SUPPORTING RESIDENTS IN DIFFICULTY

A CONCISE GUIDE FOR PROGRAM DIRECTORS

This guide has been co-developed by the Office of Faculty Development and Postgraduate Medical Education program to assist Program Directors in supporting residents in difficulty.

"A resident in difficulty describes a resident who is unable to perform at their current level of training"

-RC Program Director Handbook

Residents may fail to meet standards for their level of training for a variety of personal and environmental reasons. Supporting residents in difficulty consists of processes designed to discover and address these factors as much as possible to empower resident success. Please note this guide does not cover Postgraduate Fellows[1]

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[1] Postgraduate Fellows are post-medical degree trainees pursuing further clinical or research training in their own specialty, and who have successfully completed all the time and examination requirements that would allow them to be listed (registered) as a specialist in their home jurisdiction. Postgraduate Fellows are distinct from subspecialty residents (who may sometimes be referred to as fellows). Given that the governance of postgraduate fellows is highly contextual, they are addressed on a case-by-case basis, led by their supervisor and/or department.

HOW A RESIDENT IS EVALUATED AND INTERVENTION IS DETERMINED

When a resident has been identified as experiencing difficulties in their training and/or is not progressing as expected, Program Directors are encouraged to gather as much supporting evidence and background information as possible to clearly delineate the concerns. Attention should be paid to the source of the information and whether it is based on facts or assumptions.

Once a resident has been identified requiring additional support…

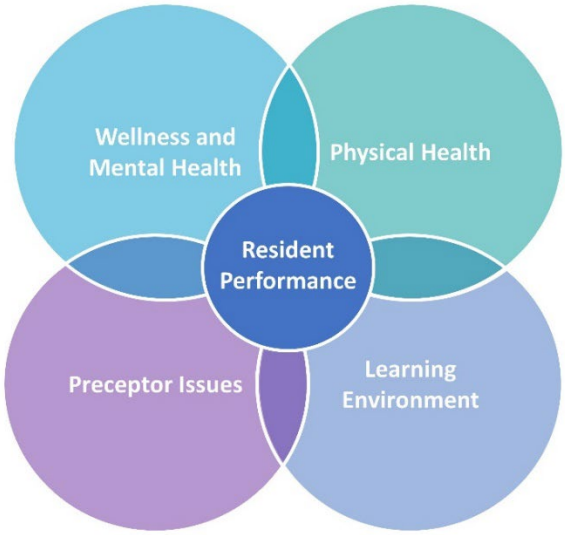
GATHER RELEVANT INFORMATION/DOCUMENTATION

Determining support for residents in difficulty is a process that starts with collecting and reviewing documentation, followed by an initial meeting (and possible subsequent meetings) with the resident.

What information is appropriate to seek out?

- ✓ **WHAT** concerning behaviors, gaps in skill and/or knowledge were observed or reported?
- ✓ **WHO** has witnessed or documented these behaviors or has concerns about the resident's performance or competence?
- ✓ **WHEN** did these difficulties occur and is there a history of the same types of behaviors/actions in other settings/rotations?
- ✓ **WHERE** did these difficulties arise? (i.e. the setting and context)
- ✓ **WHY** do the concerns matter? (i.e. the broad impact or potential impact of the gaps/behaviors of concern)

WHICH factors may have contributed to the situation?[2]



[2] You may also find it helpful to review the Education Diagnosis Wheel by Miriam Lacasse which presents a broader spectrum of possibilities that could impact learner performance.

Documentation Checklist

<u>Must</u> include:

- ☐ A clear outline of the concern based on the best available evidence
- ☐ Any written documentation from preceptors (either as part of formal assessment or in an email) and if applicable, documented complaints from patients or other health providers
- ☐ Any responses from the resident regarding the feedback
- ☐ Any history of related concerns from previous rotations
- ☐ Any concerns for safety of patients, staff and other learners because of the behaviors

<u>Should</u> include:

- ☐ Your own observations of the resident (if you have personally interacted with them)
- ☐ Any difficulties reported by the resident (e.g. mental and/or physical health challenges, sudden increase in life stressors, etc.)
- ☐ Any perceptions or inequity, bias, prejudice, intimidation or mistreatment on the part of the resident or faculty
- ☐ Any formal or informal program-based accommodations that are in place (or should be in place) for the resident

Next, start planning an early discovery meeting with the resident.

