

The Hidden Costs of Failing to Fail Residents

Nicole K. Roberts, PhD

Reed G. Williams, PhD

David Griffen, MD, PhD

Southern Illinois University School of Medicine

Before We Begin

- Remember a learner who had a performance problem
 - What was the problem?
 - When did it first come to your attention?
 - What (if anything) was done about it
- Jot down notes about this learner—we will use them in an exercise later in the workshop

Objectives

- Review likelihood of having residents with performance problems
- Discuss costs of failing to fail residents
- Discuss recommendations for managing residents with performance problems
- Use the Person Impact Factor scale to assist in making consequential decisions about residents with performance problems.

Medical School: The Source of the Problem?

- Approximately 4% attrition rate
- Comparison: Approximately 38% attrition rate from all other post graduate education (Master's, Doctorate)
- Do medical schools have
 - Nearly perfect admissions processes?
 - Nearly perfect educational processes?

AAMC. Medical School Graduation and Attrition Rates. *Analysis in Brief 7:2 (April 2007)* [<http://www.aamc.org/data/aib/>].

National Center For Education Statistics (NCES 2007-159): *Where Are They Now? A Description of 1992-93 Bachelor's Degree Recipients 10 Years Later*. October 2006. Page 5.

<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007159>

Some Research: Residents with Performance Problems

	Williams, Roberts, Schwind, Dunnington (SIU Surgery)	UT Southwestern (Surgery)	Reamy and Hardin (Family Medicine)	Yao and Wright (Internal Medicine)
Prevalence	22%	21%	9%	7%
Interpersonal Problems	65%	67%	15%	
Knowledge	59%	25%	27%	48%
Documentation of problems during first year	82%		48%	

Outcomes: SIU

- 1 resident did not finish
- 2 had additional year of residency
- 15 graduated with unresolved problems
- 2 we could not determine based on records

Logical Conclusions

- Medical schools graduate almost all matriculants
 - The best predictor of graduating medical school with an MD/DO degree is getting in to medical school
- SO, medical schools have almost perfect admissions processes, OR medical schools are almost perfect at educating everyone who enters, OR we are insufficiently rigorous in graduating students
- Residency is the last gateway between the inadequately prepared MD/DO and the general public

Research and Practice Based Recommendations

- First six months of residency are CRITICAL
- Early diagnosis includes recognition, classification and determination of severity
 - Evaluate early
 - Evaluate often
 - Multiple evaluators
 - Frequent, effective monitoring
 - Frequent substantive feedback
 - Frequent formal evaluations with plan
- Early intervention

SIU Emergency Medicine Residency

- End of shift evaluations
- Front loaded formal PD evaluations
 - 1/3/6 month evaluations
- Emphasis on early diagnosis and intervention

End of Shift Evaluations

- Increase the number of evaluations
- Increase the number of faculty evaluating
- Faculty engagement (EOS faculty evaluations also)
- Encourage feedback at time of evaluation

RESIDENT END OF SHIFT EVALUATION – EMERGENCY MEDICINE

R1 R2 R3 MS3 MS4 / Name _____ Shift Date _____

Evaluator _____ Start & End Time _____

KEY:

N/A Not Applicable or unable to evaluate

Unsatisfactory Resident cannot demonstrate competency. Performance may endanger patient safety.

Satisfactory Resident demonstrates competency but is not ready to teach.
(4, 5, 6) 5: Generally satisfactory performance, but with some deficits.
6: Consistently satisfactory performance.

Superior 7: The resident demonstrates satisfactory performance and can teach the competency.
(7, 8, 9) 8: The resident demonstrates full mastery of the competency and assumes a leadership role.

