
HOW TO HELP A LEARNER WHO ISN'T MEETING EXPECTATIONS
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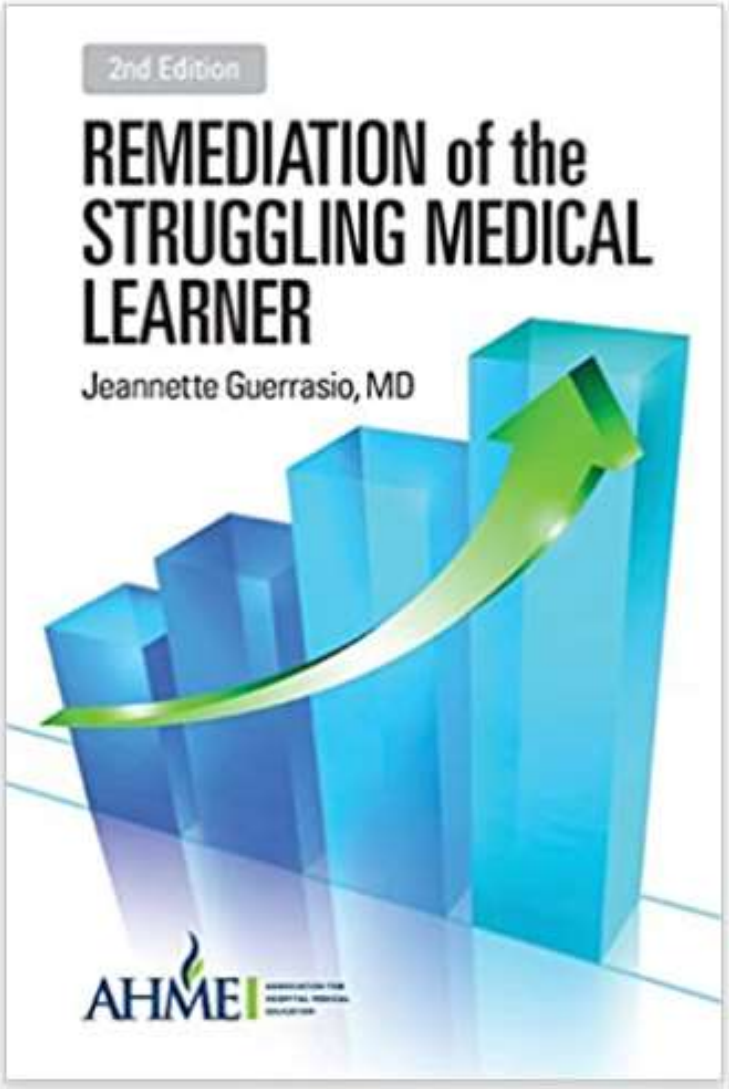
Objectives

- Participants will be able to:
  - Describe struggling Graduate Medical Education learners and the barriers to recognition
  - Outline the steps to developing a remediation plan
  - Apply the steps with case discussions



And other sources as noted.

Most program directors report struggling learners

- General Surgery
  - (Williams, Roberts, Schwing, Dunnington, 2009) Surgery
  - (Yaow et al., 2020) Journal of Surgical Education
- Internal Medicine
  - (Yao & Wright, 2000) JAMA
  - (Luthy et al., 2004) Swiss Medical Weekly
  - (Steinert, 2008) BMJ
- Pediatrics
  - (Riebschleger & Haftel, 2013) Journal of Graduate Medical Education
- Family Medicine
  - (Svystun & Ross, 2018) Family Medicine
- Emergency Medicine
  - (Taira, Santen, & Roberts, 2019) The Western Journal of Emergency Medicine
- Neurology
  - (Tabby, Majeed, and Schwartzman, 2011) Contemporary Issues in Neurological Practice
- Etc.

