From Floundering to Flourishing: A Foundational Model for Early Intervention with Residents

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Objectives

By the end of this session, you will be able to...

1. Comprehend and summarize a learner-centered, structured approach grounded in the milestones for resident intervention
2. Analyze the benefits of early intervention for successful resident development
3. Revise and integrate this Resident Development Process for your own settings

Agenda

- Background
- Resident Development Process
  - Who, when, what & how
  - Sample cases
- Break-out Rooms
  - Practice Case - Individualized Development Plan
- Large Group Discussion & Wrap Up

Why this is Important

- Responsibility of PD to sign off on/verify competence, fulfillment of training (graduation, boards, licensing, credentialing, etc.)
- ACGME mandates (milestones/competencies, CCC – takes some pressure off PD)
- Obligation to help residents grow and responding differently to those who have a steeper curve

Early Intervention with Struggling Residents

What happens if you don't intervene early?

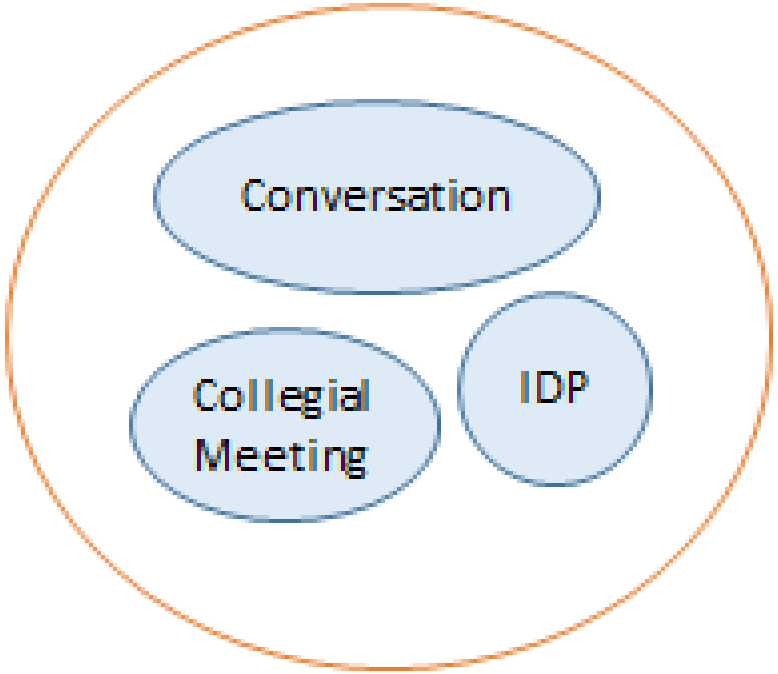
What are the barriers to early intervention in your program?

Analyze Information

Assign Intervention

Assess Results

Evaluation Data
Faculty Feedback
Formative data
Patient Complaint
Egregious Evaluation
Summative Evaluation Data
CCC noted deficits
Learner Request