Keep in mind!

Documentation collection can come up at any time, even outside the parameters outlined in this guide. Consider the relevance of the information and how much documentation will become a permanent part of the resident's record. Be thoughtful with respect to the **intent** and **goal** of the documentation being collected.

MEET WITH THE RESIDENT

Before meeting

Consider the goal

Whether this is the first meeting, or a subsequent meeting with the resident, be prepared with the appropriate documentation and have a clear idea of the conversation goal(s). Plan to confirm, during the conversation, that the resident is aware of the documented concerns, and any next steps that will need to take place.

If the concerns are egregious and/or recurrent, you may want to discuss the situation with the competency committee or Residency Program Committee (RPC) prior to your meeting with the resident to review what appropriate remediation options (i.e. enhanced learning plan vs. formal remediation) can be considered.

Be prepared

Consider how you may deal with difficult emotions and whether there may be strong disagreement or conflict during the meeting. If you feel there needs to be another person at the meeting who would

contribute positively to the discussion, talk to the resident in advance of the meeting and agree on who this person may be (e.g. a trusted mentor or faculty member).

Draft the meeting invitation and consider what (if any) documentation should be shared with the resident so they can appropriately prepare for the meeting. If appropriate, consider asking the resident to reflect ahead of time on their performance or how they could improve it so they are prepared to provide input at the meeting.

If, for this or subsequent meetings, the perceived severity of the concern increases, it may be appropriate to inform the resident they can and may wish to bring a support person

During the meeting

Set the goals of the meeting with the resident

Discuss the training deficiency and develop a plan with the resident to support them in progressing.

- Ask the resident what they think led to the concerns being identified.
- Provide specific feedback (supported by documentation) received by preceptors, peers, health professionals, etc. and present your perspective to the resident. It is often helpful to map any identified deficiencies to CanMEDs competencies.
- Seek input from the resident on an action plan for improvement. This information will be considered when developing a plan for the resident to progress.
- Identify additional supports for the resident, and if appropriate, set a date to meet again to check-in on the resident's progress. Be very clear about the areas that have been identified as weak and how they will be assessed going forward (if known at this point).
- Be very clear about the mandatory and expected behaviors and/or tasks that the resident needs to demonstrate or perform to show that appropriate corrective changes are taking place.
- Clearly outline the possible outcomes of the learning plan or remediation, including what may happen if the deficiencies are not fully corrected after implementation of the plan/remediation.

During this conversation, keep in mind that physical and/or mental wellbeing could emerge as a factor at any point, including the subsequent discussions with committees.

The Program Director is responsible for putting together an intervention plan at this stage, with input from the resident, where they feel it is appropriate and allows the resident to correct areas for improvement.

Protecting resident privacy regarding personal information is of paramount importance. Information collected should only be on a "need to know" basis, and if personal information is disclosed by the resident, it should not be passed on to subsequent committees.

Example of what progress can look like:

CanMEDS Role	What is the learning issue?	What is the plan?	What does success look like?
Collaborator	Not collaborating well as part of a medical team; Issues with reliability (Missing clinics/calls, without finding a replacement).	Resident to attend a Saegis Workshop on being a member of an effective team. Resident to fill out self-reflective exercises to be sent to the PD on what they have learned and their approach to teamwork in the future.	Feedback from resident's medical team that the resident is communicating effectively with the team; not missing clinics or calls or if they have to, ensuring a replacement is found and the team is updated with the plan.
Professionalism			
Medical Expert	Differential diagnosis is sometimes insufficient, leading at times to inadequate investigation and potential for missed diagnoses.	Assignment to academic advising, development of a learning plan.	Assessments reflect appropriate competency of case presentation, investigation, and treatment plans.

