for a valid state medical license no later than December 31st of the senior year.
- Competently perform the following procedures as determined by procedure logs and attending evaluation, and document in E-value. **(PC)**

To Graduate from Our Program (continued)

- Demonstrate a thorough understanding of coding and billing as evidenced by passing a test on advanced outpatient coding and billing and basic inpatient coding and billing. **(SBP)**
- Participate in a quality improvement (QI) project as a team member, as assigned as part of the QI curriculum. **(PBLI)**
- Complete 90% of assigned monthly evaluations within two (2) weeks of completing rotations. **(PR)**
- Lead at least one (1) case for the Case of the Month series during Wednesday conference. **(MK)**
- Present a completed scholarly activity at the Department of Family Medicine Annual Spring Research Symposium. **(PBLI)**
- Work with a faculty member on a scholarly project, with a goal to submit at a minimum an abstract for presentation at a national family medicine (or equivalent) scientific meeting (such as a poster at the Society of Teachers of Family Medicine (STFM) Conference) and a manuscript for publication. **(PBLI)**
- Participate in at least two (2) evenings in a free clinic during the 3rd year (a total of four evenings in the 2nd and 3rd year). **(PC)**
- Lead at least one (1) residency program committee and participate in at least one hospital committee. **(PBLI)**
- Complete at least 90% of the American Family Physician quizzes and record in the AAFP CME section. **(MK)**
- Complete all ABFM requirements needed to take the ABFM certification examination, including 50 hours of Maintenance of Certification, and document in the ABFM Resident Training Management System by . **(MK, PR)**
- Participate in the exit interview with the Residency Director during June. **(PR)**

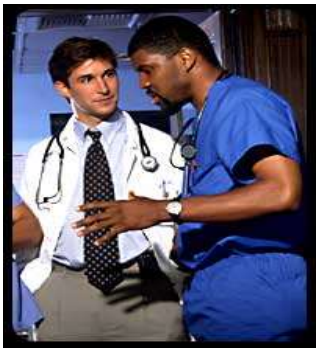
Step 3 – Have an evaluation system in place that recognizes difficulties early before they become major problems

- Early assessment
- 360º evaluation system
- Keep a good paper trail
- Faculty adviser

Initial Evaluation Overview

- **Before arrival**
- **2-week orientation**
  - **Initial meeting with group**
  - **Half-day OSCE with standardized patients**
  - **Half-day OSCE with standardized cases**
  - **Last year's ABFM In-Training Examination**
  - **Courses – ACLS, PALS, ALSO**
  - **Self-Assessment and Goal setting meeting with me**
- **Other early evaluations**
  - **Observed H&Ps**
  - **Observed Paps**

Step 3 – Importance of a Faculty Adviser



- **Roles of the Adviser**
  - Provide guidance
  - Work to maximize resident's potential
  - Ensures the resident knows the standards
  - Monitor and assist as needed
  - Assists with assessing milestones achievement
  - May be the mentor

Step 4 - Develop a process of intervention that improves a resident's chance of successful remediation.

- Early intervention is best
- Probation (or termination) is a negative action
  - Will always follow the resident throughout his/her career
  - May be necessary if early intervention fails
- Resident Academic and Professionalism Committee (RAPC)

Resident Academic and Professionalism Committee

- **Purpose** - to explore and address potential issues related to academic performance and/or professional behaviors using a balanced team approach to assist the resident learn, grow, and become a successful Family Medicine resident
- **Membership**
  - Associate Residency Director (Chair)
  - Residency Program Psychologist (PhD)
  - Two Residency Faculty Members
  - In certain situations the Chief Resident may attend to clarify information or to act as the Resident's advocate
  - Resident's Adviser will attend the meeting with the Resident, acting as his/her advocate

Resident Academic and Professionalism Committee

- Functions as a subcommittee of our FM Program Evaluation Committee
- Assists the Program Director in
  - developing residents academically and professionally,
  - remediating those who need remediation,
  - administering/recommending appropriate "disciplinary" actions when necessary.
- Intent - to address issues early before they potentially become larger issues that could result in adverse actions in the resident's training record (and thus causing unfavorable credentialing actions in the future)

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Resident Academic and Professionalism Committee

- Referrals to, meeting with, or completing programs prescribed by the RAPC are
  - *not* considered adverse actions
  - *not reportable* on future applications for employment, credentialing, malpractice insurance, licensure, etc.
  - No “Due Process” requirements are needed
  - They may potentially become reportable if issue(s) are (or become) a pattern of behavior that would warrant a future adverse training requirement

Resident Academic and Professionalism Committee

- Strives to be fair, balanced, and consistent in its approach to each resident and situation
- Proceedings are **confidential** - reported only to the Program Director (and not the Program Evaluation Committee), unless further action or potential adverse actions are warranted
- RAPC may, depending upon circumstances, refer the resident to the Program Director for further action(s) including potential adverse actions (focused review with extension of training, probation, etc.)

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Resident Academic and Professionalism Committee

- RAPC will
  - Investigate resident issue(s) and concern(s)
    - Defined as resident performance and/or behavior that has become, or has the potential to become, a barrier to the resident's success
    - Largely defined or characterized by the Competencies as outlined in the Residency Policy and Procedures Manual and generally accepted professional behavior and demeanor described by the Professional Agreement
  - Develop an action plan for resident growth and/or remediation
  - Monitor resident performance

Resident Academic and Professionalism Committee

- "Issues and Concerns" may be brought to the attention of RAPC by the following
  - Any residency teaching faculty member
  - Chief Resident(s)
  - Any member of the Program Evaluation Committee
  - Concerns from other stakeholders (e.g., staff members, consultants, etc.) should be brought to the attention of a residency teaching faculty member, who may then bring the concern to RAPC

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Resident Academic and Professionalism Committee

- Explores issues and background to the concerns at hand
- Works with resident and adviser to develop an **action plan**
  - to address concerns and help the resident learn, grow and be successful
  - tailored to the individual situation and need
  - Resident is responsible for keeping RAPC informed of his/her progress.
- In general, the RAPC will require an after-action write up: “What have you learned?”

Resident Academic and Professionalism Committee

- All meetings, recommendations, and actions are documented and forwarded to the Residency Program Director for inclusion in the Resident’s training folder
  - Documentation is part of the Resident’s overall body of work. It serves to demonstrate resident growth or a pattern of behavior that may warrant further interventions

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Discussion

- Time to share experiences
- What do others do?
- Insights?
- Questions?

Presentation Objectives

At the completion of this workshop you should be able to….

- Identify major problems in which residents may experience difficulty.
- Establish a system that allows for early detection and intervention for the more common problems residents experience.
- Share personal insights of experiences that others may use to evaluate and intervene with residents experiencing difficulty.

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Recommended Practice

1. Choose wisely.
2. Establish clear written standards and expectations.
3. Have an evaluation system in place that recognizes difficulties early before they become major problems.
4. Develop a process of intervention that improves a resident's chance of successful remediation.

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Questions & Answers

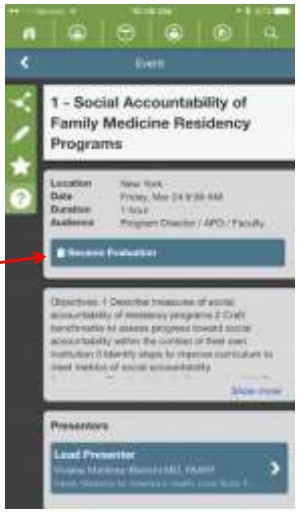
During the break…

- Discuss / think about how you might implement the information you just heard.

Please…

Complete the session evaluation.

Thank you.



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