

How to manage the struggling or disruptive trainee

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Objective

- Simply, to help you identify a trainee who needs remediation, discuss approaches to intervention, and mention potentially helpful resources

Systematic approach

- Foster a culture of support, wellness, cohesion, accountability
- Encourage relationship-building
- Create safe zones with PDs
- Prevent burnout

3 R's of managing the struggling trainee

- **Responsibilities**
 - Identify and communicate the problem
 - Strategize course of action/remediation plan
 - DOCUMENTATION
- **Resources**
 - Faculty (coaches and mentors)
 - GME
 - Teaching-Learning Center
 - Wellness Center
- **Ramifications**
 - Intervention reportable to Medical Boards?
 - Mandatory reporters
 - Institutional reporting structure

Identifying the need for Remediation

- This is very, very difficult!
- Faculty evals – imperfect
- Direct observation – limited
- Hallway conversations – informal (actionable?)

- CCC – more holistic

Challenges

- Faculty NEVER, EVER want to put anything in writing
 - Faculty have widely varied approaches to and expectations of trainees
 - You may or may not have a strong relationship with the trainee
 - 2 or 3 PDs are better than 1
 - “Objective” data also imperfect (In-Training Exam anyone???)
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- Anchoring the struggling resident
 - Fostering resilience

On The Academic Struggle-Bus

- Identify why the resident is struggling
 - Lack of effort
 - Family struggles
 - Learning disability
 - Lack of visual “getting it”
- Early intervention is key

Informal Interventions - Academic

- Explore learning style and recommend specific study materials/habits
- Reinforce the need for early, daily study strategies
- Individualized faculty mentoring and case reviews
- Referral to physician wellness
- Referral to institutional resources (TAL center, academic support specialists)
- Study buddies, peer learning support sometimes helpful

On The Professionalism Struggle-Bus

- Behavioral
- Administrative
- Substance use disorders
- Psychiatric dxs

Informal Interventions - Professionalism

- Set expectations EARLY and OFTEN
 - Prevent bad habits from forming from day one
 - Also be transparent and specific about unacceptable behaviors in your program
- For administrative and behavioral issues, sometimes a direct conversation is sufficient
 - Feedback must be specific and actionable
 - A reminder that you as PD will be asked for references in their future job search can be very powerful

Formal Interventions

- Individualized Education Plan – remains within the program
- Individualized Academic Achievement Plan – mandates GME involvement, but is NOT generally reportable
- Extension of Training
- Probation
- Suspension
- Removal from Patient Care
- Non-renewal/Termination

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Remediation Action	Grievable	Reportable	Notify GME	Retain in resident file
Resident Evaluations	No	No	No	Yes
Individualized Education Plan	No	No	No	Yes until remedied; then removed
Individualized Academic Achievement Plan	No	No	Yes	Yes until graduation, then removed
Probation	Yes*	Yes	Yes	Yes
Suspension	Yes*	Yes	Yes	Yes
Non-renewal of Contract	Yes*	Yes	Yes	Yes
Non-promotion	Yes*	Yes	Yes	Yes
Termination/Dismissal	No, but may lead to hearing	Yes	Yes	Yes
Program Refusal to Certify Board Application	Yes*	Yes	Yes	Yes
Training Site Actions	No**	Yes	Yes	Yes
Removal from Patient Care Activities	No	Situational	Yes	Situational
Administrative leave	No	Situational	Yes	Situational
Actions by non-GME components of OHSU	No	Situational	Yes	Situational

