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

W. Fred Miser, MD, MA, Residency Director, AFMRD
President-Elect,
The Ohio State University Family Medicine Residency Program

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Our residents!
The Ohio State University Family Medicine Residency Program

OSU Rardin FPC

OSU CarePoint East FPC

The Ohio State University Family Medicine Residency Program

AMERICAN ACADEMY OF FAMILY PHYSICIANS
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.
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 practice)
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

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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%

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

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)*
  – Interaction with program coordinator *(IPC, PR)*
  – Interview with PD, faculty *(IPC, PR)*
    • Include your behavioral health faculty if possible

• **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?
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 Faculty Medical Residency Program
Professionalism Agreement and Accountability Policy – 2016-2017
The following professionalism agreement will supersede the OSU Faculty Medical 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 educational activities, meetings, patient care activities, and optional activities. I will be punctual and respectful of the time of others. I will conduct myself in an appropriate manner at all times.
3. Be diligent in patient care activities and address issues in a timely fashion (except when an illness, injury, or family emergency requires otherwise).
4. Accept and foster a professional environment with patients, families, and medical colleagues. I will strive to make every patient feel as confident and comfortable as possible.
5. Address patient telephone, e-mail, and written communications in a timely and respectful fashion.
6. Follow hospital and Residency Program requirements for documentation, updates, and communication in a timely and respectful manner.
7. Manage my personal time and responsibilities in a timely and respectful manner.
8. Address colleagues, supervisors, and superiors in a timely and respectful manner.
9. Work hard and put forth my best effort at all times.
10. Be on time to all educational activities, meetings, patient care activities, and optional activities. I will be punctual and respectful of the time of others. I will conduct myself in an appropriate manner at all times.
11. Be present at all medical, educational, and administrative meetings.
12. Communicate effectively with my patients, families, and medical colleagues.
13. Accept and foster a professional environment with patients, families, and medical colleagues. I will strive to make every patient feel as confident and comfortable as possible.
14. Address patient telephone, e-mail, and written communications in a timely and respectful fashion.
15. Follow hospital and Residency Program requirements for documentation, updates, and communication in a timely and respectful manner.
16. Manage my personal time and responsibilities in a timely and respectful manner.
17. Work hard and put forth my best effort at all times.
18. Be on time to all educational activities, meetings, patient care activities, and optional activities. I will be punctual and respectful of the time of others. I will conduct myself in an appropriate manner at all times.
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25. Be on time to all educational activities, meetings, patient care activities, and optional activities. I will be punctual and respectful of the time of others. I will conduct myself in an appropriate manner at all times.
26. Be present at all medical, educational, and administrative meetings.
27. Accept and foster a professional environment with patients, families, and medical colleagues. I will strive to make every patient feel as confident and comfortable as possible.
28. Address patient telephone, e-mail, and written communications in a timely and respectful fashion.
29. Follow hospital and Residency Program requirements for documentation, updates, and communication in a timely and respectful manner.
30. Manage my personal time and responsibilities in a timely and respectful manner.
31. Work hard and put forth my best effort at all times.
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 after meeting with RAPC and the Program Director (MK, PC, PR).
- 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 videoconference 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).
- Complete required Computer-Based Learning Modules by December 31st (MK, PR).

To Graduate from Our Program (continued):

- Demonstrate a thorough understanding of outpatient coding and billing as evidenced by passing a test on advanced outpatient coding and billing and basic inpatient coding and billing (SSBP).
- Participate in a quality improvement (QI) project as a team member, as assigned as part of the G3 curriculum (PR).
- Complete 80% of assigned monthly evaluations within two (2) weeks of completing rotations (PR).
- Complete 90% of assigned monthly evaluations within two (2) weeks of completing rotations (PR).
- Complete at least 60% 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 interviews 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
- 360° 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)
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.)
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
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
Discussion

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

Presentation Objectives

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- 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.
Recommended Practice

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2. Establish clear written standards and expectations.
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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).
During the break…

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

Complete the session evaluation.

Thank you.