Resolve
Monitor
Revise
Escalate

Early Intervention

Reportable

PIP/Remediation

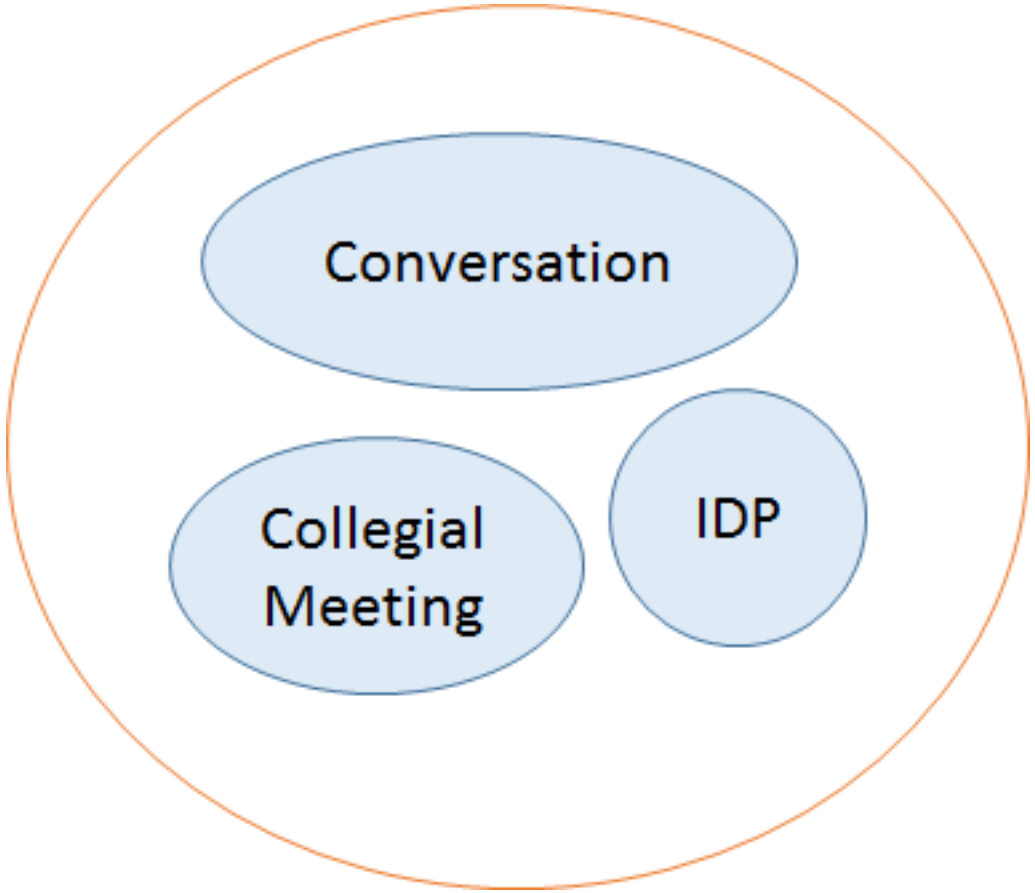
Probation and/or Dismissal

Analyzing Information

Evaluation Data
Faculty Feedback
Formative data
Patient Complaint
Egregious Evaluation
Summative Evaluation Data
CCC noted deficits
Learner Request

- Recommendation from CCC
  - not meeting milestones or falling off growth curve
- Evaluations, feedback accumulation, advisor concern
- Low performance on standardized assessments (OSCE, ITAE, OMT initial/yearly)
- Accumulation of behaviors or concerns outside of semi-annual review
- Critical Incident
- Self-identified need for help

