



Meeting the Milestones with a Struggling Fellow

Amy Stallings, MD
Allergy and Immunology
Fellowship Training Program Director
Duke University Health System



Disclosures

- Nothing to disclose



Objectives

1. Learn strategies for identifying the underlying problem(s) with a struggling fellow
2. Review potential deficiencies in each ACGME Allergy and Immunology Milestone and different strategies for improvement
3. Understand Formal versus Informal Remediation
4. Understand the importance of giving frequent feedback to a struggling fellow
5. Review an example of an Enhanced Learning Plan



Defining the problem

1) Identify of the problem

2) Define specific areas of deficiency

Mental health and wellness?
Time management?
Milestone? Etc...

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"Of course I'm doing something about
the problem — I'm avoiding it!"



Mental Health and Wellness

- Fellow mental health and well-being is critically important, and is at the top of the list for underlying reasons for poor performance
- All of our fellows who are struggling are encouraged (and sometimes required) to make an appointment with EOHW (Employee Health) and are encouraged to seek assistance through Duke Personal Assistance Service



Examples of Struggling Fellows

- **Fellow 1:** Co-fellows noted her to have significantly increased **anxiety** over past few weeks. Acting almost paranoid. Alarming to co-fellows. Affecting her ability to perform her fellow duties.
- **Fellow 2:** Seems overwhelmed. Notes not thorough. Concerns from faculty about **time-management**. Did not pass Pediatrics Board Exam. Concerns from faculty about clinical decision making
- **Fellow 3:** Concerns about **Professionalism** (consistently not answering pager when on call, consistently late to conferences, did not follow up on a chest xray that ordered in clinic that was abnormal), Notes not thorough or complete. Concerns about clinical decision making. Low In-training Exam Score.



Expectations

- Set the expectation at the beginning of fellowship (orientation) that they will receive frequent feedback on their performance
- Performance expectations should be known to both the fellows and the faculty and reviewed periodically:
 - At the start of rotations or other activities (lab rotation, research)
 - As part of feedback (semi annual meetings, etc)
 - Included in formal evaluations



How can you define the problem?

- Strategies that can help **define** the problem(s) with a learner:
 - Direct observation (in clinic, inpatient service or inpatient consults)
 - Feedback from core faculty who have directly observed the fellow
 - Case simulations
 - Reviewing the fellow's documentation, clinical notes
 - Knowledge based assessments (ITE)
 - Self assessment and input from the fellow



Once the Problem is Identified:

- **Document** (list and describe) demonstrated behaviors vs expected behaviors
- List becomes the basis for a remediation plan and or a corrective action process
- After the intervention is implemented, continuous observation, assessment, & feedback to track fellow progress is necessary





Defining the problem- ACGME Milestones

- **Medical Knowledge**
 - Basic Science, Clinical Science, Research and Scholarly activity
- **Patient care**
 - Physical exam, Interview, Tests and Procedures, Management Plan





Defining the Problem



- **Systems-Based Practice**
 - Patient Safety and Quality Improvement
 - System Navigation for Patient Centered Care
 - Physician's role in the health care system
 - Community and Population Health
- **Practice-Based Learning and Improvement**
 - Evidence based and informed practice
 - Reflective practice and commitment to personal growth



Defining the Problem

- **Professionalism**

- Professional Behavior and Ethical Principles
- Accountability/Conscientiousness
- Self-awareness and Help-Seeking



- **Interpersonal and Communication Skills**

- Patient and Family Centered Communication
- Interpersonal and Team Communication
- Communication within the Healthcare System



Struggling with Medical Knowledge

Potential Deficits:

- Cannot answer Allergy and Immunology knowledge based questions
- Unable to effectively teach other learners (medical students, residents) because of lack of knowledge
- Poor ITE scores*

Melia, et al. Remediation of the Struggling Fellow. OFID 2020

Guerrasio J. Remediation of the Struggling Medical Learner. Irwin, PA:Association for Hospital Medical Education Press; 2013



Struggling with Medical Knowledge

Strategies:

- Identify knowledge goals and requirements
- Identify learning methods that have previously been effective for the fellow
- Symptom-based reading assignments
- Create running list of items to look up
- Directed reading about patient cases
- Encourage self-reflection

Melia, et al. Remediation of the Struggling Fellow. OFID 2020
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PA:Association for Hospital Medical Education Press; 2013