**A rating of 4 is marginal performance. Most interns will rate a 5 or 6.
Most R 2's will rate a 7. Most R 3's will rate a 7 or 8.**

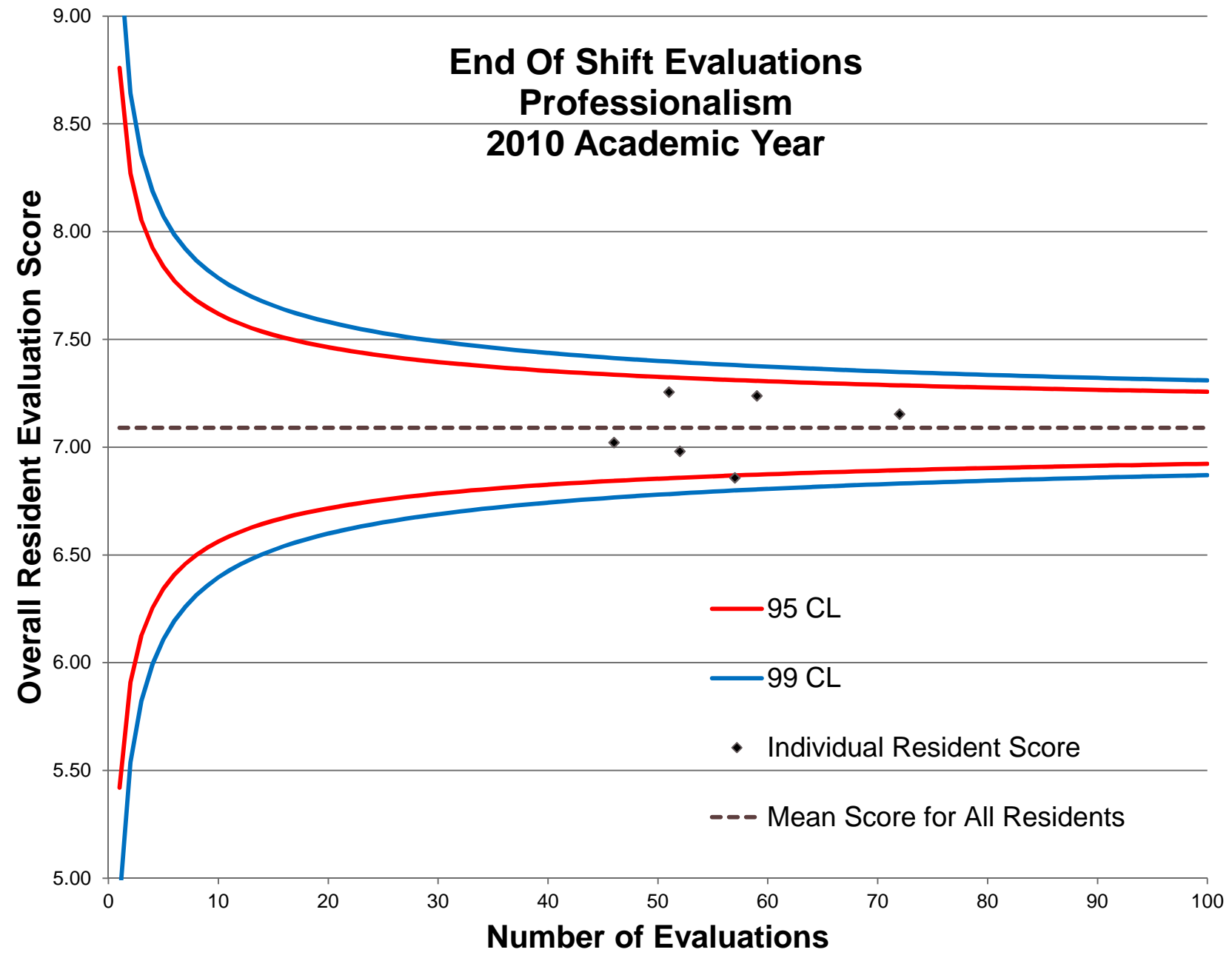
	N/A	Unsatisfactory			Satisfactory			Superior	
		1	2	3	4	5	6	7	8
Patient Care Delivers presentations that are concise, accurate, and with appropriate Assessments and Plans	N/A	1	2	3	4	5	6	7	8
Medical Knowledge Has appropriate knowledge of basic and clinical sciences and good understanding of mechanisms of disease	N/A	1	2	3	4	5	6	7	8
Practice-Based Learning and Improvement Has ability to evaluate own performance; respond to feedback, and use technology to manage information for patient care and self improvement	N/A	1	2	3	4	5	6	7	8
Interpersonal/ Communication Skills Demonstrates effective therapeutic relationships with patients and families; provides them appropriate instruction/education	N/A	1	2	3	4	5	6	7	8
Professionalism Demonstrates respect, compassion and integrity; acknowledges errors; considers needs of patients and colleagues; is responsible	N/A	1	2	3	4	5	6	7	8
Systems-Based Practice Demonstrates awareness of and ability to call on community and systems resources to provide cost conscious and accessible care	N/A	1	2	3	4	5	6	7	8
# Observed Assessments this shift:									
		# Observed Procedures this shift:							