Assigning an Intervention



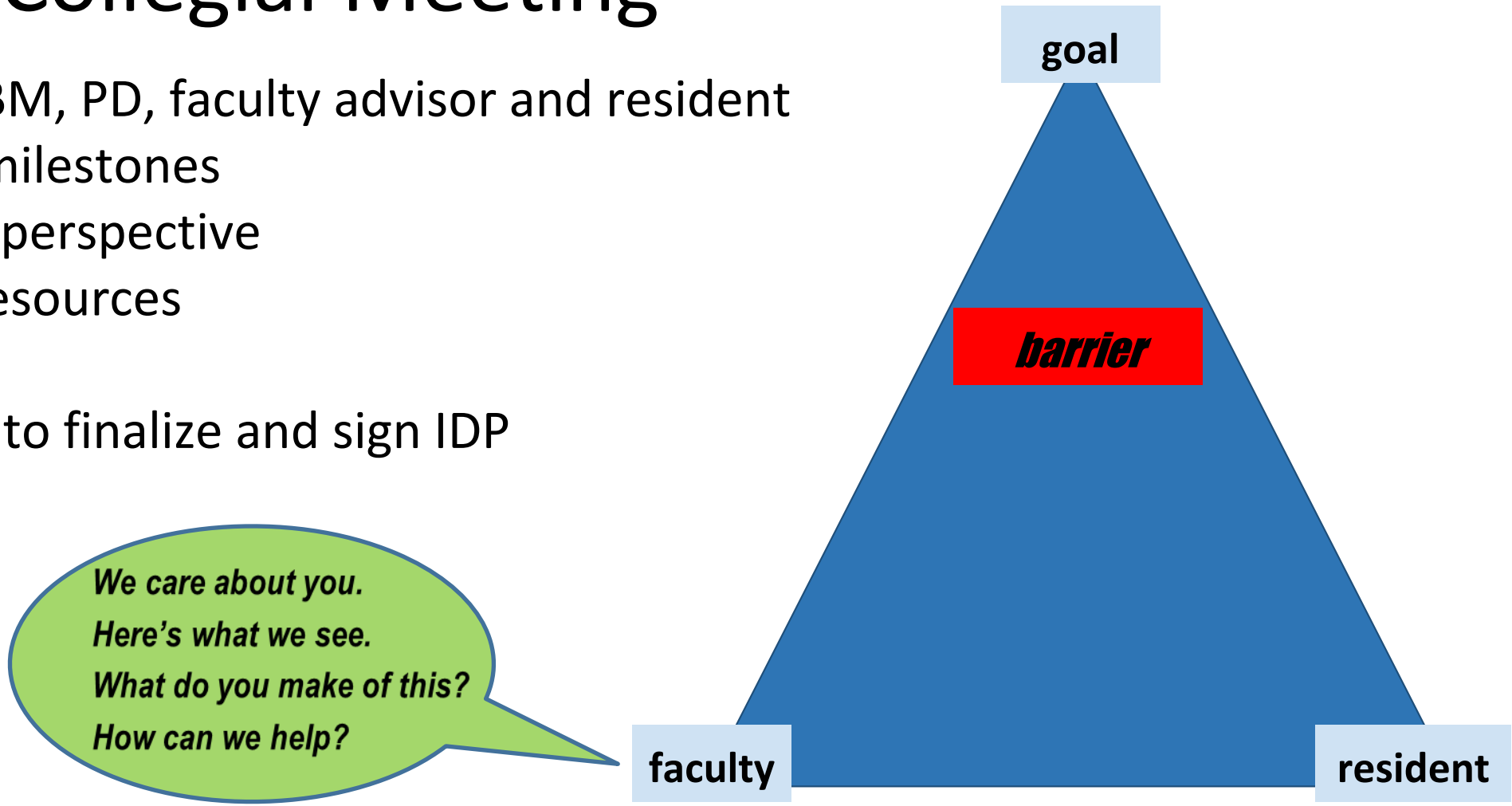
The Conversation

Structured Collegial Meeting

Initial Meeting - DBM, PD, faculty advisor and resident

- Tie concerns to milestones
- Explore resident perspective
- Goals/barriers/resources
- Develop IDP

Follow up meeting to finalize and sign IDP



Individualized Development Plan

- Milestone-based
- Includes specific performance concerns
- Considers context – psychosocial stressors, mental health, substance use, learning difficulties
- Clarify expectations and requirements
- Co-create resident-centered action plan with time frame and plan for reassessment
- Identify relevant support resources
- Includes plan for faculty coaching

Individual Development Plan

Resident: [redacted]
Faculty Advisor: Brooke Lemmen, DO
Plan Period: 5/14/21 – 11/21/2021
Review Meeting: 5/13/2021 [redacted] Dr. Olson, Dr. Lemmen and Amy Romain in attendance.

COMPETENCY AND ASSOCIATED MILESTONE(S)	SPECIFIC CONCERNS IDENTIFIED	PLAN OF ACTION	DESIRED OUTCOME
Patient Care PC1 - Cares for Acutely Ill or Injured Patients in Urgent and Emergent Situations and in all Settings **Medical Knowledge** MK2 - Applies Critical Thinking Skills in Patient Care	Efficiency, prioritization, multi-tasking and accuracy	Work with faculty (Dr. Pearson – Dr. [redacted] to coordinate time to meet) to develop a structured approach to assessment, documentation and oral presentation skills in the inpatient setting. Complete Aquifer Modules: Oral Presentation (4 modules) Diagnostic Excellence (6 modules) Work with a senior resident on inpatient for mentoring and coaching to: 1. Adopt and implement a structured approach to assessment, documentation and oral presentation skills. 2. Practice managing competing demands of service as a senior.	Organized presentations and documentation – develop and utilize a routine approach, used consistently, to structure assessment, documentation and oral presentation Able to complete admission including documentation in 1 hour or less. Able to manage the competing demands of a senior resident on the inpatient service – Triage service identify unstable patient, handle laboring OB patient, admission, etc. Be efficient and teach others to be efficient Have a plan for the logistics of morning rounds managing a complex system with constantly changing demands and priorities – how to round on patients, supervise juniors, complete documentation, handle outside calls, etc. multi-taking/multiple demands