Mandatory Reporting

- WE ARE ALL MANDATORY REPORTERS

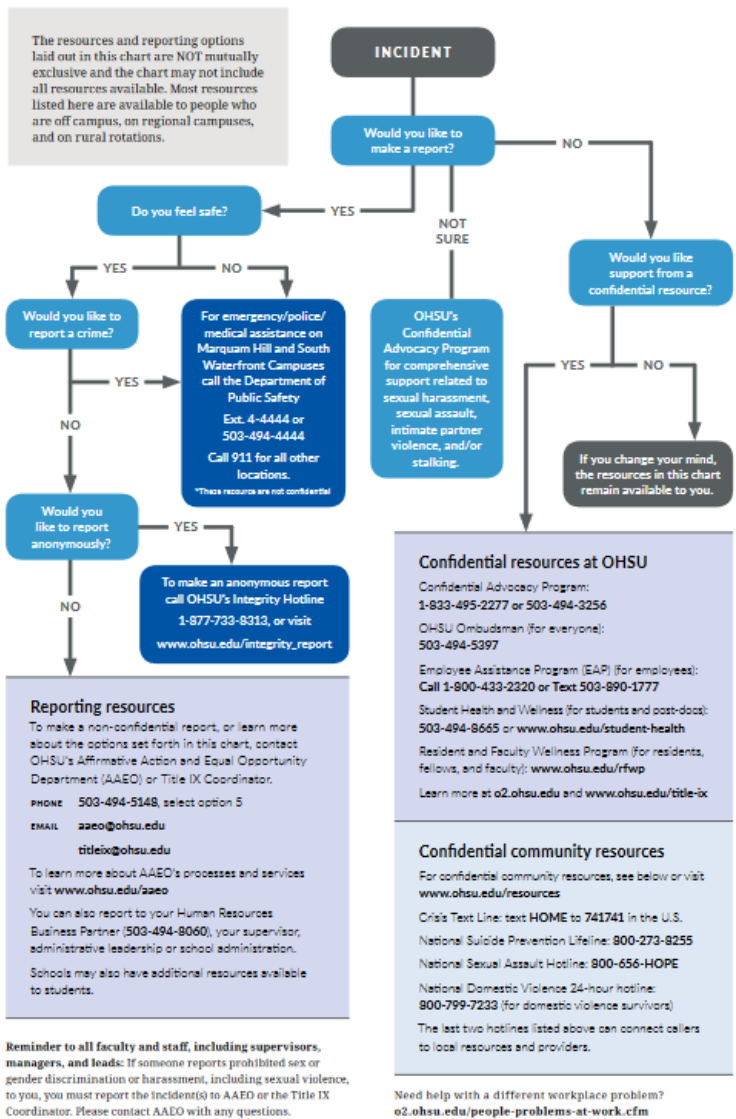
- What this means differs between institutions – essential to familiarize yourself with your institution’s policies!

- Example from OHSU:

“OHSU requires all supervisors, managers, faculty members, leaders, and executives who receive a report of discrimination or harassment—including sexual misconduct, sexual assault, stalking, domestic violence, interpersonal violence, and retaliation—to promptly notify OHSU’s Affirmative Action and Equal Opportunity Department (AAEO) or HR Business Partner.”

Reporting Flow Chart

Reporting options and resources for anyone who experiences, witnesses or hears of prohibited bias, discrimination, harassment, sexual assault or retaliation.



The Impaired Trainee

- Medical, psychological, or substance abuse issues that may interfere with performance of a resident or fellow's duties and/or responsibilities, including academic performance and patient care duties.
- **It is not the role of the Program Director to make a diagnosis of impairment.
- Familiarize yourself with institutional processes for addressing suspected trainee impairment d/t drugs or alcohol.

Vignette #1

- Your 2nd year residents just started taking independent call. You receive a handful of texts and informal hallway convos regarding concerns of a resident's performance on call (major misses/misinterpretations, lack of ability to get through the volume). To date, all milestones have been documented at level but there have been some concerns in the CCC re: medical knowledge and image interpretation skills.
- What do you do?

Vignette #2

- It is 6 months into the AY. One of the first-year residents has shown significant difficulty in completing admin tasks consistently and on time, despite many reminders and prompts by your admin team. Examples include submitting past-due GME on-boarding docs, neglecting to renew ACLS cert on time, not responding to emails in a timely manner, etc. The resident also consistently shows up a few minutes late to work and is perceived to take little initiative in getting through cases.
- What do you do?

Vignette #3

- A queer-identified male 3rd year resident reaches out with a distraught text one afternoon. He asks to meet with you regarding a recent interpersonal incident with one of the senior faculty members in your department. He does not give details via text but makes it clear that he feels threatened by the interaction.
- How do you handle?

An aerial photograph of a city at dusk or dawn. The city lights are glowing, and a large mountain peak is visible in the background under a colorful sky. The text "THANK YOU!" is overlaid in the center in a white, serif font. A thin white horizontal line is positioned below the text. The image is framed by a white border and set against a textured, light brown background with dark brown tabs on the left and right sides.

THANK YOU!

Sources

- Radiology Resident Remediation: Five Important Questions to Ask. *AJR* 2016; 206:1045 –1048
- Supporting a Work-Life Balance for Radiology Resident Parents. [Acad Radiol](#). 2021 Feb; 28(2): 243–249.
- Resident Evaluation and Remediation: A Comprehensive Approach. [J Grad Med Educ](#). 2010 Jun; 2(2): 242–245.
- Remedial Training for the Radiology Resident: A Template for Optimization of the Learning Plan. *Acad Radiol* [Volume 22, Issue 2](#), February 2015, Pages 240-246
- OHSU GME Policies

