

کارگاه آموزشی

# نقش و جایگاه مسئول برنامه دستیاری

---

دانشگاه علوم پزشکی تهران

دانشکده پزشکی

تابستان ۱۴۰۱





# اصول بر خورد با سوء رفتار و دستیاران دارای مشکلات آموزشی و تعهد حرفه ای

---

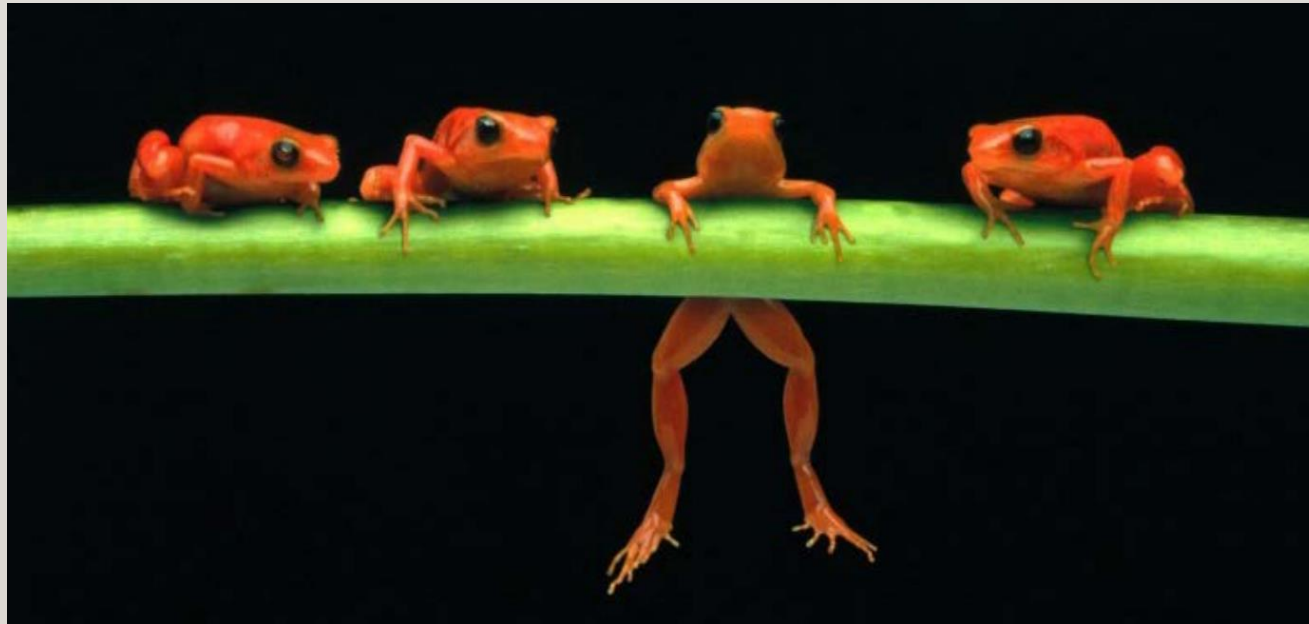
دکتر محمد جلیلی

استاد گروه طب اورژانس

# RESIDENT IN DIFFICULTY

---

- Graduate medical trainees who have demonstrated a **significant** or **sustained** pattern of underperformance compared to expectations



# LECTURE OUTLINE

---

- Definitions and epidemiology
- Elements of a remediation programs
- Principles of successful intervention
- Obstacles to successful intervention

# DEFINITION

---

- A resident who “does not meet the expectations of the training program because of a significant problem with knowledge, attitudes or skills”
- A learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural, or interpersonal difficulty.
- A trainee who demonstrates a significant enough problem that requires intervention by someone of authority
- **Synonyms:** Problem resident, Resident with problem, Problem learner, struggling resident



# VAUGHN'S CONCEPTUAL FRAMEWORK

---

- A resident in difficulty may be identified as having academic problems, professional problems, or both.
- Four types of difficulties:
  - 1) Cognitive (i.e. lack of knowledge, clinical reasoning difficulties, difficulty with procedures, ...)
  - 2) Affective (i.e. low self-esteem, anxiety, adjustment difficulty, ...)
  - 3) Structural (i.e. disorganization, poor time management, unreliable, ...)
  - 4) Interpersonal (i.e. lack of professionalism, inappropriate behavior towards patients and colleagues, manipulative, overeager, ...).

## **The Problem Learner**

**Lisa M. Vaughn, Raymond C. Baker, and Thomas G. DeWitt**  
*Children's Hospital Medical Center*  
*Cincinnati, Ohio, USA*

# EPIDEMIOLOGY

---

- The resident in difficulty is an omnipresent and seemingly intractable problem.
- Residents in difficulty are a common issue with a prevalence of 7–15%
- 94% of IM programs in the US had at least one resident in difficulty

> [Fam Med.](#) 1987 Sep-Oct;19(5):368-75.