This is a record of attendance. It should be completed and placed in the ED drop box at the end of each shift. OVER FOR COMMENTS

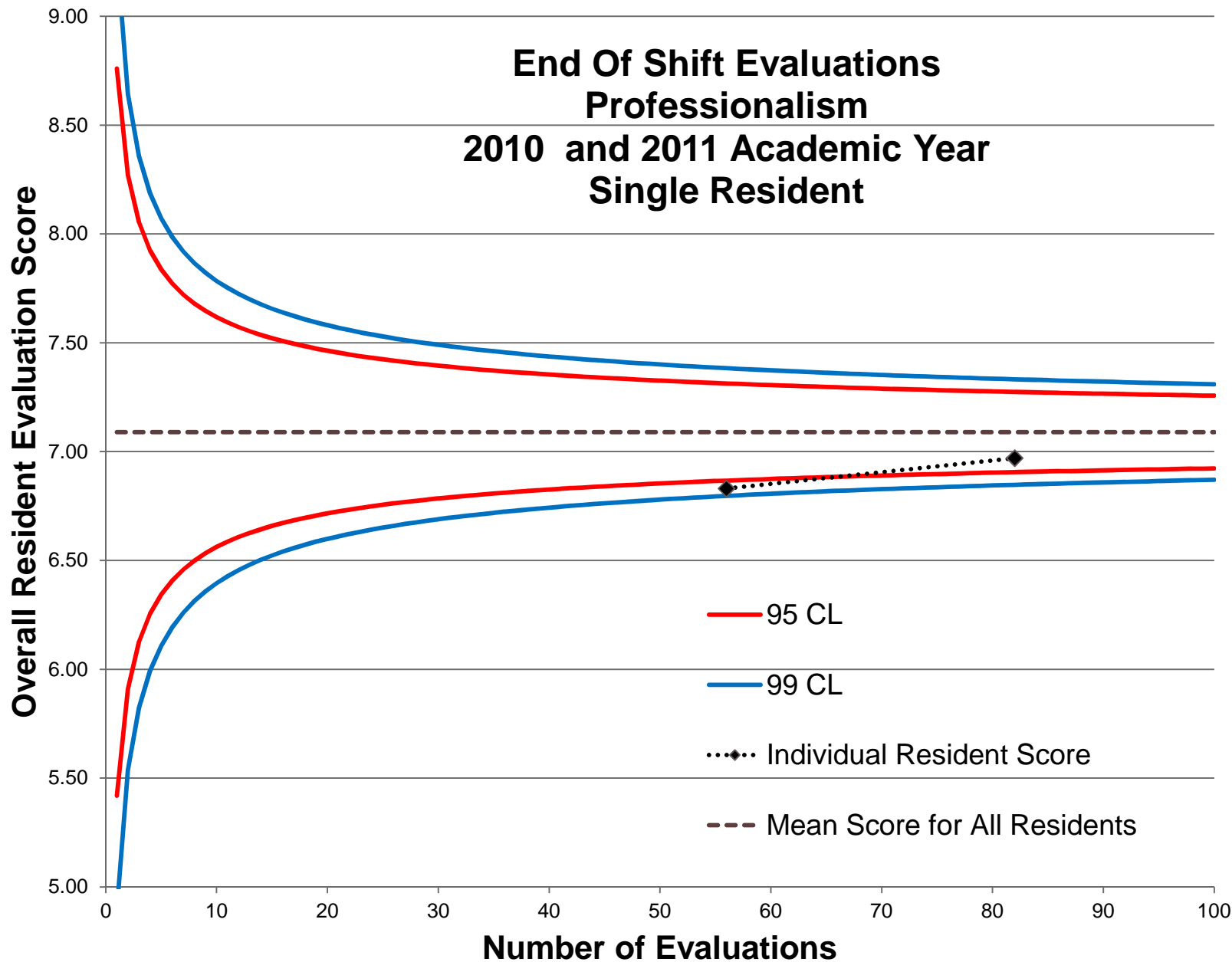
Strengths

Weaknesses to Improve:

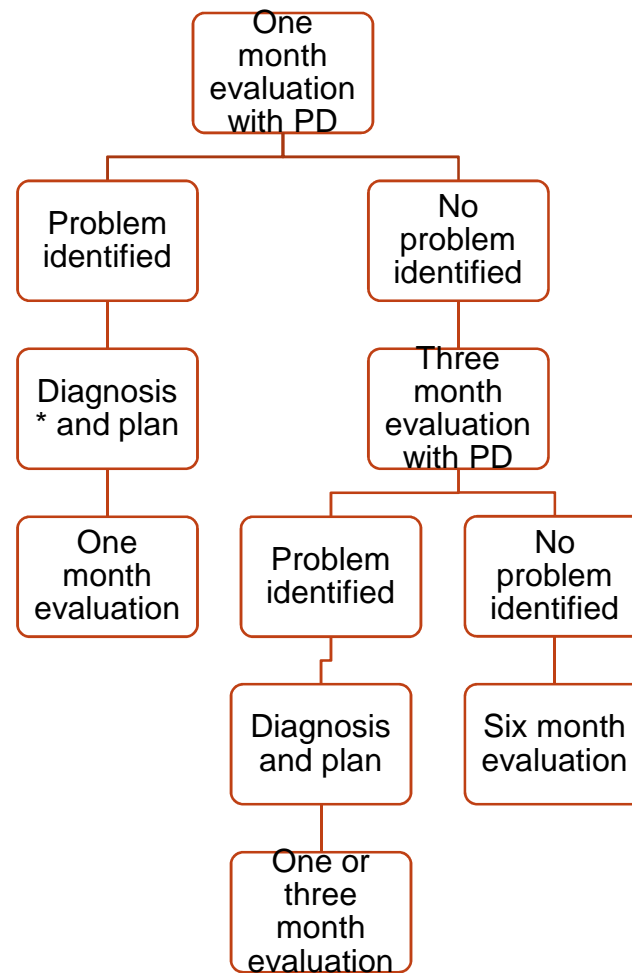
End Of Shift Evaluations Professionalism 2010 Academic Year



End Of Shift Evaluations Professionalism 2010 and 2011 Academic Year Single Resident



Front Loaded Formal PD Evaluations



* Diagnosis includes recognition, classification of problem and determination of severity

Summary

- Evaluate early
- Evaluate often
- Evaluate with multiple evaluators
- Diagnose and intervene early
- Graded response

Why Failure to Fail Occurs

- Practical program considerations
 - Scheduling
 - Effect on recruitment
 - Effect on remaining residents/morale
- Lack of certainty
- Compassion/Misguided mercy
- Program/PD failure
- Onerous process
- Hubris (We can “fix” anyone!)