Medical Knowledge Resources

- Middleton's, Abbas, Janeway, Sompayrac, COLA lectures, ACAAI FIT Board Review Corner, Board Review Course
- <https://education.acaai.org/boardreviewbook>
- ACAAI/ABAI Self-Assessment Modules
- <https://education.acaai.org/content/board-review-corner>

2021			
January Reactions to Foods and Drug Additives PDF Quiz	February Antigen Recognition by B-cell and T-cell receptor PDF Quiz	March Antigen Presentation to T Cells PDF Quiz	April The Development of B and T Lymphocytes PDF Quiz
May The Development of B and T Lymphocytes PDF Quiz	June Antigen Presentation to T Cells PDF Quiz	July Humoral Immunity PDF Quiz	August Lymphocyte Receptor Signaling PDF Quiz
September The Generation of Lymphocyte Antigen Receptors PDF Quiz	October The Mucosal Immune System PDF Quiz	November The Immune System in Health and Disease PDF Quiz	December Genetics and Epigenetics in Allergic Disease and Asthma PDF Quiz



Patient Care- Clinical Skills and Clinical Reasoning

Potential Deficits:

- Physical exams incomplete or inaccurate
- Poor understanding of the implications of relevant exam findings
- Extraneous information in clinical notes
- Unable to focus history, exam and testing
- Difficulty formulating a differential
- Medical decision making not appropriate



Patient Care: Clinical skills and Reasoning

Strategies:

- Identify skill gaps
- Input from the CCC
- Direct observation of the fellow in clinic
- Role modeling
- Practice formulating differential
- Talking through cases in real time
- Practice, practice, practice!

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Irwin, PA:Association for Hospital Medical Education Press;
2013

Structured Clinical Observation Skills Checklist: Please place a check by each item to indicate observed behaviors
(Y=Yes, N= No, n/a = no opportunity to observe or not applicable this encounter)

Y	N	n/a	Data Gathering (ACGME competencies: Patient Care, Communication Skills)
			Allows patient to complete opening statement
			Starts with open ended questions
			Avoids use of leading questions
			Limits questions with multiple parts
			Explicitly elicits patient's beliefs about causes of the illness or problem
			Asks about remedies or therapies used to address chief complaint
			Asks about non-traditional remedies and therapies
			Asks specific questions about cultural, religious, spiritual, or ethical values
			Asks about life events & circumstances that might affect the patient's health/ treatment
			Asks for clarification if necessary
			Explicitly elicits patient's expectations regarding the visit
			Proceeds with logical sequencing of questions
			Asks/confirming pertinent studies or other subspecialty evaluation performed prior to visit
Y	N	n/a	Interpersonal Skills (ACGME competencies: Communication Skills, Professionalism)
			Introduces self & addresses patient by name after initial introductions
			Speaks with confidence during the encounter
			Appropriately includes other family members as applicable
			Avoids interrupting patient
			Actively listens using nonverbal techniques (e.g. eye contact, nodding)
			Expresses empathy (e.g. using tone of voice, "That must be hard for you")
			Explicitly recognizes patient's feelings or concerns (e.g. "you seem upset, sad, angry")
			Deals effectively with language barriers
			Demonstrates sensitivity to health beliefs and religious or spiritual issues
Y	N	n/a	Physical Examination (ACGME competencies: Patient Care)
			Washes/sanitizes hands
			Includes <i>all</i> appropriate elements of exam
			Leaves out irrelevant elements
			Demonstrates correct technique for <i>all</i> portions of the observed exam
			Performs diagnostics appropriately (collection of samples for culture, PCR, DFA, etc.)
Y	N	n/a	Information Sharing (ACGME competencies: Patient Care, Communication Skills, Professionalism)
			Limits use of jargon and/or explains medical terms if used
			Explains pertinent diagnostics, labs, radiologic imaging in a way the patient can understand
			Explains diagnosis (or lack of a diagnosis)
			Explains management plan
			Explains need for follow-up
			Uses visual reinforcement (e.g. pictures, models, demonstrations)
			Uses written reinforcement (e.g. written instructions, handouts)
			Explicitly asks for patient input in management plan
			Adapts plan as needed to suit individual circumstances, cultural or health beliefs
			Asks patient for their understanding of treatment plan
			Solicits questions
			Asks about patient's ability to follow treatment plan
			Explains when, why, how to contact physician
			Provides summary of discussion



Time-Management

- Determine whether ineffective time-management is underlying fellow's performance
 - Direct observation, input from fellow, input from faculty, CCC
- Fellow may have difficulty prioritizing daily tasks
- Inefficient at gathering patient information from chart, interview
- If fellow is struggling with time management in research then regularly scheduled meetings with mentor with clear deliverables before and after these meetings



