CHIEF RESIDENTS & THE DEVELOPMENT OF REMEDIATION PLANS

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Introduction

A major responsibility of a residency program is to ensure that graduating residents are competent to practice independently. Some residents have deficits that require additional resources, or remediation, to assist them in attaining this level of competency. Resident remediation is a time intensive process that is personalized to address resident specific competency deficiencies. In our institution, chief residents are instrumental in the development and execution of individualized remediation plans. We have designed a dual focus approach to address deficits in our residents.

Methods

Most common causes of remediation are due to deficiencies in medical knowledge, patient care and professionalism. Our dual focus approach addresses all three of these concerns. Focus one addresses medical knowledge. This is accomplished by using clinical reasoning grids, case discussions and simulation. Focus two addresses patient care and professionalism by focusing on communication and interpersonal skills. This is accomplished by utilizing leadership coaches, individuals from GME that specialize in psychology, to work with residents one-on-one.

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Components

FOCUS ONE: Competency of Medical Knowledge

- Clinical reasoning grids use case prompts and require the resident to generate four diagnoses, discuss the pathophysiology, and discuss history, exam, or diagnostic studies to distinguish them.
- Case discussions include initial presentation of the disease process, work up, disposition, and short term resolution or long term follow up.

FOCUS TWO: Competency of Communication and Interpersonal Skills

- Shadowing provides real time feedback.
- Individual coaching sessions teach communication, leadership, and life skills relevant to practice.

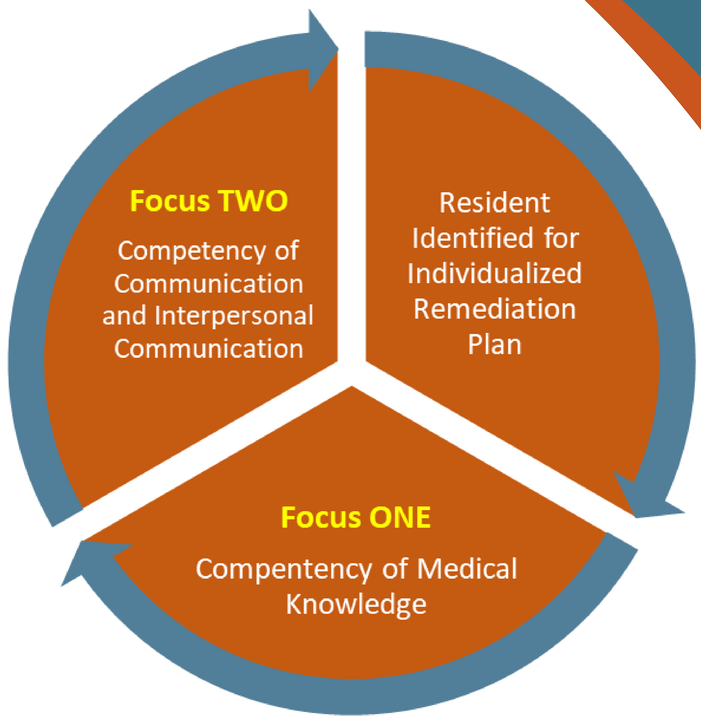
Simulation with standardized patients/clinical staff members permits direct assessment of baseline performance and progress throughout the remediation process within both focuses. These events are recorded and reviewed with the resident, a chief resident, a faculty member and a leadership coach to provide immediate feedback and discussion.

BASELINE SIMULATION

Case	Time	Example time	Location	Simulation Details
Station 1; Patient A – Asthma	20 minutes	1:30-1:50	ED – Hall A	Asthmatic – 9 year old girl presenting in the ED with complaints of difficulty breathing.
Station 2; Patient B – Fever	20 minutes	1:50-2:10	Hospital – Hall B	Parent concerned about 2 week old with fever. *gets "paged" during conversation to talk with Dr. from station 3 who says he needs to talk with resident after they are finished with patient.
Station 3; Dr. Interaction	10 minutes	2:10-2:20	Hall B	Is upset about the way resident handled the asthmatic patient and parent. Gives incorrect information.
Station 4; Mock Code	15 minutes	2:20-2:35	Hospital – Group Skills	Ventricular Tachycardia CODE
Debrief/feedback	45 minutes	2:35 – 3:20	Hall B	SPs, observers
Redo Simulation * Chosen by faculty	20 minutes	3:20-3:40	TBD	
Debrief	20 minutes	3:40 – 4:00	Hall A	With Amelia

PROGRESS SIMULATION

Case	Time	Example time	Location	Details
ORIENTATION	30 minutes	9:00 – 9:30	Group Skills	Resident will be oriented to the event. This will include becoming familiar with the manikins used.
Station 1; Sign out	10 minutes	9:30 – 9:40	Group Skills	This will be faculty (chief) signing out the cases from the night before. *This signout will include mention of the Ketoacidosis patient
Station 2; Patient – Bronchiolitis	15 minutes	9:40-9:55	Group Skills	4 month old infant in respiratory distress, CARE Team to include simulated nurse. *Interrupted by intern
Station 3: Diabetic Ketoacidosis	15 minutes	9:55 – 10:10	Hospital – Group Skills	9 year old with Parent (parent does not understand why Type 1 diabetes should be treated)
Station 4: Intern Interaction	5 minutes	10:10 – 10:15	Group Skills	Intern concerned about angry family (Tylenol ingestion parent is angry about having CPS notified)
Station 5: Tylenol Ingestion	15 minutes	10:15 – 10:30	Group Skills	Upset family
Station 6: Code – Bronchiolitis	20 minutes	10:30 – 10:50	Group Skills	Team – Bronchiolitis patient is getting worse
Station 7: Debriefing with Code lead	10 minutes	10:50 – 11:00	Group Skills	
Debriefing and video review with faculty	60 minutes	11:00 – 12:00	Exam Room	



Conclusions

Through this innovative dual focus approach, we have successfully aided at-risk residents with effective tools to develop the skills necessary to become successful residents and ultimately competent independent pediatricians.

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