Success for All: Remediation of the Struggling Medical Learner

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Timeline

- Welcome, introductions 5min
- Overview of the impact of struggling learners 10min
- Identification and diagnosis of learner challenges 25min
  - Large group discussion
- Remediation of specific deficiencies 25min
  - Large group discussion
- Successes, failures and frustrations 15min
Objectives

- Identify medical learners who are struggling
- Diagnose the area(s) of difficulty
- Choose and implement an appropriate remediation strategy
QuickTime™ and a decompressor are needed to see this picture.
Introduction

- Medical Students
  - Up to 15% struggle during medicine clerkship
  - Up to 11% struggle during their sub-internship

- Residents
  - Point prevalence in need of remediation is 7%-15%

Yao DC and Wright SM. JAMA 2000; 284;1099-104.
Importance

- Time spent by faculty and residents
- Affect morale
- Impact the reputation of the program

- Deficiencies often do not resolve without intervention
- Become attendings that impact patient safety and quality of care

- Our *obligation* our learners
Identification by Supervisors

- Processes that identified problem resident:
  - Direct Observation
  - Critical Incident
  - Poor Performance
  - Neglecting Patient Care Responsibilities

Yao, DC & Wright, SM. JAMA. 2000;284:1099-1104.
Identifiers

- Early
  - Verbal comments
  - Reporting system for concerns
  - Mid clerkship/rotation clinical performance evaluations

- Late
  - Formal evaluations of competencies
  - Examinations
    - Written
    - Clinical performance
  - Peer Assessments
  - During group review or grading session
Confirmation of Concerns

- How is remediation different from teaching?
- How do you determine the need for remediation?
Model for Remediation

- Competence Assessment
- Diagnosis of Deficiency
- Development of Remediation Strategy
- Remediation with:
  1. Deliberate Practice
  2. Feedback
  3. Reflection
- Reassessment

Competencies:

- Medical Knowledge
- Patient Care
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice
Competencies “Plus”:

- Medical Knowledge
- Patient Care
  - Clinical Skills
  - Clinical Reasoning
  - Organization & Time Management
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice
Competencies “Plus”:

- Medical Knowledge
- Patient Care
- Clinical Skills
- Clinical Reasoning
- Organization & Time Management
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice
- Mental Well-being
Cases #1
Identify the deficit

Identify the competency that best correlates with this learner’s deficit:

1. Medical Knowledge
2. Clinical Skills
3. Clinical Reasoning and Judgment
4. Time Management and Organization
5. Interpersonal Skills and Communication
6. Professionalism
7. Practice-Based Learning
8. Systems-Based Practice
9. Mental Well-Being
Additional Information

- Direct Observation!!!
  - Ability to collect H&P
  - Efficiency
  - Prioritizing tasks
  - Responsiveness to colleagues/nurses/patients

- Presentations/Rounds
  - Integration of information, represent problem
  - Formulation of ddx, A/P
  - Ability to summarize case
  - Formulation of questions
Additional Information

- Interview the Learner
  - Reading materials
  - Social stressors, MH
  - Substance abuse
  - Learner’s Perspective

- Other Sources
  - Chart Review
  - Arrival/departure time
  - 360° evaluations
  - Interactions
  - Ownership
Clinical Judgment and Reasoning

- **Presentation**
  - Have adequate knowledge when questioned and tested
  - Often have extraneous information in their H&Ps
  - Most apparent in their presentation of the assessment and plan
    - Order too many tests
    - Difficulty assigning pre- and post-test probabilities
    - Difficulty prioritizing their differential diagnoses and analyzing diagnoses
    - Difficulty individualizing protocols/practice guidelines
Case #2
Identify the deficit

- Identify the competency that best correlates with this learner’s deficit:

  1. Medical Knowledge
  2. Clinical Skills
  3. Clinical Reasoning and Judgment
  4. Time Management and Organization
  5. Interpersonal Skills and Communication
  6. Professionalism
  7. Practice-Based Learning
  8. Systems-Based Practice
  9. Mental Well-Being
Medical Knowledge