Depends how you define struggle
5% to 39%

American Board of Internal Medicine (ABIM) Definition of a Problem Resident

"a trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director[PD] or chief resident"

As Training Advances More Difficult to Recognize

- Easiest in Undergraduate Medical Education
  - Expectations are the same or "relatively homogenous"
  - Tested often
  - Usually directly supervised
- At Graduate Medical Education it becomes more challenging
  - Training is different among specialty and subspeciality lines
  - Now must learn as they go AND provide care to patients at the same time (not always directly supervised, might be indirect) without dedicated time to study/learn
- Physicians as Faculty or Attendings are rarely assessed in their work environments

(Hauer et al., 2009)

Infectious Diseases Fellow

- Remediation of the Struggling Fellow
- Small Group Discussions
  1. Feedback and evaluations
  2. Performance management and remediation
  3. Knowledge deficits
  4. Fellow well-being
  5. Efficiency and time management
  6. Teaching skills
  7. Career development

(Melia et al., 2020)

It is better to prevent or identify problems early OR let them grow and fester.

Early recognition is important!

Barriers to Recognition

Lack of skills

What are common problems you experience with fellows? Which take the most time?

Write your answers in the chat please.

My Experience: Most Common Chief Complaints from Fellowship Programs

- Disorganized or inefficient
- Issues working with others
- Clinical Performance Deficits vs. Medical Knowledge Deficits
- Does great clinically but, poor ITE
- Unprofessional, late or doesn't show up

(Yao, 2000)-National Survey of Internal Medicine Program Directors

- insufficient medical knowledge (48%)
- poor clinical judgment (44%)
- inefficient use of time (44%)

Why must we remediate?

- Struggling learners take time
- Ignoring the struggle affects the morale of the team
- Problems can impact the program reputation
- Deficiencies won't resolve without intervention
- Lack of remediation impacts patient safety & quality of care
- We have an obligation to **ALL** learners!

(Guerrasio, 2018)

Keep in mind your institution and/or GMEC may have different policies. Remember there can be informal or formal remediation.

Challenges in Remediation

1. Lack of validated tools
2. Identification of contributing/confounding issues
3. Development and implementation of a remediation plan
4. Ensuring remediation outcomes
5. Adherence to multiple policies

(Katz et al., 2010)

What is remediable?

Challenges in Remediation

- https://onlinelibrary.wiley.com/doi/full/10.1111/j.1553-2712.2010.00881.x
- Buy in from fellow
- Policies of institution (GMEC, Due Process, etc.)

FIGURE

Remediation Culture Cycle

Note: This model illustrates the factors influencing the negative culture around remediation and the need for change. Shaded circles with white text represent major themes emerging from the focus group discussions.

Reference

Krzyzaniak, S. M., Kaplan, B., Lucas, D., Bradley, E., Wolf, S. J. (2021). Unheard voices: A Qualitative study of resident perspectives on remediation. *Journal of Graduate Medical Education,* 13(4), 507–514. doi: https://doi.org/10.4300/JGME-D-20-01481.1

Developing a Remediation Plan

1. Assessment and diagnosis of the problem
2. Development of an individualized learning plan
3. Perform instruction and remediation activities
4. Follow-up and reassessment with the learner

Retrieved from: https://www.abp.org/professionalism-guide/chapter-9/not-meeting-expectations

Step 1. Assessment and diagnosis of the problem

First hurdle in the process

- Mid-rotation and end of rotation feedback
  - Milestones
- On the fly feedback
- In-training exam

Do you have a system for early reporting of concerns to the PD or your Clinical Competency Committee?

Step 1. Continued

- Diagnosis of the problem
  - Differential diagnosis

- Take into consideration the ACGME Competencies
  - Medical Knowledge
  - Patient Care
  - Interpersonal Skills and Communication
  - Professionalism
  - Practice-Based Learning and Improvement
  - Systems-Based Practice

a. Clinical skills
b. Clinical Reasoning and Judgement
c. Time management and organization

Mental Well-Being (see if your institution offers free mental health services for your trainees)

Step 2. Development of an individualized learning plan (ILP)

(with modifications from Guerrasio, 2018)

Deficit	Remediation Strategy
Medical Knowledge	Identify how the learner has been successful in the past, what are the goals/milestones, give feedback and encourage self-assessment, link patient cases to reading
Clinical Skills	Identify skill gaps, assign videos/readings of physical exam skills/procedures, video tape performance for review later, repetition/practice
Clinical Reasoning and Judgement	Review new and old cases, review diagnostic options, teach how to use resources and ask for feedback from others, review treatment options and consequences of choices
Time Management and Organization	Teach an organization system, model pre-charting, prioritization, length of time for task, keep log of time spent, observe others