After meeting the resident, documentation will continue to play a vital role throughout the resident in difficulty process. Continue to proactively gather timely feedback on the resident's performance, and meeting periodically with the resident to check in and identify any further supports they may need.

Continued Documentation:

Must include

- ☐ Summary of discussion points from meetings and any follow up plans (if required) in an email afterwards to the resident for confirmation
- ☐ A copy of any intervention plan documentation (Modified Learning Plan, Remediation Letter and Outcome Form, etc.)
- ☐ Ongoing and timely feedback on the resident's performance
- ☐ Frequency of meetings with the resident to check-in

Should include

- ☐ Periodic reports from the remediation supervisor or coaches
- ☐ Your perspective on how the resident collaborated in the process
- ☐ Any gaps identified or resource needs necessary to implement the plan successfully and how this will be addressed

CONSULT THE COMPETENCE COMMITTEE

After meeting the resident, the Program Director connects with the Competence Committee (which the Program Director may sit on) to review the meeting outcomes and discuss the best option. The Program Director (or a delegate) meets with the resident again to discuss the likely outcome that will be determined by the Competence Committee.

The Competence Committee will then consider information from multiple assessments and observations to make decisions related to the progress of individual residents within each stage of the training program. The competence committee will also seek resident input if remediation or probation is being contemplated, and consider physical and/or mental wellness factors before forwarding their recommendations on a formal intervention plan to the Resident Promotion/Training Committee (RPC/RTC). Throughout the resident in difficulty process, the Competence Committee can monitor the progress of residents engaged with intervention plans, and recommend adjustments.

RESIDENT PROMOTION/TRAINING COMMITTEE APPROVAL

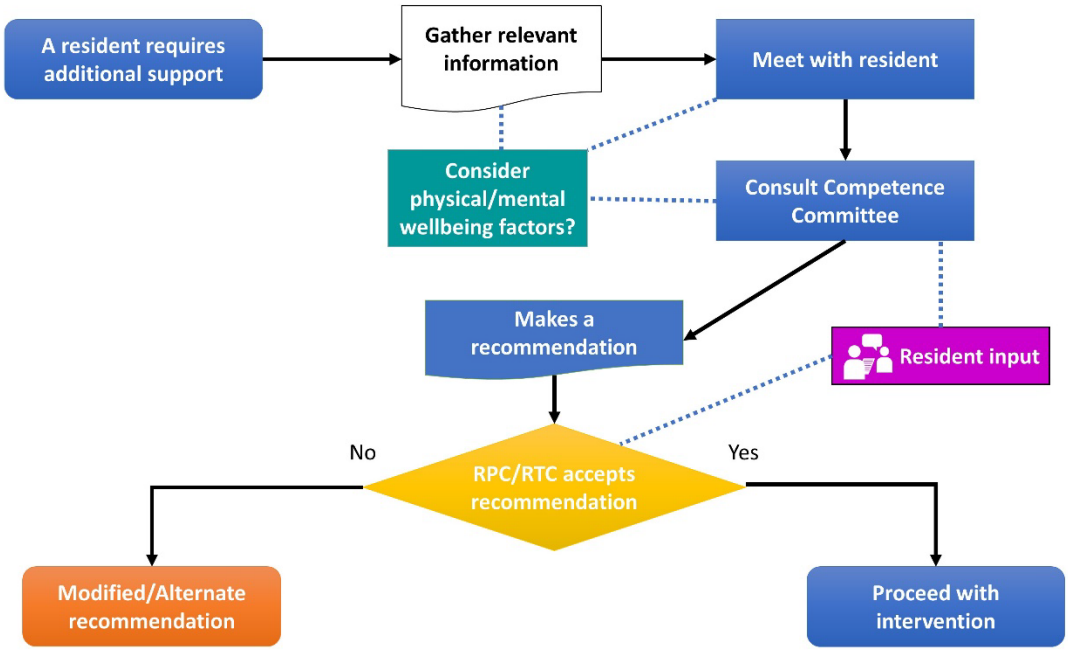
If formal intervention plan is deemed necessary, the Resident Promotion/Training Committee (RPC/RTC) will then review the Competence Committee's recommendations for an intervention plan. The RPC/RTC will review documentation, and seek resident input if remediation or probation is being considered.