- **Presentation**
  - Unable to answer knowledge-based, fact-based questions
  - Lacks evidence of reading
  - Poor written exam scores
Case #3
Identify the deficit

- Identify the competency that best correlates with this learner’s deficit:

1. Medical Knowledge
2. Clinical Skills
3. Clinical Reasoning and Judgment
4. Time Management and Organization
5. Interpersonal Skills and Communication
6. Professionalism
7. Practice-Based Learning
8. Systems-Based Practice
9. Mental Well-Being
Organization and Time Management

- **Presentation**
  - Unprepared for rounds
  - Disorganized
    - Appearance
    - Thought processes
    - Presentations
      - rely heavily on notes or shuffle through multiple documents
  - Difficulty prioritizing tasks
    - Multiple uncompleted tasks
  - Arrive earlier and leave later than their peers
Professionalism

- **Presentation**
  - Poor relationships with colleagues and staff
    - Inappropriately dressed
    - Frequently late or absent, unreliable
    - Dishonest
    - Try to pass off work
  - **Poor patient - doctor relationships**
    - May be unknown to their patients
    - Demonstrate a lack of respect
    - Use technical jargon with patients
  - **Specific unethical actions may be brought to your attention**
Who needs to know?

QuickTime™ and a decompressor are needed to see this picture.
Problem Identified

- Make sure the learner receives the feedback as soon as possible
Confirmation of Concerns

- What concerns should go directly to the program director? Or beyond?
Problem Identified

- Look to see if there is documentation of the problem in their evaluation, *with examples*
  - **If not,**
    - Request documentation
    - Save e-mail communication
    - Keep a record of verbal communications
    - All *with examples*
Remediation Strategy

- The goal of remediation is to target and fix the greatest deficit!

  - Choose ONE problem with the greatest return for the efforts

  - If mental well-being or professionalism deficiency, consider starting there!
Remediation

**Limits:**

- Methods are not standardized
- Paucity of data on assessment tools
- Few small, single institution studies on remediation
- Lack of evidence to guide best practices in remediation
Model for Remediation

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Remediation Strategy

1. Deliberate Practice
2. Receive Feedback
3. Reflection in Action
Case #1: Clinical Judgment and Reasoning

- Deliberate Practice
  - **Review new and old cases with learner**
    - Create differential based on age, gender, race, & chief complaint
    - Identify the relevant HPI questions, physical exam elements, review of systems questions
    - Check references
    - Use the differential diagnosis to talk through ordering appropriate tests and present an A/P formulation
  - **Outline to details**
  - **Compare and contrast, help the learner build strong knowledge structures and representations**
    - SNAPPS presentation format
Clinical Judgment and Reasoning

- Receive Feedback
  - Review resources and algorithms
  - Chart stimulated recall

- Reflection in Action
  - Organized group discussions
  - Have learner reflect on the consequences of their decisions
  - May require a change in schedule or lighter pt load
Case #1

- Remediation Plan
  - 3 month intervention
  - Faculty:
    - IM Inpatient tutor and clerkship director
      - Met 3x/week to review clinical reasoning (CR) process and monitored progress on paper cases
    - IM Inpatient Attending and Residents on a Gen Med Ward Service
      - Provided end of remediation evaluations
Case #1

- Outcome:
  - Successful completion of medicine sub-internship
  - Delayed graduation
Case #2: Medical Knowledge

- Deliberate Practice
  - Identify medical knowledge goals
  - Review what the learner is reading
    - Review articles
    - Case based or symptom based
    - Visual, auditory, active
  - Link to patient cases
  - Learn why and when, how
  - Test questions
Medical Knowledge

- **Receive Feedback**
  - Exams or practice exams
  - Tutoring

- **Reflection in Action**
  - Create a list of things to look up each day
  - Reflect on their progress
Case #3: Organization and Time Management

- **Deliberate Practice**
  - Teach a data collection system
  - Teach a data organization system
  - Identify tasks to be completed
    - Prioritize tasks
    - Length of time for each task
    - How much time to complete all tasks
  - Stress management
  - May need light patient load

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Case #3: Organization and Time Management

