Remediation, Probation & Dismissal from Residency Training: Managing Crucial Conversations with Residents Using a Systematic Method and Live-Simulation

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Disclosures

Agatha Parks-Savage
- No disclosures to report

Amelia Wallace
- No disclosures to report
31 ACGME Accredited Programs
358 Trainees
Objectives

- Define elements of a crucial conversation with residents related to remediation, probation and dismissal.
- Demonstrate systematic strategies to facilitate crucial conversations effectively.
“CLUELESS NICE RESIDENT”
Attending physicians call you about “John”—PGY-2

“I don’t think he has a clue what he’s doing as a 2nd year resident.”

“He is not prepared…”

“He’s a nice guy person, but…”

“He told me the wrong meds for a patient…”

“The nurses are complaining about him not answering his pager in a timely manner…tired of his excuses…”

“This was a problem with him last year…”

“Don’t mean to put this on you…”

“The nurses have reported him to their QI people.”
BACKGROUND

- Entered program knowing he wasn’t the strongest of resident candidates, but interviewed well.
- Challenges regarding medical knowledge were apparent 3-4 months into the start of John’s intern year, but the hopes were he would “get it” and it wouldn’t be a problem.
- Various faculty were grumbling about his ability to make clinical decisions for past several months, but nothing was addressed with John and he was promoted to PGY-2.
ASSUMPTIONS ABOUT PROGRAM DIRECTORS
ASSUMPTIONS

- Handle life-death crises all the time with patients, one more crisis is not difficult...especially one that’s related to resident education.
- You think the documentation is good related to the resident issues, so everything is covered....
- Program Education Committee supports the remediation/probation/dismissal plan of the resident, so we have the right plan...
- DIO agrees with the plan---all is good to go!
“We need to talk…”

“Well, no one has said anything to me in the 18 months I have been here and now all these issues are coming up? That attending and those nurses have never liked me and now they want to say all this to get me in trouble. What about the other residents that make mistakes...are you having a talk with them? No one has given me any feedback and now I hear this.”
Life:
- Negotiating with Teens
- Marriage
- Friend to repay loan
- Asking roommate to move out
- Conflicts with Friends/Family

Work:
- Patient Safety
- Complaints
- Budget
- Peer Review
- Professionalism Issues
WHAT CAN HAPPEN...

- Avoid the conversation.
- Face them and handle it poorly.
- Face them and handle it well.
FAILURE IS NOT THE OPPOSITE OF SUCCESS. IT IS PART OF SUCCESS.
WHY CONVERSATIONS FAIL

- We’re Designed Wrong
- We’re Under Pressure
- We’re Stumped
- Act in Self-Defeating Ways
7-STEP PRIMER FOR MANAGING CRUCIAL CONVERSATIONS
1. Start with the Heart
2. Learn to Look
3. Make it Safe
4. Master my Story
5. State my Path
6. Explore Others’ Paths
7. Move to Action
AVOIDING EMPATHY FAILURES WITH FIFE AND NURS
Managing Perspectives
“FIFE” to Manage Perspectives

Feelings
Ideas
Function
Expectations
Empathy & Acknowledging Cues

N — Naming Emotion
U — Understanding
R — Respect
S — Support
Using LIVE-Simulation

2017 ACGME Conference
- 90-minute Workshop
- 160–200 attendees

2018 ACGME Conference
- 3-hour Mini Course
- 80–100 attendees
Guided Video Review

Three Videos
- Crying/Sad Resident
- Angry Resident
- Passive Aggressive Resident

Pause along the way for reflections
- Where is the conversation becoming stressful?
- What tools can be used to help?
Heather (crying/sad)

- Conversation about remediation
- Well liked by team
- Professionalism concerns (late to rounds, etc.)

FIFE
Feelings
Ideas
Function
Expectations

7 step primer
① Start with heart
② Learn to look
③ Make it safe
④ Master my story
⑤ State my path
⑥ Explore others’ paths
⑦ Move to action

NURS
Naming Emotion
Understanding
Respect
Support
CRYING – SAD RESIDENT
WHAT CAN BE DONE?

- What is the story?
  - Resident is having a hard time.
  - Resident is potentially manipulative?

- What happened?
  - Resident began to beg.
  - Faculty became frustrated.

- Potential Tools – perspective sharing
  - F – function – faculty could state how the resident’s behavior has impacted the function of the team more explicitly as well as ask the resident about her perceived impact.
  - E – expectations – faculty could elicit the resident’s expectations for visit.
Matt (aggressive)

- Conversation about termination
- Professionalism concerns
- All institutional processes have been met

**FIFE**
Feelings  
Ideas  
Function  
Expectations

**7 step primer**
① Start with heart  
② Learn to look  
③ Make it safe  
④ Master my story  
⑤ State my path  
⑥ Explore others’ paths  
⑦ Move to action

**NURS**
Naming Emotion  
Understanding  
Respect  
Support
AGGRESSIVE RESIDENT
WHAT CAN BE DONE?

- What is the story?
  - Conversation is about termination from program.
  - Resident is potentially volatile.

- What happened?
  - Explosive Anger
  - Story sharing – behaviorally anchored information at the onset of the conversation

- Potential Tools – Empathy to redirect
  - Naming emotion – We can appreciate this is a stressful situation
  - Understanding – We understand this is not what we want.
  - Respect – You have a right to feel strongly about the situation
  - Support – We want to make sure you have all of the information needed to move forward (e.g. right to appeal, etc.)
Bobby (passive–aggressive)

- Conversation about probation
- Something “not right” about demeanor
- Professionalism concerns

**FIFE**
- Feelings
- Ideas
- Function
- Expectations

**7 step primer**
1. Start with heart
2. Learn to look
3. Make it safe
4. Master my story
5. State my path
6. Explore others’ paths
7. Move to action

**NURS**
- Naming Emotion
- Understanding
- Respect
- Support
PASSIVE-AGGRESSIVE RESIDENT
What Can Be Done?

- What is the story?
  - Varying levels of emotion on part of the faculty.

- What happened?
  - One faculty stayed calm, one did not.
  - Resident’s demeanor was sarcastic, not engaged.

- Potential Tools – Empathy to redirect, perspective sharing
  - Honest reflection in real time about incongruous nature of his behavior and his statements.
    - Naming – This is what I see you doing (e.g. answering cell phone)
    - Function – This is how that behavior is impacting our conversation now (e.g. making me feel you are not taking the conversation seriously)
    - Expectations – *I expect you to be completely focused in this conversation*
    - Support – *Because I want you to have the support you need*...
Managing emotionally charged conversations between faculty and residents: a skill-building workshop

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Abstract

Background: Discussions with residents regarding remediation, retention, or dismissal are challenging and can be emotionally charged for teachers and residents alike. This skill-building workshop will provide strategies to present these topics with tact and empathy.

Methods: Participants will engage in interactive sessions designed to develop their skills in managing emotionally charged conversations. Case studies and role-playing exercises will be used to enhance practical application of the skills.

Results: Participants will demonstrate an improved ability to communicate effectively and handle emotionally charged situations with professionalism.

Conclusion: This skill-building workshop will equip teachers with the tools necessary to handle emotionally charged conversations with residents, thereby improving the educational environment and the wellbeing of all parties involved.
References