Time Management

Strategies:

- Avoid multitasking
- Fellow self-assessment- when is their most productive time of day?
- Schedule protected time for certain things (manuscript writing)
- Contact your GME office to see what resources are available at your institution for **Time Management coaching** for trainees.
- Many institutions have coaches who will meet one on one with your trainee

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Interpersonal Skills and Communication

Potential Deficits:

- Unable to function well in a team
- Frequent conflict
- Blames others
- Cannot read social cues
- Awkward or inappropriate behaviors with peers
- Uses medical jargon with patients
- Incomplete or poor documentation



Interpersonal Skills and Communication

Strategies:

- Address conflicts confidentially
- Have fellow give examples of positive interactions
- Practice specific scenarios:
 - communicating lab results
 - asking sensitive questions
 - communicating bad news
 - discussing patients with colleagues in other specialties
- Check with your GME office about what resources are available at your institution for coaching in this competency



Professionalism



Potential Deficits:

- Difficulty with doctor-patient relationships
- Lack of respect
- Late, absent, unreliable
- Dishonest
- Inappropriately delegates work to peers

From KevinMD.com



Professionalism

Strategies:

- Review importance of being professional and the ramifications of being perceived as unprofessional
- Set expectations
- Review specific examples of unprofessional behavior
- Emphasize accountability
- Encourage self-reflection



Practice-Based Learning

Potential Deficits:

- Lack of self-directed learning
- Lack of personal learning goals
- Does not seek feedback
- Defensive when receiving feedback



Practice-Based Learning

Strategies

- Ask fellow to self-identify strengths and weaknesses
- Have learner reflect on feedback they have received and its purpose
- Assign a literature review for a specific case and have fellow explain how the data impact clinical decision making



Systems Based Practice

Potential Deficits

- Does not value interprofessional input
- Does not utilize healthcare resources
- Does not consider cost and risk benefit analyses
- Does not advocate for patients
- Neglects care transitions



Systems Based Practice

Strategies

- Explore the benefits of interprofessional collaboration and input
- Teach fellow to advocate for patients by seeking resources
- Practice transitions of care (checking out to co-fellows when on call)



Core Faculty should:

- Provide timely, honest, formative feedback
- Complete evaluations to reflect any concern with fellow's performance
- Document everything
- Notify Program Director and/or Clinical Competency Committee Chair if trainee's performance might negatively impact patient care, health care team, or educational experience of peers



Program Directors should:

(in addition to Core Faculty list)

- Meet with learner to discuss concern
- Provide learner with clear expectations
- Document meeting
- If problem(s) persist, develop an Enhanced Learning Plan (Informal Remediation)
- If problem(s) persist, develop a Corrective Action plan (Formal Remediation)
- Include your GME office in the formation of Remediation Plans



Performance Management and Remediation

Remediation: Additional training, supervision or assistance beyond what is typical for a fellow

- Studies suggest that up to 25% of trainees will need some type of remediation

Informal vs formal remediation

- **Informal-** Frequent feedback to fellow, followed by Enhanced Learning Plan (ELP) if needed
- **Formal-** Corrective Action



Remediation

- Important to collaborate with your GME office
- Find out what specific resources are available at your institution
 - Employee Occupational Health and Wellness
 - Personal Assistance Service
 - Professional Coaching



Address the Struggling Trainee & Develop A Plan

Frequent Feedback



Remediation Plan (3 months)



Frequent Feedback

1. Midpoint meeting (6 weeks)
2. Meeting at end of 3 month ELP timeframe



Corrective Action (involves institutional GME DIO and follows institutional procedures for due process)

