





Staying well during remediation

Your resident and you!

Objectives

Participants will be able to:

- Describe a framework for and key elements of an effective remediation plan
- Apply this knowledge to draft a remediation plan
- Outline challenges in implementing remediation
- List strategies to mitigate the challenges

Dr. Rose Spring

- PGY1
- IMG – grew up in a Timmins in Northern Ontario went to a Caribbean med school after high school
- Little clinical experience during med school
- Starting in a new site with 3 other PGY1s

Dr. Steele Green

- CMG from Calgary matched in FM
- Took 4 years to complete medical school at Calgary because of his request for an enrichment year
- Arrives late for PG Office orientation
- On June 29th CPSO license still outstanding
- Starting in Thunder Bay site on Internal Medicine CTU

- Think, pair, share
 - What might be some strengths
 - Resident
 - Context
 - What might be some risk factors
 - Resident
 - Context

Dr Spring – first rotation

- Strengths
 - Friendly, pleasant to work with
 - Generally respectful and eager to learn
 - Works hard

Dr. Spring

- Concerns
 - No understanding of Canadian system
 - Functioning at the level of an early clinical clerk
WRT history and physical
 - No experience writing orders
 - Knowledge base lacking

Later rotations

Strengths

- Strong expressed commitment to medicine
- Expressed desire to learn and accept remediation if it will meet her goals
- Strong family ties – family is principled and altruistic
- Personable and kind
- Apologetic and appreciative of time from program leaders

Later rotations

Concerns

- Ongoing concerns about knowledge
- Failure to notify preceptors of planned absences -
Does not submit appropriate leave forms on time
- Often 10 – 15 minutes late for morning rounds
and arrives with coffee in hand
- Late payment of fees
- Focus on what the program has not been able to
provide to her (no structure no “teaching”)
- Complaints from housing about smoking in the
unit, leaving a mess, unwashed dishes

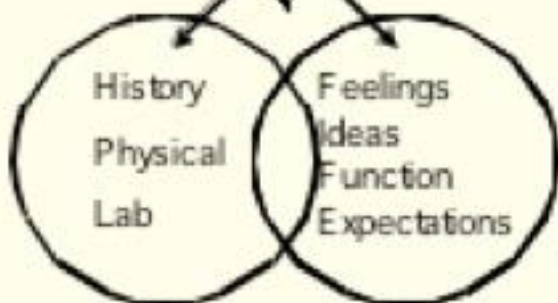
Steps to successful remediation



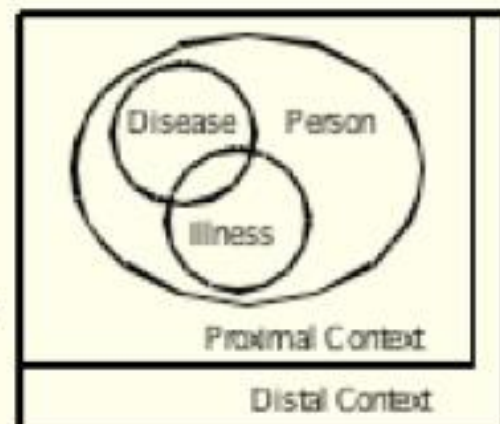
What transferable skills do
you already have?

