Remediation Small Group Discussion CGEA 2014:

Key Points:
- Professionalism is one of the most difficult core competencies to assess
- Residents with less serious professionalism lapses often escalate to more serious lapses
- It is important to recognize unprofessional conduct and intervene EARLY
- Consider key domains of causes of unprofessional behavior (7 D’s from Lucey article)
  1. Distraction: family concerns
  2. Sleep deprivation
  3. Depression and other affective disorders
  4. Drugs and alcohol
  5. Disease (acute and chronic medical illness)
  6. Learning disabilities
  7. Personality disorders
- Key components of remediation plan
  1. Set a time line: 3-6 months
  2. Choose a mentor-APD or PD
  3. Schedule follow up meetings
  4. Consider “fit for duty testing”
    - Not a diagnosis-simply “fit” or “unfit” and estimated length of time off
    - Can be for physical or psychological problems
  5. Consider psychological testing
    - Optional for all, required for some
  6. Set SPECIFIC and MEASURABLE goals
    - Ex: Resident will be more responsive to pages from nursing.
      - Specific, but measure is not noted
    - Better: Resident will be more responsive to pages from nursing. Nursing staff will fill out an evaluation at the end of the rotation to indicate if pages were answered appropriately. Resident must score 3 or better on a 5 point scale to be considered adequate.
  7. Specific plans for each situation
    - MOST residents in need of remediation in one area are in need of remediation in other areas.
  8. Recommend self-reflection in all situations
  9. Describe actions to take place if resident fails to complete steps listed above
 10. DOCUMENT, DOCUMENT, DOCUMENT

- General guidelines for assessment
  1. Assessment over time and in authentic settings – important role of clinical teachers
  2. Specific observations provide most accurate evaluations
  3. Multiple observations and observers ensure reliability and validity
  4. Focus on behaviors, rather than personal characteristics
- Instruments for evaluating outcomes
  1. Faculty narrative and rating tools
  2. Multi-rater evaluations
3. Reflective writing  
4. Reports of unprofessional behavior

Example Remediation Plan:

1. Over the next three months, you will need to complete the following requirements:
   - Meet with Dr. X (PD) once weekly to discuss progress on remediation plan
   - Meet with Dr. Z in the Employee Assistance Program to assess if you are fit for duty
     - If “unfit for duty” you will be granted time off of service
     - You may return to duty once deemed “fit” by Dr. Z
   - You are required to attend the stress management seminar on the following date “x”
   - Psychological assessment must be performed in the next 2 weeks (EAP or psychiatrist or psychologist).
     - Pursue further steps as recommended by Psychiatrist/Psychologist (alcohol treatment program, support groups, etc)
   - Chief resident A. will meet with you weekly to go over patient documentation.
     - At this meeting, Dr. A. will discuss ways to improve efficiency
     - At 1 month-we will check to see if your documentation is up to date. If you have any incomplete notes, these sessions will continue for one more month and cycle will repeat.
   - You are required to attend the stress management seminar on the following date “x”
   - You are required to obtain evaluations each month from nursing staff, peers, and ancillary staff focusing on professional behavior (ie interpersonal communication skills). If you score in the unsatisfactory range on any evaluation, further action will be taken.

2. If you do not comply with the above Remediation Plan, the Clinical Competency Committee will meet to discuss further action. This may entail actions including, but not limited to, further remediation leading to delay in residency graduation, required time off of work, work while on probation, or termination.
List of resources used:

**Unprofessional behavior pyramid:**


   **Box 1. Categories of unprofessional behavior and list of associated descriptors observed during the clinical performance examination and subsequent remediation efforts, as described by individuals (n=18 of 33) responsible for remediation.


Unprofessional behavior

- Level 3: Disciplinary Intervention
- Level 2: Authority Intervention
- Level 1: Awareness Intervention
- "Informal" Intervention
- Mandated Issues

Vast majority of doctors: no issues
Many are models of professionalism

Hickson, G; Pitcher, J; Webb, L; Gabbe, S. Academic Medicine, Nov., 2007
### UNIVERSITY OF MICHIGAN DEPARTMENT OF SURGERY
### PROFESSIONALISM ASSESSMENT INSTRUMENT

**BACKGROUND AND INSTRUCTIONS:** This instrument is intended to measure specific attributes of professionalism which is an educational outcome or competency to be assessed as part of graduate medical training. Here, professionalism has been deconstructed into specific domains. The framework is a continuous ordinal scale but the rating on each domain should be chosen depending on the accuracy of the nearby behavioral anchor with no regard to the numerical implications. You may choose an empty box that does not have an accompanying anchor if you feel the person being evaluated falls in the continuum between two descriptors. The ideal norm is not defined and is not necessarily indicated by the extreme right anchor (i.e., it is possible to go “over the top” in some domains). Try to think of specific witnessed events and behaviors when rating each domain.

#### PUNCTUALITY

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<td>Consistently late: patients and other physicians kept waiting.</td>
<td>Occasionally late for no good reason.</td>
<td>Occasionally late but for good reason.</td>
<td>Routinely punctual. Uses time effectively.</td>
<td>Tries to be super efficient.</td>
<td>Too early; wastes time waiting for others to be &quot;on time.&quot;</td>
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#### APPEARANCE

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<td>Wears soiled scrubs at most times, poor personal hygiene.</td>
<td>Occasional breaks in professional appearance.</td>
<td>Appropriate appearance and hygiene at all times.</td>
<td>Cares more about &quot;looking&quot; like a doctor than &quot;being&quot; a doctor.</td>
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#### HONESTY / ACCOUNTABILITY / RESPONSE TO ERROR

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<td>Makes up information. Tries to &quot;cover up&quot; errors.</td>
<td>Understands and admits error, but misjudges context (e.g., forgets that a patient affected by error).</td>
<td>Sidesteps errors to avoid confrontation.</td>
<td>Recognition and apology.</td>
<td>Recognition, apology, and subsequent change in behavior or practice.</td>
<td>Self-doubt or self-flagellation to point of ineffectivity.</td>
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#### COMPULSIVENESS

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<td>No attention to detail; does not seek information but waits to merely encounter it.</td>
<td>Does not gather information when it is encountered.</td>
<td>Appropriate attention to detail. Seeks information when available. Effective self-manager.</td>
<td>Overly obsessive; pathologically compulsive to point of detriment of other duties.</td>
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#### RESPONSIBILITY / SENSE OF DUTY

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<td>Complete lack of accountability; actively avoids responsibility.</td>
<td>Passively assumes responsibility.</td>
<td>Has patient care as a clear priority but can balance own life appropriately.</td>
<td>So obsessed with performance that other aspects of their life are damaged.</td>
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#### RESPONSE TO CRITICISM

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#### CONFIDENCE AND ABILITY TO ASSESS YOURSELF

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