Consequences of Failing to Fail

- Patient care compromise
 - Incompetent provider
 - Overtax others filling in
 - Poor interpersonal relations = poor care

Roberts, NK, Williams, RG. (June 2011) The hidden costs of failing to fail residents.
Journal Graduate Med Ed, 127-129.

Consequences of Failing to Fail

- Message of the program (culture)
 - Poor performance is tolerable (normalization of deviance)
 - One person more important than:
 - Patient care
 - The other residents
 - Program function
 - Morale of the health care team
- Time Sink: Faculty, Staff, Program Director, Other Residents

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Person Impact Factor Scale

The Person Impact Factor Scale

- Focused on guiding decision making, NOT on giving information to the resident
 - You give information to resident in frequent evaluation and feedback, using forms/mechanisms appropriate to your residency
- Based on the Beaufort Wind Scale

PIF

Level	Wind Description	Learner in Environment	Cost	Intervention
0	Calm/light air	Integrates easily (rare)	Very low	Reinforcement
1	Light/ moderate breeze	Requires normal guidance (most common)	Normal/ expected	Continued guidance, expect to fade
2	Strong breeze	Requires firm or repeated guidance (somewhat common)	Higher than expected but WNL	Initial “cup of coffee” conversation. Explicit notice of problems.
3	Gale	Creates difficulties in environment despite correction (rare)	Much higher than expected, will deplete resources	Notice with opportunity to fix or respond, follow institutional policies
4	Hurricane	Impossible to integrate into the environment (very rare)	Unacceptably high, depleting resources	Follow due process policies and proceed to dismissal. Early recognition and action required

A Case from Family Medicine

Documented Interventions

- Discussions at semi-annual evaluation meetings
- No formal discipline was documented

Year 1: First Half

- Comments from evaluation forms:
 - Overassuming of ability, will need to watch.
 - Sarcastic. Demanding. Needs to work on attitude and personal relations.
 - Arrogant, know-it-all, rude. Complains. Is impatient and demanding.
 - Tends to skirt, bluff issues. Database does not match confidence

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Year 1: Second Half

- Comments from evaluation forms:
 - Dedication to patient doesn't come through to patient.
 - Failed to see a patient on admission.
 - Patients and staff find condescending and arrogant.
 - Light bulb is not on yet.
 - Will not be able to keep a nurse.
 - ITE 440/46th percentile

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Year 2

- Comments:
 - Treats women badly.
 - Rude, more interested in time than patients
 - ITE 410/13th percentile

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Year 3

- Comments:
 - Gives lip service to correction
 - Faculty fear for practice viability
 - Needs to be independent in doing information gathering and analysis without prodding
 - Smug attitude, minimizes importance of things
 - Pitched a fit about paperwork in presence of patient and escort
 - Rude to drug rep, requiring apology from Dept. chair

Final Letter

- Area of rapport and communication with patients and staff to be areas of improvement.

Discussion?

- Good doctor?
- Good representative of your profession?
- Good for patients?

A Case from Surgery

Year 1: First Half

- Good start. Needs to read and maintain good work habits.
- ___ has great potential. Interested, industrious, mature. Fund of knowledge is poor. Hopefully with time.

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Year 1: Second Half

- Memo from Attending: _____ seems overwhelmed, detached, and indecisive....knowledge base and construction of information to solve problems weak...difficulty with fundamentals...needs much more practice and self confidence...possibly some outside practice of technical skills
- Seems shy...seems to hang back on clinical decision making
- Seems a little timid in taking charge
- Hesitant, unsure, timid, but effort is good and with time he should do well.