Communication C3 - Develops relationships and effectively communicates with physicians, other health professionals, and health care teams **Practice-Based Learning and Improvement** PBLI2- Self reflects and analyzes factors which contribute to gaps between expectations and actual performance	Complaints about resident performance and/or receptiveness to feedback by nurse, physician, and history of tension with colleagues on inpatient team. Mismatch between resident intentions and how she is received/perceived by others.	Review tips on receiving feedback and consider aspects that may be more challenging for you. Develop and employ a process of responding to feedback with openness and curiosity to understand the concern raised. Develop and employ a process of self-reflection to consider potential factors contributing to gaps between expectations and personal performance. Develop awareness of mounting tension or mismatch between intentions and perception and employ a process to pause, self-reflect, seek clarification and mutual understanding.	Demonstrate openness and curiosity to understand the concern addressed during feedback. Engage in a process of self-reflection and discussion with faculty or behavioral health professional to explore factors contributing to gaps between expectations and performance. Demonstrate ability to pause, reflect, seek clarification and mutual understanding in instances of tension, misunderstanding or conflict with members of the healthcare team. No further complaints from members of the care team related to performance or response to feedback.

Individualized Development Plan Agreement

Due to concerns about performance which are tied to the ACGME Competencies and Milestones, the Resident Development Committee (RDC) has recommended [redacted] for an Individualized Development Plan (IDP). This development plan is not punitive, and is designed to help residents progress toward the milestones expected for their point in training. The faculty are committed to partnering with [redacted] to help her grow throughout this development period and will be a formal part of mentoring. The RDC proposed a draft of the IDP which was reviewed with [redacted] by Dr. Lemmen, Dr. Olson and Amy Romain. [redacted] provided input in individualizing the plan of action and projected outcomes (see attached IDP).

I understand this opportunity for individualized development is voluntary and is not considered formal remediation or probation. The IDP is meant to provide guidance to help me stay on track with a plan to get caught up and to improve my skills in patient care, interprofessional collaboration and reflective practices. I agree to utilize my IDP and associated resources to work toward the desired outcomes during development period. In the event that I experience difficulty or have concerns related to the IDP, I will notify my faculty advisor, Dr. Lemmen. I agree to participate in regular meetings with my advisor to review progress toward my goals. I understand that if I am not meeting the goals defined in the IDP at the end of the plan period **(11/21/2021),** I may be considered for formal remediation.

Resident [redacted]	07/14/2021 Date
Faculty Advisor	7/14/2021 Date
Chair, Resident Development Committee	7/14/21 Date
Program Director	7/14/2021 Date

Accountability and Tracking

- RDP Leadership
  - Coordinate process
  - Facilitate creation of IDPs
  - Track and support accountability of residents/ faculty coaches
    - End dates on calendar
  - “Close” IPD when completed
  - Notify GME when indicated
- Confidential resident file storage (collegial meeting, IDP)
  - Shared drive & New Innovations
- Communication with Core Faculty
  - Weekly IDP updates during faculty meeting
  - Share IDP or parts of it when applicable

Assess Results

Resolve
Monitor
Revise
Escalate

Case Example #1

Analyze Information	Concern from staff and faculty about casual dress and non-professional conversations Concern from faculty about medical knowledge, quick to say "I don't know" wants information spoon fed. Low ITAE scores
Assign Intervention	Conversation with faculty advisor
Assess Results	Discussions at faculty meeting → observed continued behavior → escalate intervention
Assign Intervention	Structured Collegial Meeting
Assess Results	Faculty Meeting discussions and CCC evaluations → improvement and continued monitoring

Case Example # 2

Analyze Information

Difficulty identifying and reacting to urgent/emergent situations

- Inpatient concern

Difficulty synthesizing, prioritizing and formulating a medical plan.