If the RPC/RTC **accepts** the recommendation, the intervention may proceed and they will support the Program Director in implementing it.

If the RPC/RTC **does not accept** the Competence Committee's recommendation, a modified or altered version of the recommendation will be executed.

EVALUATION OVERVIEW

How a resident is evaluated and an intervention is determined



INTERVENTION

LEVELS OF INTERVENTION

The chart below outlines the three levels of intervention that can be determined for a resident in difficulty. Though each level progresses in severity, the Program Director, Competence Committee, and RPC can decide the resident should complete any one (or none) of these levels, in any order, as needed.

	Description	A resident would be placed under this plan if one or more of these conditions are met…	Form/ Documentation
Modified Learning Plans	A written statement of goals and objectives of educational plans customized to the resident and the specific difficulties the resident is having in their training. Can be developed within programs to help the resident progress. Program Directors bring documentation to their program's RPC and/or Competency Committee to determine if formal remediation is needed. The Modified Learning Plan form provides a template for Program Directors to fill out during this process.	• This is their first issue and is not egregious of a significant foundational nature • The resident made viable suggestions for their own improvement during the resident meeting. **Ideally, the Competence Committee and RPC should be in agreement for this intervention to proceed. However, if delayed due to logistics and an agreement is expected, it may proceed with the Competence Committee being made aware of the intervention at the next meeting.**	**Modified Learning Plan Form** Send copies of the completed form to any supervisor(s) who would be involved with the Modified Learning Plan.
Remediation	Involves a **structured** educational plan within a defined period of time that is customized to the resident and the specific difficulties the resident is having in their training. Remediation is recommended when it is anticipated resident difficulties can be successfully addressed. In formal remediation, the Program Director must run the remediation plan past their own RPC and must notify the Associate Dean, PGME when they decide to put the resident on formal remediation. Documentation at every step of the process is key. Documentation of objective data detailing the who, what when, where, and why is a key component in the remediation process.	• They failed a rotation as documented in an ITER/ITAR. • Demonstrated poor or borderline performance, or a pattern of poor or borderline performance in one or more of the domains in the CanMEDS/Can/MEDS-FM roles, as documented in ITERs/ITARs, EPA's, written formative feedback, or documented verbal discussions with the Resident. • Evidence in competency-based programs shows they require more time than the expected maximum for stage achievement to demonstrate ability to meet the competencies required to progress in the program.	**Remediation Letter and Outcome Form** Send copies of the completed form to the PGME Office.

	This documentation serves to both, provide a detailed history of the concern and to provide evidence to the resident that there is, in fact, a concern. The following Remediation Letter and Outcome form provides a template for Program Directors to fill out during the remediation process.	**The Competence Committee and RPC need to be in agreement for this intervention to proceed.**	
Probation	A **formal status** initiated when resident performance is considered egregious in nature such that it represents a serious breach of professional standards, has not been responsive to correction, or is so far below expectations there is serious concern the resident will not meet the training program's required standard within a reasonable time. The resident is observed or supervised so their progress can be closely monitored, and will likely remain under a probation status for the rest of their training to ensure there are no recurrences of the concerns identified. A resident can be moved out of probation and reinstated with performance improvement that aligns with probation parameters, or can result in dismissal from the program if there is no improvement or reoffend. The Program Director will consult with the RPC/RTC before deciding to place the resident on probation. If the Program Director decides to place the resident on probation, they will notify the Associate Dean. All residents placed on probation must be reviewed by the Oversight Committee. A probation committee may be established to review the case on an ongoing basis.	• There is a persistence/recurrence of serious and similar concerns flagged in previous remediation(s). • Based on the judgement of the Program Director, the issues in performance and conduct are of such a nature there can be no tolerance or recurrence. Resident requires formal monitoring. **The Competence Committee and RPC need to be in agreement for this intervention to proceed.**	For residents being considered for *probationary status*, Program Directors should review the *PGME Resident Assessment Policy* and consult the RPC/RTC. The formal process and documentation for probation is outside the scope of this guide. **Program Directors MUST notify the PG Deans if any resident is being considered for probationary status.**

For more information on remediation and probation, view the Postgraduate Medical Education Resident Assessment Policy.