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Year 2

- Quiet, no fire yet
- Knowledge base seems shaky for someone who has completed an internship.
- Overall, technical skills in OR and during procedures are not where I would expect for someone having completed PGY1
- For age—seems very inept. “looks” at bleeders, doesn’t know how to dissect. On his own, he doesn’t know what to do!
- Continues to be below acceptable levels of performance in the OR.
- He needs to improve on confidence: in and out of the OR

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Year 3

- ABSITE 17th Percentile
- Further difficulties in clinical performance and technical skills
- Needs practice and improvement in difficult settings .
- Does well with simple operations.
- Unsure of himself, lacks confidence.
- Clumsy, insecure, behind peer group.
- ___ is very unsure of himself in OR. Has been and continues to be. I see no improvement.
- At times, he appears tentative and not very interested
- Continues to struggle a bit in the OR. Needs to engage in “mental rehearsal” prior to case to develop his plan of action.

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Year 4

- Too reflective at times, No self assurance yet.
- Hesitant to commit to a course of action at times.
- Hesitant. Easy to take a case from him. Tentative in the OR.
- Unsure of what he knows and not confident enough to use it. He does not lack knowledge in most subjects but is unable to use it well. Difficult to evaluate knowledge base because his responses are vague. Again he is unsure of what to do or unwilling to act—when he does, sometimes it is impetuous. I had two operations with ____ this week. One thyroid, one parathyroid. He performed the thyroid at a 2nd year level. Very unsure and had to be led the whole way. The second case he learned from the first and did a little better but well below a chief level. Tries hard. Lacks confidence and leadership skills.

Year 4 Continued

- _____ seems to lack a good sound baseline fund of knowledge, or at least he fails to express his knowledge verbally which would allow him to appear reasonably knowledgeable about vascular surgery (I am concerned!) _____ doesn't seem to have an obsessive-compulsive attitude—Little but important things slip past him unaware. He tries hard but doesn't seem to grasp the whole picture. He needs to be more thorough! I don't know if he is going to be capable of handling the clinical load as a fifth year chief. A bit slow for his level, lacks confidence, tentative. I'm not sure if _____ can work effectively independently. He needs to show proof that he [can] orchestrate a major vascular operation from start to finish. lack of assertiveness or tentativeness.
- Although eager to learn, I was surprised at the lack of knowledge for the level of a fourth year resident—particularly with post operative care. This may be related to a lack of assertiveness

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Year 5

- Positives
 - Noted improvement in areas of concern
- Negatives
 - Continued hesitancy (1 faculty member)

Practice with your own cases

- In your group
 - Describe the learner you wrote about in the beginning (or one you remember if you came in late)
 - Discuss with your group where he/she would fall on the PIF
 - After all members have discussed a learner, select one who was especially interesting/problematic/difficult to place to present to the large group.

Discussion of your cases

Wrap Up

- Medical schools graduate almost all matriculants
- Your pool is imperfect
- Problems will likely manifest in the first six months
- Provide frequent feedback and correction
- Maintain a high degree of suspicion
- Use PIF to assist in consequential decisions
- Act on concerns
- You are the final gateway

- 1. Williams RG, Roberts NK, Schwind CJ, Dunnington GL. The nature of general surgery resident performance problems. *Surgery*. 2009;145(6):651-8. Epub 2009/06/03. doi: S0039-6060(09)00127-5 [pii] 10.1016/j.surg.2009.01.019. PubMed PMID: 19486768.
- 2. Yao DC, Wright SM. National survey of internal medicine residency program directors regarding problem residents. *Jama*. 2000;284(9):1099-104. PubMed PMID: 10974688.
- 3. Reamy BV, Harman JH. Residents in trouble: an in-depth assessment of the 25-year experience of a single family medicine residency. *Fam Med*. 2006;38(4):252-7. PubMed PMID: 16586171.
- 4. Roberts NK, Williams RG. The hidden cost of failing to fail residents. *Journal of Graduate Medical Education*. 2011;3(2):127-9.
- 5. Resnick AS, Mullen JL, Kaiser LR, Morris JB. Patterns and predictions of resident misbehavior--a 10-year retrospective look. *Curr Surg*. 2006;63(6):418-25. PubMed PMID: 17084771.