I - Exploring Both Disease and Illness Experience

Cues & Prompts



II - Understanding The Whole Person



III - Finding Common Ground

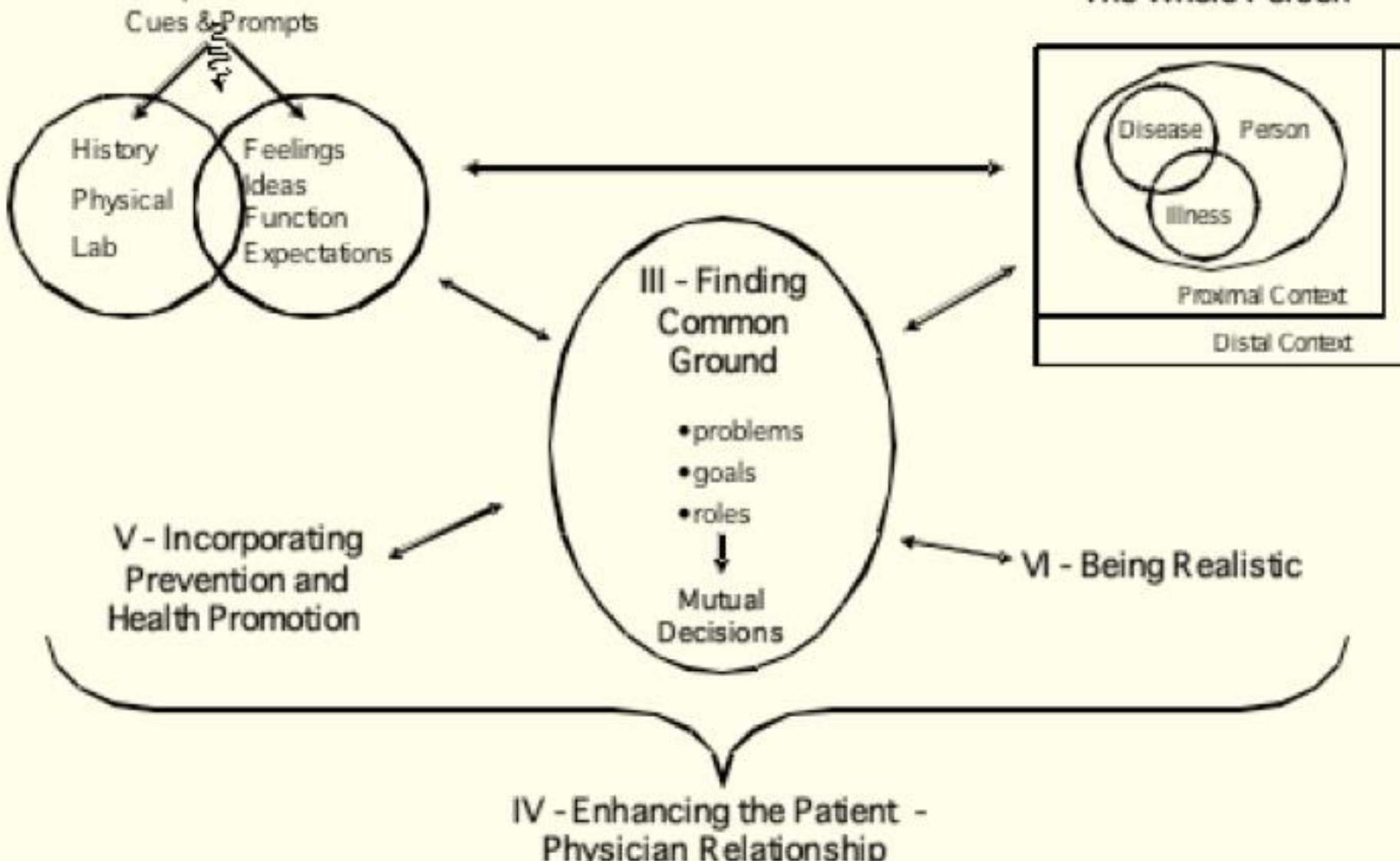
- problems
- goals
- roles

↓
Mutual Decisions

V - Incorporating Prevention and Health Promotion

VI - Being Realistic

IV - Enhancing the Patient - Physician Relationship



Use concepts from patient centred approach

- Resident's experience of what is happening
- Gather information
 - Life circumstances
 - Background
 - Health issues
 - Psychoeducational issues
 - System issues
- Find common ground – agree on problem, goals and roles
- Attend to the relationship

With permission from J Dellavedova



**Disability
Stress**



**Academic
Difficulty**

Remediation is a wellness issue until proven otherwise

Threats to Psychological Safety



Status

Certainty

Autonomy

Relatedness

Fairness

With permission from J Dellavedova

Knowledge	Skills	Attitude*
Resident	Teacher	System

Attitude problems (usually manifested as behaviours) typically include difficulties related to motivation, insight, doctor-patient relationships, and self assessment^[1]

^[1] Steinert Y BMJ | 19 JANUARY 2008 | VOLUME 336

ROSE SPRING

Knowledge Gaps in knowledge and lack of depth	Skills Patient centred and Procedural skills acceptable Clinical reasoning at a clerk level	Attitude* Willing to learn Respects teachers Can be open to feedback Committed to medicine as a career
Resident Strong family support Works well with a consistent and authoritative mentor Religion is important and a source of support	Teacher Relatively inexperienced preceptors Preceptors have changed frequently	System New program and teaching is not well structured or organized

Key elements of an effective remediation plan

- Clear measurable objectives and competencies to be achieved
- Strategies to achieve the competencies
- A time frame
- Clear documentation of timing of formative and summative assessment strategies (what will be assessed, how will it be assessed, by whom and at what frequency)
- Possible outcomes of the remediation
- Possible consequences of successful or unsuccessful remediation
- Outline of supports available and how they can be accessed