FOLLOW-UP WITH THE RESIDENT

If the case is more complicated or serious, the Program Director may need to go back again to the Competence Committee and RPC/RTC for consultation before an appropriate action plan is determined, and another meeting with the resident may be needed before an intervention is approved.

Either way, a follow-up meeting(s) with the resident is necessary to go over the final plan (either a Modified Learning Plan, Remediation, or Probations), review any forms and obtain sign-off from the resident, and communicate expectations.

HAS THE RESIDENT IMPROVED?

As a resident progresses through their intervention, the Program Director will continue to collect documentation and determine if the resident has improved or not.

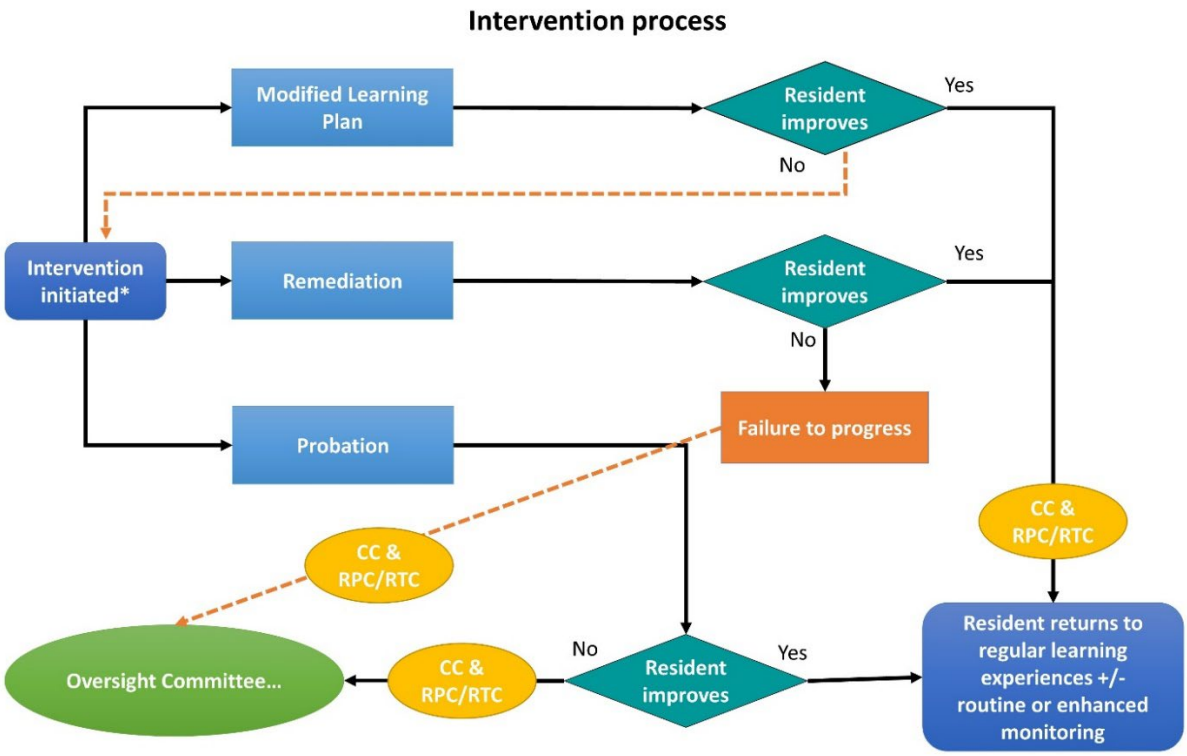
If a resident has **improved sufficiently**, the case will be reviewed by the Competence Committee and RPC/RTC and the resident may return to their regular learning experiences, with either less or more routine or enhanced monitoring depending on the outcome.