- Tendency to defer decisions to others rather than researching and stating a plan for a patient

Communication with colleagues/attending/consultants is passive and not comprehensive

- Perception of resident as unengaged, not knowledgeable or not confident

Case # 2 continued

Assign Intervention

Structured Collegial Meeting with goal of understanding resident's perspective and developing **IDP**

Resident perspective from meeting:

Negative thoughts and anxiety present a barrier to self-confidence, clarity of thought and performance. "I am an imposter"

Needs guidance in structuring and implementing a plan on how to overcome challenges.

Individual Development Plan

Resident: [redacted]
Plan Period: 5/25/21-8/13/21
Review Meeting: 1x monthly in June, July and Aug. with Dr. Odom

COMPETENCY AND ASSOCIATED MILESTONE(S)	SPECIFIC CONCERNS IDENTIFIED	PLAN OF ACTION	DESIRED OUTCOME
Patient Care PC1 - Cares for Acutely Ill or Injured Patients in Urgent and Emergent Situations and in all Settings **Medical Knowledge** MK2 - Applies Critical Thinking Skills in Patient Care	Difficulty efficiently and effectively identifying and reacting to urgent /emergent situations Difficulty synthesizing, prioritizing and formulating a medical plan with patient care Tendency to defer decisions to others rather than researching and stating a plan for a patient	Work with faculty (Dr. Odom, Olson and others) to develop a structured approach to assessment, documentation and oral presentation skills in the inpatient setting and ambulatory setting. Complete Aquifer Modules: Oral Presentation Diagnostic Excellence self-select additional cases as desired Work with a senior resident on inpatient for mentoring and coaching to (June & July): 1. Adopt and implement a structured approach to assessment, documentation and oral presentation skills. 2. Practice managing competing demands of service as a senior by carrying the OB pager for the duration of inpatient rotation. 3. Discuss with senior (Bri and Katy) and/or attending potential worst case scenarios for each patient and think through how to respond and manage.	Organized presentations and documentation – develop and utilize a routine approach, used consistently, to structure assessment, documentation and oral presentation Able to manage the competing demands of a senior resident on the inpatient service – triage service identify unstable patient, handle laboring OB patient, admission, etc. Have a plan for the logistics of morning rounds managing a complex system with constantly changing demands and priorities – how to round on patients, supervise juniors, complete documentation, handle outside calls, multi-taking/multiple demands, etc. Have a plan for managing common urgent issues in the inpatient setting. Present a diagnostic/therapeutic treatment plan option (even if you are unsure) Become a master adaptive learner, invest energy into trying to answer to questions prior to asking for assistance from others.

Practice-Based Learning and Improvement PBLI2- Self reflects and analyzes factors which contribute to gaps between expectations and actual performance **Professionalism** P3: Self-Awareness and Help-Seeking Behaviors (Overall Intent - to examine resident insight and ability to monitor and address personal well-being and professional growth)	Negative thoughts and anxiety present a barrier to self-confidence, clarity of thought and performance. Needs guidance in structuring and implementing a plan on how to overcome challenges.	Develop and employ a process of self-reflection to consider potential factors contributing to gaps between expectations and performance. Resume treatment with personal therapist and work on strategies to manage negative thoughts, decrease anxiety and build self-confidence. Schedule appointment with primary care physician to address mental health needs. Work with Dr. Odom (professional) and therapist (personal) to develop long term learning and wellness plans.	Engages in ongoing process of self-reflection and skill deployment to improve self-confidence and performance. Draws on internal and external resources to maintain a process of self-care and skill deployment to promote personal wellbeing. Commit to ongoing use and refinement of learning and wellness plans.
Communication C2 - Clearly and concisely requests/responds to a consultation	Communication with colleagues/attending/ consultants is passive and not comprehensive which contributes to others perception of [redacted] unengaged, not knowledgeable or not confident.	Intentionally display thought process including differential and next step treatment options in note A/P and in communication with others. Self-select Aquifer cases to build confidence and skills Become familiar with POC resources to answer clinical questions	Look up answers to questions prior to asking for assistance from others and demonstrates consistent use of POC resources to answer clinical questions. Present a diagnostic / therapeutic treatment plan option (even if you are unsure) Concisely state focused needs to consultants and others

