Identification & Remediation
Of the Struggling Medical Learner

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Disclosure Information

The presenters have no disclosures.
Objectives

- Describe the impact of struggling medical learners
- Diagnose the area(s) of learner difficulty
- Choose and implement a remediation strategy appropriate to the identified areas of difficulty
Welcome and introduction 15min

Identification and Diagnosis of Learner Challenges 20min
  ◦ *Large group discussion*

Remediation of Specific Deficiencies 35min
  ◦ *Small group discussion*

Successes, failures and frustrations 10min
  ◦ *Large group discussion*

Brief Summary 5min
Magnitude

- Medical Students
  - Up to 15% struggle during their MSIII medicine clerkship
  - Up to 11% struggle as MSIVs

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

- Attendings
  - 17% of physicians were aware of and have encountered impaired or incompetent colleagues within the past 3 years

Yao DC and Wright SM. JAMA 2000; 284;1099-104.
DesRoches CM et al. JAMA 2010; 304(2) 187-193.
What are some struggles that you have encountered?
Identifiers

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

- Late
  - Formal evaluations of competencies
  - Written examinations
  - Clinical performance examinations
  - Global assessments
  - During group review or grading session
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
Professionalism

Presentation

- Poor patient – doctor relationships
  - May be unknown to their patients
  - Demonstrate a lack of respect
  - Use technical jargon with patients
- Poor relationships with colleagues and staff
  - Inappropriately dressed
  - Frequently late or absent, unreliable
  - Dishonest
  - Lazy, try to sign-out inappropriate amounts of work.
- Specific unethical actions
Minor Lapses

Speech or behavior that is unprofessional, but does not interfere significantly with learning, the physician-patient relationship, or functioning of the health care team.
Speech or behavior that is unprofessional, and *does* significantly interfere with learning, the physician-patient relationship, or functioning of the health care team.
Case #2
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 Reasoning

- **Presentation**
  - **During Presentations**
    - Extraneous information in the H&Ps
    - Unable to focus history and/or physical
    - Orders too many tests
    - Difficulty prioritizing their differential diagnosis and analyzing diagnoses
    - Difficulty individualizing protocols/practice guidelines
Clinical Reasoning

**Presentation**

*On Questioning*

- Has adequate knowledge when asked knowledge-based, fact-based questions
- Good preclinical exam scores
- Difficulty assigning pre-test probabilities
Who needs to know?
Problem Identified

- Make sure the learner receives the feedback as soon as possible

![](chart.png)

- Z-Score Assessment Relative to Standard
- Actual vs. Perceived
- Level of Resident by Expert Assessment

Hodges B Acad Med 2001
Problem Identified

- Documentation of the Problem
  - *With examples*

- Committee Decision Making

- Warning, Focused Review and Probation

- When to Notifying Evaluating Faculty

- Know Your Resources
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 reliable, valid, practical assessment tools
- Few small, single institution studies on remediation
- Lack of evidence to guide best practices in remediation
Model for Remediation

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

Remediation Strategy

1. Deliberate Practice
2. Receive Feedback
3. Reflection in Action
Case #1
Why might a reasonable person do this?
Unprofessional behavior in medical school

Subsequent disciplinary action by the state medical board

The Data

Unprofessional behavior in medical school

Subsequent disciplinary action by the state medical board

Professionalism

- **Deliberate Practice**
  - Review the remediation plan
  - Set strict behavioral guidelines, including what is not acceptable behavior
  - Review examples: perspectives and perceptions, and future suggestions
  - Have the learner identify a role model that they would like to emulate
  - Mental health evaluation/referral with drug testing

- **Receiving Feedback**
  - Discuss academic and career consequences
  - Increased supervision with feedback

- **Reflection in Action**
  - Insight is essential! Ask them to write.
Case #1

Outcome
  ◦ Insight
    • The patient that was discharged from the emergency room was admitted to the Cardiac ICU 2 days prior
    • Multiple negative evaluations
  ◦ Desire not to “get a bad reputation”
  ◦ New father
  ◦ Demonstrated continued improvement
  ◦ Graduated, hired by the University
# Clinical Reasoning

- **Deliberate Practice**
  - Review remediation plan
  - Review Cases
    - Highlighter Method
    - Create a Chart

<table>
<thead>
<tr>
<th></th>
<th>Rhinorrhea</th>
<th>Wheezing</th>
<th>Unilateral crackles</th>
<th>Fever</th>
<th>No edema</th>
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<tbody>
<tr>
<td>Pna</td>
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<td>CHF</td>
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<tr>
<td>Etc.</td>
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**Clinical Reasoning**

- Deliberate Practice Continued
  - Framework for creating a ddx
  - Create ddx: age, gender, race/ethnicity, and cc