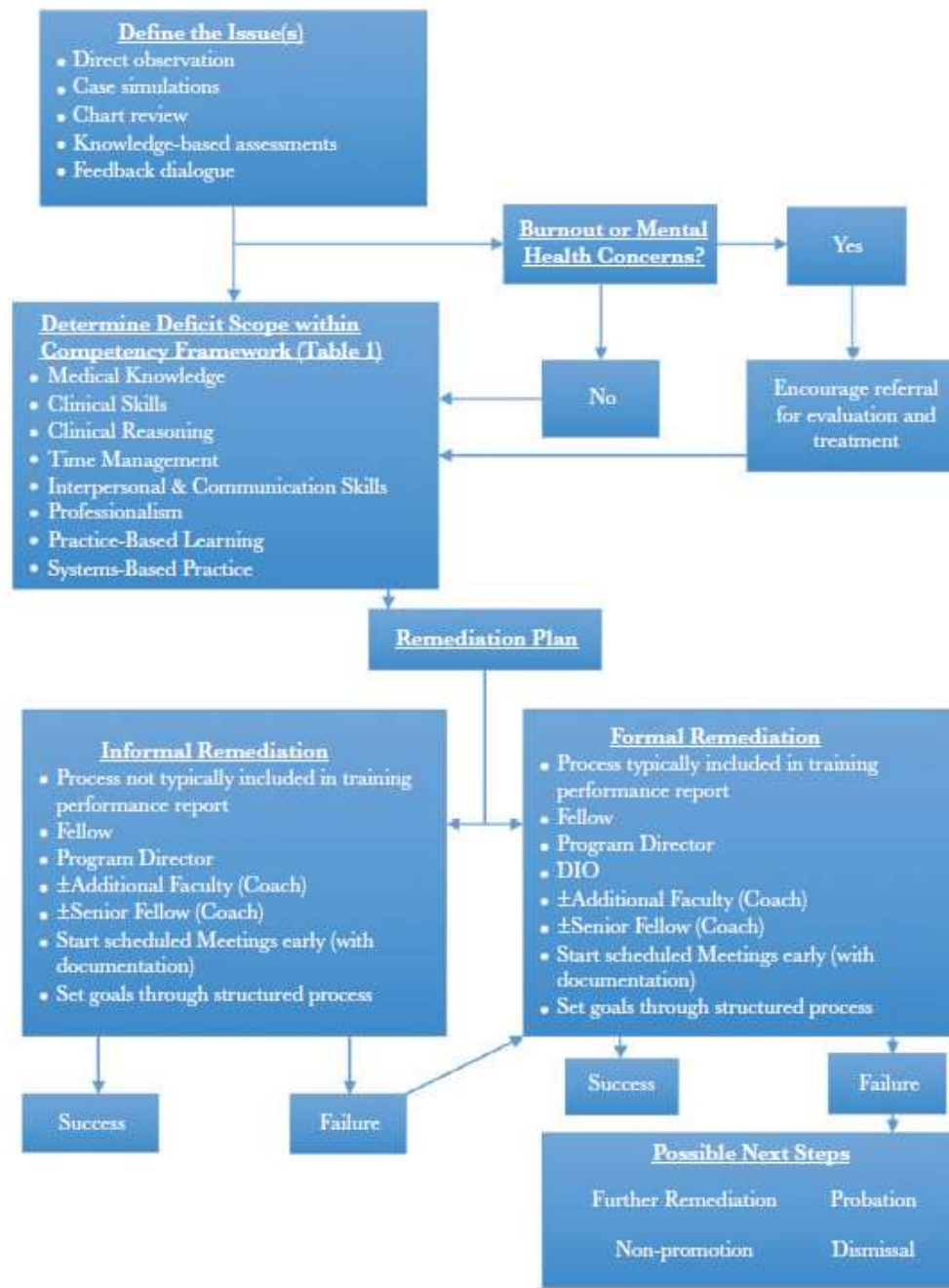


Figure 1. Summary of feedback, evaluation, performance management, and remediation strategies.



Examples of Struggling Fellows

- **Fellow 1:** Co-fellows noted her to have significantly increased anxiety over past few weeks. Acting almost paranoid. Alarming to co-fellows. Affecting her ability to perform her fellow duties



Fellow 1

- Met with PD and APD
- Referred for appointment with Employee Health and Wellness and was found to have severe hyperthyroidism
- Anxiety was much improved with appropriate treatment
- Performance was back to normal and appropriate after treatment



– Fellow 2:

- Seems overwhelmed.
- Notes not thorough or complete
- Concerns from faculty about time-management.
- Did not pass Pediatrics Board Exam.
- Concerns from faculty about clinical decision making



- **Fellow 2:**

- Met with PD and Vice Chair for Education.
- Developed a written **Enhanced Learning Plan (ELP)**:

- Met weekly (written schedule) with faculty to review the Board Review material that was done at the weekly fellows' board review
- Received weekly feedback from attendings each Friday about performance on the inpatient service that week
- Feedback at the end of each clinic
- Referred for coaching regarding Time-Management
- Recommended to contact Personal Assistance Services (but not required)
- Follow up meeting with PD and VCE at 6 week mark and 3 month mark