## Working with the resident in difficulty

J Shapiro<sup>1</sup>, M D Prislín, K M Larsen, P M Lenahan

Affiliations + expand

PMID: 3678678

Am J Med 2012; PMID:22444106

JAMA 2000; PMID:10974688



# FACULTY REACTION TO RID

---



- Avoidance and denial
- Saver (messianic complex)
- Anger: difficult resident, hateful resident

# REMEDIATION PROGRAM

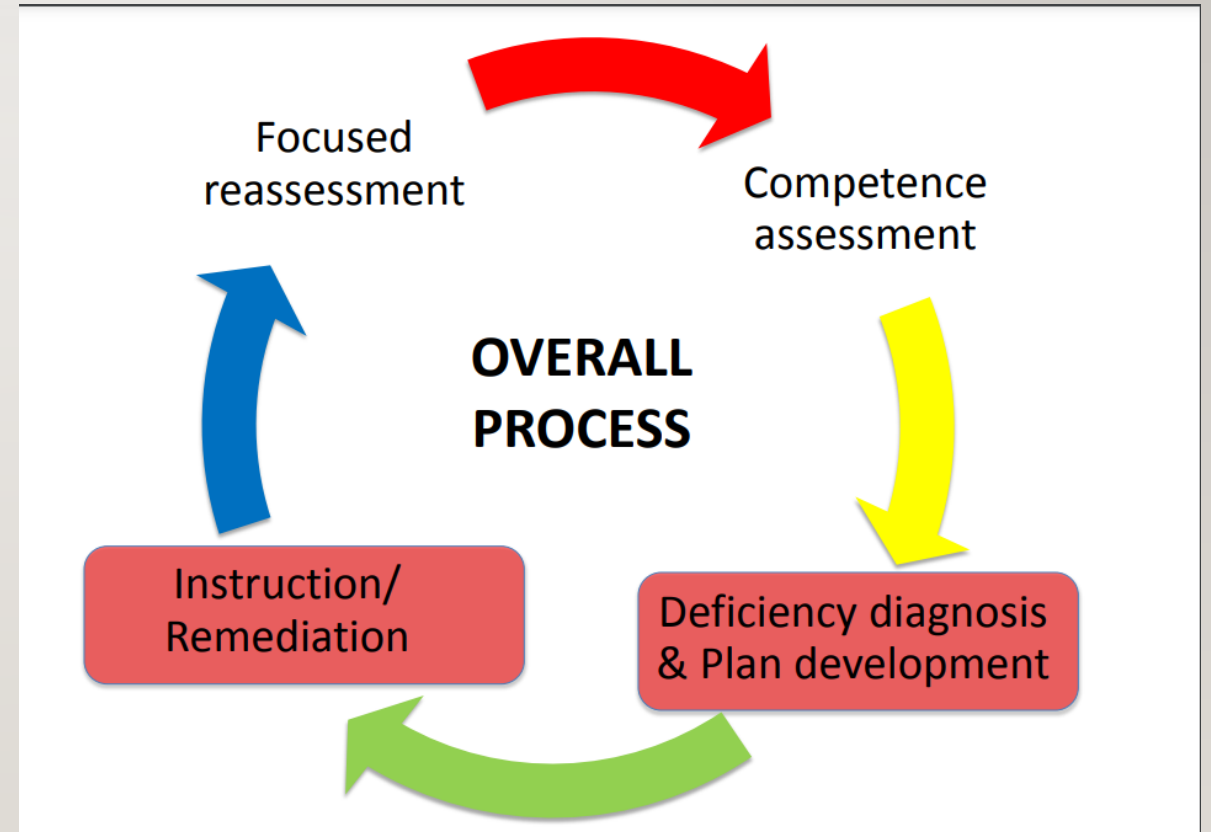
---

- Remediation programs rely on an organizational structure, supported by local authorities, which allows early identification of residents in difficulty through a programmatic (step by step) approach or procedure.
- Remediation programs appear to have good results with 75–90% of successful remediation.

