

Remediation: A Resident Improvement Plan – April 2016

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5-Step Approach to Resident Remediation

- 1 Identify & Define the Problem
- 2 Engage Resident in Self-reflection
- 3 Outline the Improvement Plan
- 4 Implement the Improvement Plan
- 5 Follow-up and Decision-making

Professionalism Curriculum

- Metacognition
 - *“Metacognition, Self-Regulation, and Adaptive Expertise”* Building Expertise: Cognitive Methods for Training and Performance, Ruth Clark, 2008
 - *“Self-assessment in Lifelong Learning and Improving Performance in Practice”* JAMA, Duffy & Holmboe, 2006
- Mindfulness
 - *“Chapter 8: Professionalism”* Intuition and Metacognition in Medical Education: Keys to Developing Expertise, Mark Quirk, 2006.
- Emotional Intelligence
 - *“What Makes a Leader”* Harvard Business Review, Daniel Goleman, 2004.
 - *“Anatomy of an Emotional Hijacking”* Emotional Intelligence: Why it Can Matter More Than IQ., Daniel Goleman, 2005.
- Professional Resiliency
 - *“The Problem with the Problem of Professionalism”* Acad Med, Lucey & Souba, 2010.
- Crucial Conversations
 - *“Mastering Crucial Conversations”* Crucial Conversations: Tools for Talking When Stakes are High, Grenny, Patterson & McMillan, 2002.
 - *“STATE my Path”* ” Crucial Conversations: Tools for Talking When Stakes are High, Grenny, Patterson & McMillan, 2002.
- Situational Leadership
 - *“How to Choose a Leadership Pattern”* Harvard Business Review, Tannenbaum & Schmidt, 2009.



VANDERBILT
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INTERNAL MEDICINE TRAINING PROGRAM

Resident Self-Assessment/Reflection

Name (Print) _____ PGY _____ Date _____

The Internal Medicine Training Program is committed to resident development of ongoing self-assessment and self-reflection skills. Each resident needs to complete the following self-assessment form prior to each 6-month formal meeting with program leadership.

PATIENT CARE competencies (gather essential/accurate information about pts; make informed decisions about diagnostic/therapeutic interventions based on pt information/preferences; up-to-date scientific evidence/clinical judgment; develop/carry out patient management plans; counsel/educate patients and families; perform competently all medical/invasive procedures essential for the area of practice.)

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

1. _____
2. _____

MEDICAL KNOWLEDGE competencies (demonstrate an investigatory/analytic thinking approach to clinical situations; know and apply the basic and clinically supportive sciences which are appropriate)

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

1. _____
2. _____

Practice based learning competencies (analyze practice experience/perform practice-based improvement activities; locate, appraise, and assimilate evidence from scientific studies related to pts' health problems; apply knowledge of study designs/statistical methods to the appraisal of clinical studies and other information on diagnostic/therapeutic effectiveness; use information technology to manage/access medical information.)

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

1. _____
2. _____

Interpersonal and Communication Skills (create and sustain a therapeutic and ethically sound relationship with patients use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; work effectively with others as a member or leader of a health care team or other professional group)

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
- 2. _____

Professionalism competencies (demonstrate respect, compassion, and integrity; responsive to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; committed to excellence and on-going professional development ; demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care; confidentiality of patient information, informed consent, and business practices; demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities).

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
- 2. _____

Systems-based practice competencies (understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice; know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources; practice cost-effective health care and resource allocation that does not compromise quality of care; advocate for quality patient care and assist patients in dealing with system complexities; know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance).

How I am doing ? (circle) **Feel Uncomfortable** **Feel Comfortable** **Feel Very Comfortable**
Need Improvement (circle) **A lot** **Some** **Little to none**

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
- 2. _____

FORM REVIEWED BY (pd, etc.) _____ Date _____

Sample CCC Resident Improvement Plan

Resident:

Improvement Coach:

Resident Peer-Coach:

Date:

<u>What is the deficiency</u>	<u>Competency</u>	<u>Action Plan</u>	<u>Measures</u>	<u>Determination of Success</u>	<u>Timeline for Reevaluation</u>
1. Complete tasks in an efficient manner (organizational skills)	PC, Prof	<ol style="list-style-type: none"> The Improvement Coach will meet with resident to discuss organizational skills/strategies. Peer Coach will meet with resident to share their organizational skills/strategies The Resident will meet with Improvement Coach every-other-week for 2 months to discuss implementation of these strategies 	<ol style="list-style-type: none"> Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the areas of PC, Prof	0/0/15
2. Formulate a comprehensive differential diagnosis.	PC, MK	<ol style="list-style-type: none"> Peer Coach will meet with Resident periodically as scheduled by the Peer Coach. Peer Coach will review resident notes/patients focused on differential diagnosis to provide feedback Resident will check out MKSAP books to work on medical knowledge to improve ability to generate differential dx Improvement Coach will also assign tasks focusing on metacognition skills to improve clinical reasoning (SNAPPS, Reverse Presentations, Illness Scripts, Persuade the MD, Chart-stimulated Recall etc) Improvement Coach will discuss resident's goals with her ward resident and request that ward resident engage Resident in developing ability to formulate a differential diagnosis 	<ol style="list-style-type: none"> Direct observations by Peer Coach who will complete Milestones Evaluation Indirect observations by Improvement coach who will complete Milestones Evaluation Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the area of PC, MK	0/0/15