For residents who **have not improved sufficiently**, the following possibilities can take place:

- For a Modified Learning Plan, the resident in difficulty process will start again, with the Program Director and resident meeting, and with input and approval from the Competence Committee and RPC/RTC to determine what level of intervention is now needed (and this can be another Modified Learning Plan as well).
- For Remediation, a lack of improvement will trigger a failure to progress, the Competence Committee and RPC/RTC will review the case, and the Oversight Committee will become involved. The process is similar for residents who do not improve during Probation.

Decisions about the resident in difficulty have to go through Competence Committee and RPC/RTC for both Probation and Remediation statuses.

LEVELS OF INTERVENTION PROCESS OVERVIEW



WHEN A RESIDENT IS UNSUCCESSFUL WITH PROBATION

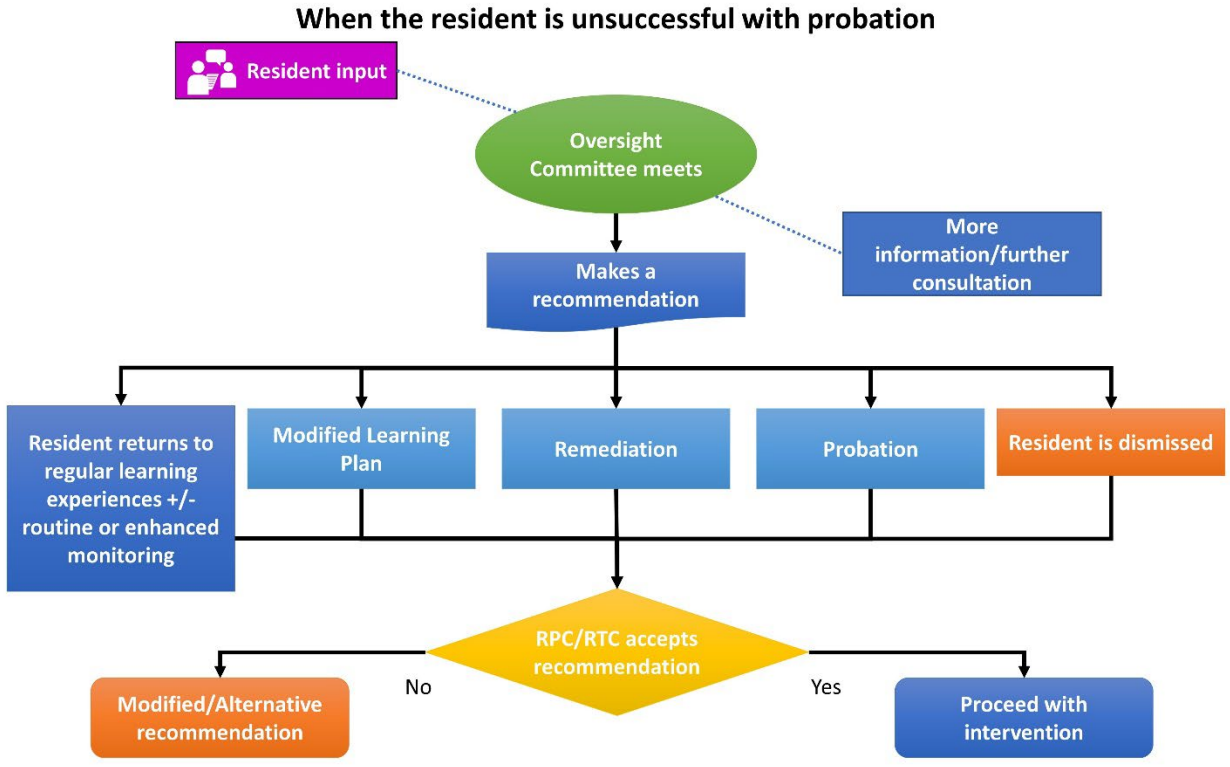
ROLE OF THE OVERSIGHT COMMITTEE

The Oversight Committee becomes involved and provides input when a resident does not improve during Remediation or Probation. Once this involvement is triggered, the Oversight Committee obtains input from the resident, then they meet and decide if they need more information or further consultation.