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</tr>
</thead>
<tbody>
<tr>
<td>GERD</td>
<td>Subacute, epigastric, burning, supine, relief with antacids</td>
<td>Tenderness to palpation of the epigastrium</td>
<td>Abnormal EGD</td>
<td>GERD</td>
<td>Subacute, epigastric, burning, supine, relief with antacids</td>
</tr>
<tr>
<td>Stable Angina</td>
<td>Male, pressure with radiation to arm or jaw, exertional, +/- SOB, nausea, DM, HTN, HLD, tobacco, FmHx</td>
<td>May have murmur, lateral PMI, gallop, paradox split S2, or normal</td>
<td>Abnormal EKG, Dynamic EKG</td>
<td>Stable Angina</td>
<td>Male, pressure with radiation to arm or jaw, exertional, +/-SOB, nausea, DM, HTN, HLD, tobacco, FmHx</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td>Etc.</td>
<td>Etc.</td>
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Clinical Reasoning

Deliberate Practice Continued
- Collect H&P
- Create a problem list and reorganize the ddx.
- COMPARE AND CONTRAST!
- Framework for choosing the diagnostic plan and treatment

Receiving Feedback
- Re-enforce the use of resources and seniors or consultants for feedback
Clinical Reasoning

- Reflection in Action
  - SNAPPS
    - S– summarize history and findings,
    - N– narrow the differential to 2–3 most likely,
    - A– analyze the differential by comparing and contrasting,
    - P– plan treatment and further work-up,
    - P– probe the preceptor about uncertainties and alternatives,
    - S– select an issue related to the care for self-directed learning.

Case #2

- **Outcome:**
  - Supervising faculty notified and reinforced plan
  - Consist use of SNAPPS
  - Demonstrated continued improvement
  - Caught up to peers and has sustained practice 1 year, in outpatient, inpatient and ICU settings
Mental Well-being

- Federation of State Physician Health Programs: www.fsphp.org
  - Fitness for duty
    - Can the fellow continue to care of patients safely?
    - Are they capable of learning given the circumstances?
    - How will he or she affect the morale and learning environment for others?
  - Address
    - Substance use disorders
    - Mental Health
    - Behavioral Health
    - Stress
    - Burnout
    - Physical Illness
    - Legal
Define Success:

1. Has the individual showed significant improvement and caught up to his or her level of training in the previously deficient competency?

2. Is the improvement sustainable?
Reassessment

- Repeat clerkships/rotations
- Standardized patient encounters & simulation
- Directly observed encounters in clinical envir’t
- Written or web-based assessments
- Chart reviews & Chart-stimulated recall
- Multisource evaluations
- Arrival and Departure Times
- Attendance
- Attire
- Responses to self-assessment
- Patient and procedure logs
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<tr>
<th>COMPETENCY</th>
<th>REASSESSMENT OPTIONS</th>
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<td>Medical Knowledge</td>
<td>Written or web-based knowledge assessments Multiple choice exams</td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>Observed structured clinical examinations (OSCE) Standardized patient encounters/Simulation Repeating part or all of a rotation Procedure logs</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Written or web-based case-based assessments Standardized patient encounters or OSCE Mini-clinical evaluation examinations Chart-stimulated recall Repeating part or all of a rotation</td>
</tr>
<tr>
<td>Organization and Time Management</td>
<td>Direct observation Repeating part or all of a rotation Multi-source evaluations Patient and Procedure logs</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Direct observation Standardized patient encounters or OSCE Mini-clinical evaluation examinations Multi-source evaluations Responses to self-reflection</td>
</tr>
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<td>COMPETENCY</td>
<td>REASSESSMENT OPTIONS</td>
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<tr>
<td>Communication</td>
<td>Direct observation&lt;br&gt;Standardized patient encounters or OSCE&lt;br&gt;Mini-clinical evaluation examinations&lt;br&gt;Multi-source evaluations</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Direct observation&lt;br&gt;Multi-source evaluations&lt;br&gt;Responses to self-reflection&lt;br&gt;Patient and procedure logs</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>Responses to self-reflection&lt;br&gt;Evaluation from supervisors&lt;br&gt;Critique of journal articles</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>Direct observation&lt;br&gt;Multi-source evaluations</td>
</tr>
<tr>
<td>Mental Well-being</td>
<td>Direct observation&lt;br&gt;Evaluations from supervisors&lt;br&gt;Repeat part or all of a rotation&lt;br&gt;Psychiatric evaluation, fitness for duty</td>
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Let’s talk...
“This learner should never be a doctor”

- Passed the rotation
Challenge of struggling fellows exist in all programs

- IDENTIFY
- DIAGNOSE
- REMEDIATE with
  - DELIBERATE PRACTICE
  - FEEDBACK
  - REFLECTION IN ACTION

- Measure and document your remediation efforts
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