3. Independently develop a plan of care	PC, MK	<ol style="list-style-type: none"> 1. Peer Coach will meet with Resident periodically as scheduled by the Peer Coach. Peer Coach will review resident notes/patients focused on Resident's plan of care to provide feedback 2. Resident will check out MKSAP books to work on medical knowledge to improve ability to generate differential diagnosis 3. Improvement Coach will also assign tasks focusing on metacognition skills to improve clinical reasoning (SNAPPS, Reverse Presentations, Illness Scripts, Persuade the MD, Chart-stimulated Recall etc) 4. Improvement Coach will discuss resident's goals with her ward resident and request that ward resident engage Resident in developing ability to confidently develop and deliver a plan of care 	<ol style="list-style-type: none"> 1. Direct observations by Peer Coach who will complete Milestones Evaluation 2. Indirect observations by Improvement coach who will complete Milestones Evaluation 3. Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the area of PC, MK	0/0/15
4. Develop confidence in ability to generate plans for patient and act on results of diagnostic tests/consults	PC, ICS	<ol style="list-style-type: none"> 1. Peer Coach will meet with Resident periodically as scheduled by the Peer Coach. Peer Coach will review resident notes/patients focused on Resident's plan of care to provide feedback and assess readiness to act on results of diagnostic tests/consults 2. Improvement Coach will meet with Resident to discuss fears and strategies related to independent decision-making in patient care 	<ol style="list-style-type: none"> 1. Direct observations by Peer Coach who will complete Milestones Evaluation 2. Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the area of PC, ICS	0/0/15
5. Resistance to feedback from others.	PBLI, Prof	1. Reflection exercises arranged by Improvement Coach centered on acceptance of feedback as a component of Emotional Intelligence	Every-other-week meetings and assessment of readiness to change as evaluated by Improvement Coach	Improvement in PBLI and Prof assessment done by Improvement Coach at weekly meetings	0/0/15

Case 1: You, the program director, have received multiple emails from colleagues raising concerns about Intern A. Although it is late in her first year, she has been noted to be disorganized and overly verbose in her oral presentations. Although she is good at gathering information, she is having trouble synthesizing complex data. She is unable to articulate a differential diagnosis for her new patients and consistently defers to her upper levels to develop a plan of care. She has not been able to perform any of the basic procedures in her specialty. Your APD also notes that she has been consistently violating duty hours. She seems to be working hard but takes longer than her peers to get her work done. Review of her evaluations show that she receives high praise for ability to connect with patients and their families, her work ethic, and her genuine care and concern for her colleagues.

Case 2: You, the program director, have received multiple complaints from your residents, fellow attendings, as well as staff regarding Resident B. He has been noted to be argumentative and difficult to work with. He tends to focus on small details rather than stepping back to look at the big picture and perseverates on topics to the point that efficiency is lost and patient care is compromised. He is unwilling to accept feedback. Both colleagues and staff describe him as aloof and cool, and concerns have been raised that he is unable to effectively demonstrate empathy to patients. He becomes easily frustrated with his patients and has demonstrated inflexibility. He is very hard working, often staying late to “read up” on his patients. His in-training exam score is one of the highest in his class and evaluators consistently comment on his broad knowledge base and systematic evidence-based approach to patient care.