Step 2. Development of an ILP

(with modifications from Guerrasio, 2018)

Deficit	Remediation Strategy
Interpersonal Skills	Reiterate relevance of good interpersonal skills, address directly and privately, videotape for self-awareness, training/model positive interactions, give examples of interpersonal conflicts
Communication	Ask how can communication facilitate or hinder patient care, practice specific skills, video tape, role modeling
Professionalism	Review unprofessional behaviors, emphasize accountability, self-reflection, provide expectations often
Practice Based Learning & Improvement	Identify self strengths and weaknesses, quality improvement project, model self-directed learning and appropriate responses to feedback provided, teach how to ask for feedback

Step 2. Development of an ILP

(with modifications from Guerrasio, 2018)

Deficit	Remediation Strategy
Systems-Based Practice	Explore the benefits of input and collaboration from all team members, teach how to advocate for patients
Mental Well-Being	Refer for evaluation, stress reduction, provide skills to overcome deficits, provide supportive environment and schedule

Open Forum Infectious Diseases

REVIEW ARTICLE

The Struggling Infectious Diseases Fellow: Remediation Challenges and Opportunities

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Step 3. Perform instruction and remediation activities

- After selecting the deficit and your remediation activities outline everything in writing with your learner (formally or informally) per your GMEC, sponsoring institution, and/or hospital.

ACGME Core Competency Deficit	Description	Goal	Plan of Action
Professionalism			

Step 4. Follow-up and reassessment with the learner

- Were the goals met outlined in step 3?
- If not, what are next steps?

Case 1-Bob (Struggling First Year Fellow)

- A month into the first year of fellowship you start receiving complaints from faculty that Bob is struggling with everything. He shows up late to conferences and journal club. When he is in the clinic with patients, he is unable to articulate information accurately to his patients. Other comments received include being behind on basic understanding of knowledge.

This information is sparse and doesn't include examples. Bob will likely need to be observed to determine a comprehensive assessment.

What should you do first?

- Meet with Bob or have another faculty member, not the PD meet with Bob (or even a third party, sometimes trainees are more willing to meet with someone who doesn't hold the ability to promote them, demote them, or put them on probation)
  - Ask questions as you would when gathering an H & P with a patient
    - Ask how they think things are going.
    - Ask about medical knowledge and past exam preference.
    - Ask about residency and if they struggled on any rotations.
    - Why are they late for journal club and conferences?
    - Ask if they have tried anything.
    - Organization system?
    - Struggling more with clinical reasoning or medical knowledge?
    - If they mention feeling anxious with patients, bring up about feeling sad and depressed,
      - Have you ever seen a therapist, psychiatrist, or anyone else about your anxiety?
- Direct observation in environment

BRIEF REPORT

Comprehensive Assessment of Struggling Learners Referred to a Graduate Medical Education Remediation Program

Karen M. Warburton, MD
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ABSTRACT

Background Implementation of the Next Accreditation System has provided a standardized framework for identifying learners not meeting milestones, but there is as yet no corresponding framework for remediation.

Objective We developed a comprehensive assessment process that allows correct diagnosis of a struggling learner's deficit(s) to promote successful remediation.

Methods At the University of Pennsylvania, resident learners within the Department of Medicine who are not meeting milestones are referred to the Early Intervention Remediation Committee (EIRC). The EIRC, composed of 14 faculty members with expertise in remediation, uses a standardized process to assess learners' deficits. These faculty members categorize primary deficits as follows: medical knowledge, clinical reasoning, organization and efficiency, professionalism, and communication skills. The standardized process of assessment includes an analysis of the learner's file, direct communication with evaluators, an interview focused on learner perception of the problem, screening for underlying medical or psychosocial issues, and a review of systems for deficits in the 6 core competencies. Participants were surveyed after participating in this process.

Results Over a 2-year period, the EIRC assessed and developed remediation plans for 4% of learners (14 of a total 342). Following remediation and reassessment, the identified problems were satisfactorily resolved in all cases with no disciplinary action. While the process was time intensive, an average of 45 hours per learner, the majority of faculty and residents rated it as positive and beneficial.