# APPROACH TO PROBLEM LEARNER

---

1. Problem identification
2. Investigation
3. Intervention:
  - ✓ Remediation
  - ✓ Probation
4. Follow-up





# STEP I: PROBLEM IDENTIFICATION

---

- The purpose of identifying a resident in difficulty is not for punishment, but rather for identification and remediation of deficiencies that can hinder professional development
- Improve the evaluation system

# MEANS AND METHODS OF PROBLEM IDENTIFICATION

---

## MOST COMMON EVENTS:

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

## MOST COMMON INDIVIDUALS

- Chief resident
- Attending thru verbal comments
- Other residents
- Written comments from attending
- Self report
- Patient report

# WARNING SIGNS

---

## RESIDENT WITH ACADEMIC DIFFICULTY

- Defensiveness
- unwillingness to precept patients
- low in-service exam score
- minimal participation in rounds

## RESIDENT WITH PROFESSIONALISM PROBLEMS

- Hostility
- conflicts with patients or staff
- Overconfidence
- Disorganization
- Tardiness
- unexcused absences



# STEP 2: INVESTIGATE, CONFIRM, AND REFINE

---

- Confirm the problem and gather data
- Determine impact on patients, peers, and program
- Look for secondary causes and evidence of impairment
  - The 6 Ds: deprivation, distraction, depression, dependence, disordered personality, disease
- If concerned, consider fitness for duty assessment
- Refine problem based on expected competencies

## BOX 25.3 Biopsychosocial factors and stages in a doctor's underperformance

Factors	Biological	Psychosocial	Social
Predisposing	Underlying mental or physical disease	Personality Family	Cultural Family
Precipitating	Acute ill health events	Interactions at work	Economic factors Social isolation The culture of the organisation
Perpetuating	Chronic disease	Lack of insight by organisation or individual	Economic Cultural Organisational

Adapted from Sharpe and Wilks(22)

## FITNESS FOR DUTY FORM

### EMPLOYEE:

Return completed form to employer prior to returning to work.

EMPLOYEE INFORMATION AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION	
Name	
Address	
Telephone Number	

STATEMENT OF PHYSICIAN OR PRACTITIONER	
Medical Facts Regarding Patient's Condition:	
Date Condition Commenced:	Probable Duration of Condition:
Has patient reached the end of his/her healing period? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is patient able to perform all of the functions of his/her regular job? <input type="checkbox"/> YES <input type="checkbox"/> NO
If essential functions were provided, please indicate any that are of concern in light of employee's current condition.	
Is patient able to work his/her normal work schedule? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(If not, please identify the number of hours per day and the number of hours per week that the patient can work, and the expected duration of the period for the reduced schedule.)	
Is the patient able to return to work without posing a significant risk or substantial harm to him/herself or others? <input type="checkbox"/> YES <input type="checkbox"/> NO	When can patient return to work? Restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe what restrictions apply in comments.
Comments:	
<small>The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisted reproductive services.</small>	
Physician Signature	Date

PHYSICIAN OR PRACTITIONER INFORMATION		
Physician Name		
Address		
City	State	Zip Code
Telephone	Field of Specialty	License No.

MAINTAIN THIS FORM IN FMLA CONFIDENTIAL FILE



# STEP 3: DEVELOP A REMEDIATION PLAN

---

- Be SMART
- Has to be specific to the deficiency in competency
- Outline process for improvement and target objectives
- Establish timeframe
- Assign mentor

# MEDICAL KNOWLEDGE

Milestone	Theme	Remediation Plan	Goals to resolve Remediation
MK 1	Clinical knowledge	17 Knowledge <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop reading plan with mentor</li> <li><input type="checkbox"/> Board Review course recommended</li> <li><input type="checkbox"/> Increased assignments in ITE structured reading program</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pass USMLE Step III</li> <li><input type="checkbox"/> Score above a pre-set minimum score on the NBME IM shelf exam or other exam testing level appropriate Medical Knowledge</li> <li><input type="checkbox"/> Satisfactory completion of and improvement in regular quizzes of reading material.</li> <li><input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area.</li> </ul>
MK 2	Knowledge of diagnostic testing and procedures	18 Interpretation of basic tests <ul style="list-style-type: none"> <li><input type="checkbox"/> Review textbook of Clinical Data               <ul style="list-style-type: none"> <li><input type="checkbox"/> Lab Results</li> <li><input type="checkbox"/> XRay Results</li> <li><input type="checkbox"/> CT/MR Results</li> <li><input type="checkbox"/> US Results</li> <li><input type="checkbox"/> EKG / Echo Results</li> <li><input type="checkbox"/> Results</li> </ul> </li> <li><input type="checkbox"/> Rotation focusing on clinical skill development</li> <li><input type="checkbox"/> Written summaries of clinical skill interpretation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Score above a pre-set minimum score on an exam testing Clinical data interpretation</li> <li><input type="checkbox"/> Demonstrate ability to interpret clinical data to the Program Director's satisfaction</li> </ul>
		19 Pre-test probability <ul style="list-style-type: none"> <li><input type="checkbox"/> Review basics of test characteristics and biostatistics</li> <li><input type="checkbox"/> Review test characteristics of commonly ordered tests</li> <li><input type="checkbox"/> Written examples from resident's own cases.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area</li> <li><input type="checkbox"/> No further reports of concern in this domain</li> </ul>
		20 Risks with procedures <ul style="list-style-type: none"> <li><input type="checkbox"/> Review basics of procedures and risks</li> <li><input type="checkbox"/> Review institution and individual procedure complications.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area</li> <li><input type="checkbox"/> No further reports of concern in this domain.</li> </ul>