– Fellow 3:

- Concerns about Professionalism
 - consistently not answering pager when on call
 - consistently late to conferences,
 - did not follow up on a chest xray that ordered in clinic that was abnormal
- Notes not thorough or complete
- Concerns from faculty about clinical decision making
- Low In-training Exam Score



- **Fellow 3:**
 - Met with PD and Vice Chair of Education
 - Developed a written **Enhanced Learning Plan**
 - Expectations for professionalism reviewed
 - Expected to return pages in a timely manner, follow-up on labs and studies sent on patients, expected to be on time to conferences, clinic
 - Met weekly (written schedule) with faculty to review the Board Review material that was done at the weekly fellows' board review
 - Received weekly feedback from attendings each Friday about performance on the inpatient service that week
 - Feedback at the end of each clinic



Example Enhanced Learning Plan

ENHANCED LEARNING PLAN
For Duke Pediatric Allergy-Immunology

Date:

Dear Dr. ***

This letter serves as notice that you will begin an **Enhanced Learning Plan (ELP)** from 7/14/XX to 10/16/XX.

The goal of the ELP is to help you be successful as a fellow and in your future endeavors. Your performance was assessed by core faculty and the program director to need further development in the following competencies:

- Medical Knowledge
- Patient Care
- Professionalism

as demonstrated by the following specific issues that have been noted on faculty evaluations and fellow performance on exams:

- Low scores on the In-training Exam (ITE) for Allergy-Immunology
 - Scores below the national average: Basic X%ile and Clinical X%ile
- Difficulty seeing the 'big picture' and developing a more advanced assessment and plan
- Inpatient and outpatient notes are often lacking appropriate detail and content
- Faculty express concern regarding clinical decision making
- Accountability to patients/Professionalism:
 - Noted to leave clinic when labs and other items need follow-up:
 - Chest X-ray ordered in clinic and was abnormal but you did not follow up on the result
 - Not answering pages while on call (specific examples given)

As a result of these issue(s) you will be expected to:

1. Meet weekly with Faculty in the Division to review the ABAI Board content after it has been discussed by the fellows in the board review sessions. A schedule for these sessions will be prepared for you
2. When covering the inpatient service your attendings will provide you with feedback at the end of each week (Friday). Please remind them and ask them when they would like to meet for feedback. They should let you know how you are performing and what aspects of your performance you should focus on improving.
3. After each Fellow Clinic, please request feedback from the attendings – specifically, ask them what is going well and what you should continue to work on. Items to focus on include your ability to obtain a complete and relevant medical history and physical examination, interpretation



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ENHANCED LEARNING PLAN
For Duke Pediatric Allergy-Immunology

of test results, ability to develop a thorough assessment (& Differential Dx) and management plan, along with demonstration of coordination of patient care.

Please ask your faculty preceptor review all aspects of each patient visit, to improve your abilities to take a history and perform a physical exam for AI patients, and formulate assessments and plans for their care. Your fellow clinics will include sessions with all of our pediatric and adult clinical faculty in order to maximize your learning opportunities

At the midpoint of this Learning Plan (at the 6 week mark) please schedule a meeting with your Program Director and with the Vice Chair of Education to discuss your progress, review any new evaluations, and discuss the plan going forward.

Recognizing that fellowship can be stressful, you might want to consider contacting the Personal Assistance Service (PAS) at 919-416-1727. Drs. Jackson and Epling at Employee and Occupational Health & Wellness (684-3136) are also great resources.

At the end of this Learning Plan and after receiving and reviewing your progress, your Program Director and the Vice Chair of Education will meet with you to discuss your progress. At that point, the program may:

- Remove the enhanced Learning Plan and return you to your regular progress within the fellowship, providing all the above areas have been adequately remediated based upon successful performance.
- Continue this Enhanced Learning Plan for another specified period of time with continued close monitoring if you have made positive but still incomplete progress and are still not at the expected level of competency. This may require additional remedial months and additional activities which will be outlined at that time.
- Decide to implement a formal Corrective Action.

Your signature signifies that you received this document and had the opportunity to ask questions.

A/I Fellow Signature

Date

Fellowship Program Director

Date



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Key Points

- Important to identify and define the specific areas of deficiency
- Implement strategies specific for deficiencies
- Provide frequent feedback to fellow
- Consider informal remediation (Enhanced Learning Plan)
- Involve the GME office
- Offer coaching if available
- Meet often with fellow during ELP
- Consider Corrective Action if not improving



Resources

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