Prepare to have the conversation

- Use breaking bad news skills
 - **S**etting up the interview, script, rehearse
 - **P**erception – assess the resident's sense of where they are
 - ~~**I**nvitation (not really applicable)~~
 - **K**nowledge – give information about the difficulties in clear unambiguous terms
 - **E**mpathy – make the relational commitment
 - **S**ummary and strategy – plan another meeting

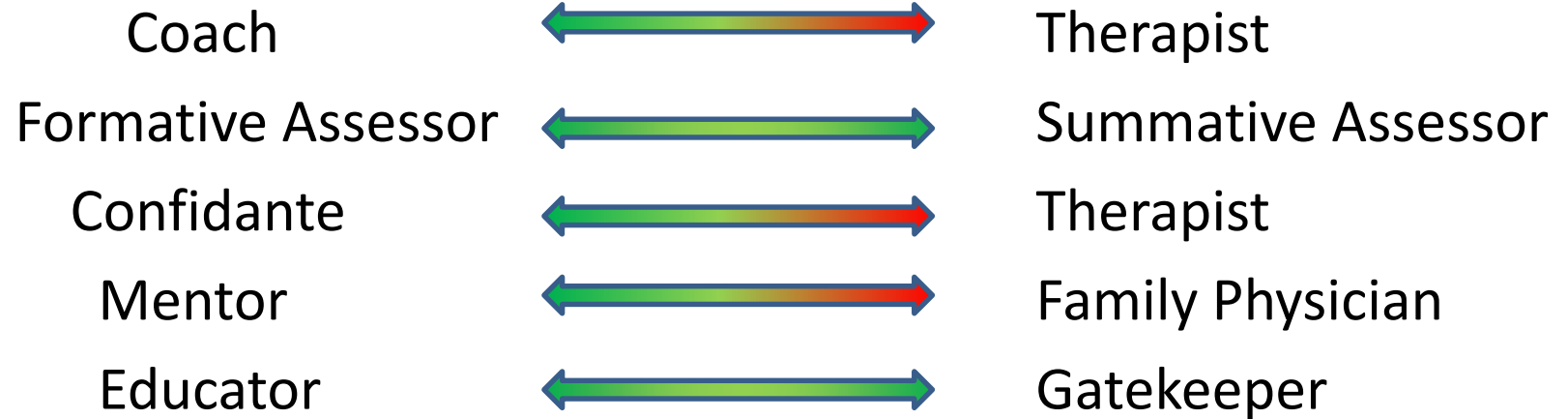
Support

Enlist a team



Wellness for Faculty

Roles



Faculty Role

Help the resident envision future safety

Enhance the resident's understanding of self, others and the process

Challenge but empathize


Brief coping strategies

Refer to resources (PCP, EFAP, crisis services, CMPA)

Communicate perspective to program with consent







Staying Well During Remediation

WORKSHOP

4 residents and
4 faculty



- Read the background
 - Read the remediation plan
 - Plan the approach for the meeting
- 25 minutes

Break

- Groups of 4
- 2 residents
 - 2 faculty



Have a conversation to improve the remediation plan

10 minute role play – 10 minute debrief



Based on the previous work
List 4 or more challenges to
implementing remediation

List one strategy to address each
challenge – write on flip chart

Challenges

- Difficulty understanding and creating a plan
- Difficulties identified late in residency
- Multiple competing roles as a faculty member
- Appeals Legal issues
- System issues

Difficulty creating a plan

Be comprehensive – context, background, life circumstances, strengths

Always another side to the story

Difficulties identified late in residency

Respond to red flags EARLY including administrative professionalism lapses (payment of fees)

Multiple competing roles as a faculty member

Ombudsperson

Seek out resources and support – Site Director, Program Director, PG Dean, Physician Support Program

Do not become the resident's therapist, physician etc.

Appeals Legal Risk

- Organized process, policy for assessment
- Know policies and follow them
- Be factual and clear in all documentation – avoid opinion
- Be professional in all email communication
- **Document**
- **Document**
- **Document**
- Expect appeals
- Consult early and often with legal

System approaches

Admissions

Early support for all residents

Proactive for high risk situations

Early identification and intervention

Remember

Remediation is part of our job – put resources in place to manage and support

One thing you learned

One thing you will do
differently

Thank you!