After reviewing all the documentation, the Oversight Committee can determine if a resident needs another (or the same) level of intervention, or can return to their regular learning experiences with some monitoring or support, or can be dismissed.

Once the RPC/RTC reviews the Oversight Committee's recommendation, they may approve it, letting the outcome proceed, or they may modify or determine an alternative recommendation.

UNSUCCESSFUL PROBATION OVERVIEW



KEY POLICIES

- Postgraduate Medical Education Resident Assessment Policy
- Postgraduate Medical Education Resident Appeal Policy

WHERE LEARNERS CAN RECEIVE ADDITIONAL HELP AND SUPPORT OUTSIDE OF THEIR PROGRAMS

RESIDENT WELLNESS OFFICE

The first resource that should be offered to residents is the Resident Wellness Office, where they can seek support for professional and personal challenges. They offer resources such as:

- Free and confidential counselling for individuals and couples (in-person and over the phone/Zoom)
- Group support
- Referrals to community resources and other helping professionals
- Workshops on relevant health and wellness topics
- Up-to-date online resources
- Community events

Visit https://postgrad.med.ubc.ca/resident-wellness/ for more information on the **Resident Wellness Office**.

CMPA COURSES

The CMPA website offers 3 workshops that may be suitable for residents in difficulty:

CanMeds Competencies they address	Course Title	Topics Covered
Communicator	**Successful Patient Interactions (SPI)** • Helps physicians and other healthcare providers communicate more effectively with their patients.	• The relationship between medico-legal risk and patient-physician communication • Optimizing the consultation and workplace for improved patient-physician interactions • Linking patient-centered communication to a reciprocal patient-physician partnership built on trust • Patient interaction model "G.I.V.I.N.G" • Developing an action plan for improved patient-physician interactions
Collaborator	**Effective Team Interactions (ETI)** Provides practical strategies for effectively interacting with colleagues in a team environment.	• Team communication in the context of safe patient care • Psychological safety • Active listening and assertive communication skills • Situational awareness
Professional Communicator Collaborator Medical Expert	**Clinical Communication Program (CCP)** A highly intensive interpersonal skills training program which greatly enhances doctor-patient communication.	• Program is limited to a small group of participants per session to deliver more customized and focused training. • Creation of a trusting, supportive environment conducive to learning and self-reflection. • Development of a workable action plan to provide long term direction for participants. • Support from a facilitator throughout the program to assist with the change process.

For more information on costs, running times, and other parameters, visit the CMPA Workshops webpage.

Please note: academic support is determined and provided by each program and is not included in this list.

WHERE PROGRAM DIRECTORS CAN RECEIVE ADDITIONAL HELP AND SUPPORT

Program Directors requiring additional support with resident in difficulty process can contact the PGME Office postgrad@postgrad.med.ubc.ca and visit the Royal College PD Handbook.

These references may also be helpful:

- Postgraduate Medical Education Policies & Procedures
- Royal College CanMeds Framework

This process can be stressful for program directors, so please take into consideration your own wellness during these tasks. Connecting with others, and those across disciplines can also be helpful.

Some options to consider:

- UBC's Coaching Services provides access to one-on-one coaching.
- Contacting PGME leadership:

Dr. Ravi Sidhu - ravi.sidhu@ubc.ca
Associate Dean, Postgraduate Medical Education

Dr. Sonia Butterworth - sonia.butterworth@ubc.ca
Assistant Dean, Postgraduate Medical Education

Dr. Henry Broekhuyse - henry.broekhuyse@ubc.ca
Educational Environment Faculty Lead, Postgraduate Medical Education

Dr. Jennifer Yao - jennifer.yao@vch.ca
Faculty Associate, Educational Advisory Group Faculty Consultant (PGME)

Navigating the process of supporting a resident in difficulty can be a stressful experience for program directors. If you find yourself in distress and need further help, please contact the Physician Health Program (PHP).