CCC Resident Improvement Plan: INTERN A

<u>What is the deficiency</u>	<u>Competency</u>	<u>Action Plan</u>	<u>Measures</u>	<u>Determination of Success</u>	<u>Timeline for Reevaluation</u>
1. Complete tasks in an efficient manner (organizational skills)	PC, Prof	<ol style="list-style-type: none"> 1. Coach: meet to review organizational skills/strategies. 2. Peer Coach: meet to share their organizational skills/strategies 3. Meet w/ Improvement Coach every-other-week for 2 months to discuss implementation 	<ol style="list-style-type: none"> 1. Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the areas of PC, Prof	4/1/15
2. Synthesizing complex information to define each patient's central clinical problem.	PC, MK	<ol style="list-style-type: none"> 1. Peer Coach meeting: Resident will prepare a problem list and prioritized action plan 2. Improvement Coach will review patient notes (specifically the summary or problem representation component) to provide feedback during every-other-week meetings 3. Improvement Coach will also assign tasks focusing on metacognition skills to improve clinical reasoning (SNAPPS, Reverse Presentations, Illness Scripts, Persuade the MD, Chart-stimulated Recall etc) 4. Improvement Coach will discuss resident's goals with her ward resident and request that ward resident give feedback 5. Improvement Coach will also meet with Clinic Preceptor 	<ol style="list-style-type: none"> 1. Direct observations by Peer Coach and Clinic Preceptor who will complete Milestones Evaluation 2. Indirect observations by Improvement coach who will complete Milestones Evaluation 3. Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the areas of PC, MK	4/1/15
3. Formulate a comprehensive differential diagnosis.	PC, MK	<ol style="list-style-type: none"> 1. Peer Coach will review resident notes/patients focused on differential diagnosis 2. Resident will check out MKSAP books 3. Improvement Coach will also assign tasks focusing on metacognition skills to improve clinical reasoning (SNAPPS, Reverse Presentations, Illness 	<ol style="list-style-type: none"> 1. Direct observations by Peer Coach and Clinic Preceptor who will complete Milestones Evaluation 2. Indirect observations by Improvement coach who will complete Milestones Evaluation 3. Inpatient evaluations 	Milestone Evaluations of 3.0 with rare 2.5 in the area of PC, MK	4/1/15

		<p>Scripts, Persuade the MD, Chart-stimulated Recall etc)</p> <p>4. Improvement Coach will discuss resident's goals with her ward resident and request that ward resident engage Resident in developing ability to formulate a differential diagnosis</p> <p>5. Improvement Coach will also meet with Clinic Preceptor</p>			
4. Develop and confidently present a plan of care	PC, ICS, MK	<p>1. Peer Coach will review resident notes/patients focused on Resident's plan of care to provide feedback</p> <p>2. Resident will check out MKSAP</p> <p>3. Improvement Coach will also assign tasks focusing on metacognition skills to improve clinical reasoning (SNAPPS, Reverse Presentations, Illness Scripts, Persuade the MD, Chart-stimulated Recall etc)</p> <p>4. Improvement Coach will discuss resident's goals with her ward resident</p> <p>5. Improvement Coach will also meet with Clinic Preceptor</p>	<p>1. Direct observations by Peer Coach and Clinic Preceptor who will complete Milestones Evaluation</p> <p>2. Indirect observations by Improvement coach who will complete Milestones Evaluation</p> <p>3. Inpatient evaluations</p>	Milestone Evaluations of 3.0 with rare 2.5 in the area of PC, MK, ICS	4/1/15
5. Perform procedures in a competent manner	PC	<p>1. Peer Coach will meet with Resident periodically to review opportunities to perform procedures and discuss online strategies (such as NEJM videos) to prepare for performing procedures</p>	<p>1. Inpatient Evaluations</p>	Milestones Evaluations of 3.0 with rare 2.5 in the area of PC	4/1/15

CCC Resident Improvement Plan: RESIDENT B

<u>What is the deficiency</u>	<u>Competency</u>	<u>Action Plan</u>	<u>Measures</u>	<u>Determination of Success</u>	<u>Timeline for Reevaluation</u>
1. Difficulty in consistently establishing an effective therapeutic relationship with patients and caregivers.	PC, Prof, ICS	1. Curriculum: emotional intelligence and ICS skills. 2. The Resident will meet with Improvement Coach every-other-week for 2 months to work through curriculum and complete assignments given by Improvement Coach.	1. Direct observations; OSCEs (evaluated by Improvement Coach) 2. Direct observations in clinic (performed by Dr. Peterson) 3. Inpatient evaluations	Milestone Evaluations of 3.0 with rare 2.5 in the areas of PC, Prof, and ICS	Revised to 5/1/15
2. Ineffective communication in interprofessional teams.	ICS, SBP	Peer Coach(es) will evaluate Resident on rounds as well as working with teams in order to provide real-time feedback Peer Coach(es) will provide information back to Improvement Coach so that structured reflection on this feedback can occur during every-other-weekly meetings	1. Direct observations by Peer Coach(es) who will complete Milestones Evaluation 2. Inpatient evaluations	Milestone Evaluations of 3.0 with rare 2.5 in the areas of ICS, SBP	Revised to 5/1/15
4. Resistance to feedback from others.	PBLI, Prof	1. Reflection exercises arranged by Improvement Coach centered on acceptance of feedback as a component of Emotional Intelligence	Every-other-week meetings and assessment of readiness to change as evaluated by Improvement Coach	Improvement in PBLI and Prof assessment done by Improvement Coach at weekly meetings	Revised to 5/1/15
6. Perceived lack of confidence and difficulty in supervising interns and students.	PC	1. This will be covered in the ICS and Emotional Intelligence curriculum delivered by the Improvement Coach	1. Direct observations by Peer Coach(es) who will complete Milestones Evaluation 2. Inpatient evaluations	Milestone Evaluations of 3.0 with rare 2.5 in the areas of PC and SBP1	Revised to 5/1/15

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