- Receive Feedback
  - Direct observation
  - Role modeling
- Reflection in Action
  - Compare to their peers

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Case #3

Remediation Plan

- **Resident:**
  - Plan: to review data collection system and timely pre-rounding
  - Notified of date for directly observed pre-rounds 7am tomorrow
    ... Not on floor... Paged x3... No answer
QuickTime™ and a decompressor are needed to see this picture.
Case #3

- Remediation Plan
  - Met with privately to explore reasons for tardiness
  - Review the expectations and that his performance would be monitored
  - Discussed the barriers to his meeting the expectations
  - Emphasize high level of accountability to peers, patients, and faculty
  - Strict behavior guidelines and instructions
    - If he is unable to arrive on time, then...
  - What does the learner care about?
Professionalism

- **Receive Feedback**
  - Provide positive and negative feedback
  - Give corrective actions
  - Precepted video review = insight

- **Reflection in Action**
  - Self-reflection and awareness
    - write and commit, mentored reflection
  - Willingness to accept feedback
  - Identify role models
Case #3

- Remediation Plan
  - With punctual arrivals, his performance improved
  - Resident moved on the next rotation, “always on time”
  - Returned to complete failed components of prior rotation
  - Graduated with delays
Case #3

Remediation Plan

- **3 month intervention**
- **Faculty:**
  - IM remediation specialist attended with resident on inpatient geriatric ward service for diagnosis and plan
  - Hospital site director
Communication

- **Deliberate Practice**
  - Work through oral presentations, pt encounters, emphasizing strong clinical reasoning
    - Multiple attempts
  - Ability to summarize complex cases and propose a question for the consultant
  - Review sign-out process
  - Have the learner request clarification

- **Special skill sets:**
  - how to convey technical info
  - how to ask questions
  - how to give bad news
Communication

- **Receive Feedback**
  - Precepted video review or direct observation
  - Continue to provide positive and negative feedback on communication
  - Give corrective actions

- **Reflection in Action**
  - Reflect on the nature, situation and chronicity of the problem
  - Relevance of good communication skills
    - Identify how communication throughout the workday can either facilitate or hinder patient care
Communication

- CAPE experiences
  - Coaching on communication skills
  - Demonstrated active learning and implementation of strategies in subsequent encounters
Mental Well-being

- Medical Students
  - Clerkship Director
  - Jeannette Guerrasio, MD

- Residents
  - Program Director
Mental Well-being

- **Colorado Physicians Health Program**
  - **Fitness for duty**
    - Can the resident/student continue to care of patients safely?
    - Can the resident continue to teach his or her resident peers and students?
    - Are they capable of learning given the circumstances?
    - How will he or she affect the morale and learning environment for the other residents and students?
  - **Evaluation and treatment recommendations**
Colorado Physicians Health Program

- **CPHP**
  - A nonprofit organization, independent of other medical organizations and the government
  - Serves licensed physicians, resident and medical students
  - Medical, psychiatric and psychosocial conditions
  - “Safe Haven” from Colorado Medical Board of Examiners who provide licensing

- Contact: (303) 860-0122
Discussion

- Who should provide the remediation?
- Who and how should we judge success or failure?
Model for Remediation

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Reassessment

- Repeat clerkships/rotations
- Standardized patient encounters & simulation
- Directly observed encounters in clinical environment
- Written or web-based assessments
- Chart reviews & Chart-stimulated recall
- Multi-source evaluations
- Arrival and Departure Times
- Attendance
- Attire
- Responses to self-assessment
- Patient and procedure logs
Remediation: UCD 2006-2011

- Fellows/Attending
- Residents
- Students

% of individuals

- Withdrew
- Terminated
- Transferred
- Probation
- Good Standing
- Graduated
Let’s talk...
“This learner should never be a doctor”

- Passed the clerkship or rotation
Summary

- Challenge of struggling medical learners exist in all programs
  - IDENTIFY
  - DIAGNOSE
  - REMEDIATE with
    - DELIBERATE PRACTICE
    - FEEDBACK
    - REFLECTION IN ACTION

- Document and measure your remediation efforts
- Success for teacher, learner and patients!
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