Case # 2 Continued

Assess Results

- Resolve and Monitor- at end of 3 months resident had
  - fulfilled committed actions
  - evaluations put him at level of training
  - discussed continue monitoring and awareness of blind spots

When medical or mental health impacts performance…

- Do not attempt to diagnose perceived medical/mental health issue
- Cannot force resident to seek therapy, but can encourage
  - If significant impairment, consider state physician recovery program

  If resident asks for help or advice, program can help get connected
  - Our goal is for residents to self-identify and make it part of their improvement plan
- Can expect resident take necessary steps to address medical/mental health issues and produce a “fit for duty” letter/evaluation from appropriate health care provider as part of a remediation plan before allowed to continue

5 Years of Early Intervention

# Residents	32	
Level of Training	PGY 1 (13) PGY -2 (10) PGY- 3 (9)	
Final Stage of Interventions	Conversation	5
	Collegial Meeting	7
	IDP	19
	Remediation	1

Subcompetency	Frequency	Most Common Reasons
Medical Knowledge 1	20	ITAE < 90% predict
Interpersonal and Communication Skills 3 (v. 1.0) Interpersonal and Communication Skills 2 (v. 2.0)	14	Poor team communication – peers / staff/ administration
Professionalism 2	9	Difficulties with accountability- attendance, logging, responsibilities
Patient Care 1	9	Patient care concerns
Medical Knowledge 2	7	Critical decision making difficulties- synthesis problems
Professionalism 4 (v. 1.0) Professionalism 3 (v. 2.0)	7	Difficulties with self-awareness and self-reflection
Osteopathic Patient Care	2	Deficiency in OMT skills – not able to perform independently

Resident Feedback

"The program cared enough about me to take the time to discuss these things with me. I was able to take the advice and considerations and grow as a resident both professionally and emotionally. It's embarrassing and makes you feel like you need to walk on eggshells in case you do something wrong again. But all in all, I think constructive criticism is the best and can help you grow so much faster and better if you take it as a positive thing… Thank you for believing in my potential!"

- PGY2 (Collegial Meeting - professionalism and medical knowledge)

"I believe it helped me improve my communication skills.

And I think the adviser's role is critical for the implementation of the IDPs. In my case, Dr. Lemmen did an amazing job!

I would suggest to have a pre IDP period which might be implemented to decrease the stress level for everyone before starting the IDPs, like a closer adviser-resident follow-up to review the evaluations and feedbacks from other faculties/seniors."

-PGY 1*(IDP - medical knowledge, patient care, communication)

"The plan was clear and the resources and people assigned to help me were supportive. It really helped me grow. It is important to know the background of the resident… to know the situation and why they are having trouble, like I can't focus because of stress.

You were thinking about all of me. You gave me a counselor and encouraged self-care and time to connect with family and to think about what I needed."

- PGY1 (IDP - medical knowledge, patient care, practice-based learning and improvement)

Dear Amy,

Can I call you that now that I'm graduating? I wanted to thank you for all the support you've given me over the last three years.

Residency and particularly intern year has probably been the most difficult and stressful time in my life. As someone who struggles daily with being extremely self-critical, I have really appreciated your words of encouragement. As my advisor, I feel that you have had my best interest at heart and that your only wish is for me to be the best physician I can be. I hope you will continue to be my advisor and mentor in the years to come.

Wishing you all the best.

[redacted]


Joining Breakout Rooms...
Breakout Room 1
It may take a few moments.

Group Discussion and Wrap Up

Pearls for Success

- Teach about giving and receiving feedback
- Normalize the process and be transparent
- Pay attention and check in with others
- Have the hard conversations
- Consider the context/holistic approach
- Engage faculty as coaches
- Structure tied to milestones/competencies
- Stay on top of it!

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