# Sample Learning Plan

CanMEDS Role	Educational Diagnosis <i>(What are the problems?)</i>	Educational Strategies <i>(What will you do?)</i>	Evaluation Strategies <i>(How will you measure success?)</i>
<b>Medical Expert</b>	Poor knowledge base; Limited surgical skills (difficult to assess since has had limited exposure to the OR)		



## APPENDIX 2. SAMPLE REMEDIATION/PROBATION LETTER

[Date]

Dear Dr. [X]:

The Clinical Competence Committee has met to review the entire record of your performance. This memo serves to notify you that you are failing to meet our program's expectations in the following areas: [choose area/areas]

- » Patient care
- » Medical knowledge
- » Professionalism
- » Interpersonal skills and communication
- » Systems-based practice
- » Practice-based learning and communication

Problem identified by Competency. Need to include reasoning and remediation plan.

As a consequence of these deficiencies, you are being placed in a formal remediation/probation program. Failing to correct these problems in the time and manner described below may result in adverse action, including extension of the required training time at the current level, immediate termination, or contract nonrenewal.

Consequence of Failure Noted

We believe that you have the capacity to improve and succeed, and we are willing to support you in this endeavor. You will be assigned Dr. Y as a faculty mentor during your period of remediation/probation. While Dr. Y will help you, it is your responsibility to correct the identified performance deficiencies.

The committee will receive periodic progress reports from Dr. Y and will reconvene in 12 weeks to reassess your performance. Your failure to comply with the outlined program may be grounds for immediate dismissal.

Duration & Target Outcomes

Pursuant to your resident contract, you [may/may not] appeal this decision. If you wish to appeal, you must notify us in writing within five business days.

Appeal Process Noted

Hand Delivered by Dr. Z on [date]

*The next page would detail the educational corrective action plan referenced above.*



# STEP 4: FOLLOW UP

---

- Decide whether success has been achieved using input from mentor, competency committee, targeted objectives
- Follow-up outcomes:
  - Success
  - Partial success
  - Failure: extending residency, suspension, termination

# OPPORTUNITIES IN CURRENT RESIDENCY REGULATIONS IN IRAN

---



# PRINCIPLES OF SUCCESSFUL INTERVENTION

---

- Intervene early and set expectations.
- Have a streamlined approach for identifying and remediating a resident in difficulty
- Have clear written standards
- Outline a clear path for the resident to follow to achieve success
- Have a clearly defined and comprehensive evaluation system, tied to the outlined program standards

# OBSTACLES TO SUCCESSFUL INTERVENTION

---

CONCERN	REMEDY
Evaluation system	Robust evaluation system Clinical Competency Committee
Faculty	Faculty development
Program culture	
Legal concerns	Fair and equitable decision Following due process



# CONCLUSION

---

- Address barriers to early and effective remediation in your program
- Develop a system for early and effective remediation
- Adhere to policies and regulations for disciplinary process for due process
- Document!!! Discuss questions with authorities early and often

# CASE STUDY

---



# SEQUENCE FOR MANAGING RESIDENTS IN DIFFICULTY

---

Level	Name	Category	Type	Issued By
I	Informal Feedback	Informal	Verbal	Faculty/advisor
II	Letter of concern	Informal	Written	RAPC
III	Academic remediation	Formal	Written	RAPC and CCC
IV	Academic Probation	Formal	Written	PD-FMR

# ACTIONS

---

- Discussion with the resident
  - In private
  - By the resident's faculty advisor
  - The issue should be described with details and specific examples.
  - The tone of the conversation should be that of an open dialogue and non-accusatory.
  - Getting the resident's viewpoint on the issue can help assess his or her understanding and insight.



# ACTIONS

---

- Referring the resident to the program's Resident Academic and Professionalism Committee (RAPC) to explore and address the issues using a balanced team approach.
  - Appropriate documentation of the issues at hand by the program is important.
  - Design an individualized learning plan (ILP) with the active input of the resident.
  - Define expectations regarding the specific concern, including who will be involved, what will happen, and when the resident will be reevaluated.
    - Addressing academic issues may include increased observation, independent study, procedural training courses, and supplemental testing.
    - Addressing professionalism issues may include alternative schedules, counseling, referral to the employee assistance program, and approved leave of absence if indicated.