Conclusions This structured assessment process identifies targeted areas for remediation and adds to the tools available to Clinical Competency Committees.

(Warburton, Goren, & Dien, 2017)

Journal Of Graduate Medical Education

Assessment of the Learner in Need

Learner Name: Date:

Learner Level (Program):

1. Please list the reason for referral. Check all that apply, and if possible identify the reason that primarily prompted this referral.

[ ] Anchoring/premature closure	[ ] Organizational skills
[ ] Clinical reasoning (diagnostic)	[ ] Procedural or physical examination skills
[ ] Communication skills	[ ] Presentation skills
[ ] Data collection	[ ] Prioritizing tasks or efficiency
[ ] Data synthesis	[ ] Professionalism or interpersonal concerns
[ ] Fund of knowledge	[ ] Therapeutic decision-making
[ ] Inadequate response to feedback	[ ] Other
[ ] Lack of confidence	

2. Please elaborate, and address any prior concerns about the learner and how they have been addressed:

3. Please attach any of the following data items as available and applicable to the learner.

UME	GME
[ ] Preclinical performance	[ ] Inpatient evaluations for residency rotations
[] Clinical performance, including course evaluations from clerkships, subinternships	[ ] Outpatient evaluations for residency rotations
[ ] Standardized test scores, including USMLE, shelf scores	[ ] In-training, USMLE scores
[ ] MSPE letter	[] PD file from residency, letters of recommendation
[ ] Department of medicine record	

4. Interview with learner (sample script attached)
    a. Learner perception and characterization of the problem
    b. Assessment for underlying mental health issue, learning disability, impairment
    c. Review of systems for each of the following common areas of struggle:
        i. Medical knowledge
        ii. Clinical reasoning
        iii. Organization, efficiency, and task prioritization
        iv. Professionalism
        v. Communication and interpersonal skills

FIGURE 1
Assessment of the Learner in Need
Abbreviations: GME, graduate medical education; MSPE, Medical Student Performance Evaluation; PD, program director; UME, undergraduate medical education; USMLE, United States Medical Licensing Examination.

(Warburton, Goren, & Dien, 2017)

Case 2-Ameilia

Amelia has been questioning her faculty about their treatment plans, and it comes off as abrasive and questioning their judgement. Additionally, when nurses or other health care professionals interact with Amelia they state that she is patronizing, does not consider their perspectives, or address their concerns. When Amelia is asked about her interactions with the nurses she says they bother her with unimportant questions. Faculty also note Amelia has poor insight about her own performance.

Amelia notes that the one thing she could improve on is “The timing and number of questions that I ask the attendings.”

Steps for Amelia

1. Assessment and diagnosis of the problem
2. Development of an individualized learning plan
3. Perform instruction and remediation activities
4. Follow-up and reassessment with the learner

Retrieved from: https://www.abp.org/professionalism-guide/chapter-9/not-meeting-expectations

Amelia is working on:

Feedback received from attendings:

1. asking for roles and responsibility expectations before working with each attending upfront at the beginning of a rotation
2. asking for specific feedback (depending on what she is working on related to specifically, instead of asking for general feedback
3. self-reflecting on her own before soliciting feedback from attendings

Related milestones

- Learns and improves via feedback. (PBLI3)

- **In reference to teamwork Amelia's goals will focus on asking team members for their input and thanking them for their contribution even if it is not used in the treatment plan or patient care.**
- Related milestones
  - Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1)

Result

Multidisciplinary team training. Working with individual fellow on teamwork and asking for specific feedback from faculty.

Case 3-Omar

Omar does great clinically but, didn't score very well on his last in-training exam.

- Study Suggestions (to include a question bank)
- Source (textbook) suggestions
  - Reading plan
- Advisor meetings
- PD Meetings
- Board Review Course if getting ready to take board exam

Recap

- Most trainees struggle at some point in GME
  - Early recognition is key
- Identifying or diagnosing the deficit can be tricky (might be more than one deficit)
- A remediation plan/individualized learning plan is needed for success and documentation
  - Create a system that works for your program

Questions/Follow-Up

Feel free to write your question in the chat box.

Or you can e-mail me at bsherrow@arizona.edu for brief questions.