The Good, Bad, and the Ugly: How to Address Resident Remediation Issues Beyond Academics

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DIO

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Director, Graduate Medical Education
Who are we

• MetroHealth System
• Affiliate of Case Western Reserve University
• 40 training programs
• Nearly 400 trainees
• 30 years GME experience
Who’s In the Room?

Faculty
APD
Program Director
Resident
DIO
Fellow
Coordinator
Disclosure

We have no relevant financial relationships with commercial interests to disclose

Abdulla Ghori, MD
Marcie Becker, MEd
Learning Objectives

- Evaluate current process to address non-academic issues
- Design a step-by-step process fair to the trainee, program and institution that meets standard educational and legal regulations
- Apply field-tested practical procedures to address issues
- Recognize importance of advance planning to address future credential verifications of the trainee
- Learn how to address the issue of a resident termination within the program to make it a fair process
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What we will be sharing

• Scenarios- 4
• PIP template
• Non Academic Remediation Guidelines
• Sample Termination Letter
• Sample Due Process Policy
• Steps for Termination Process
• Sample Verification Statement/Summary
Scenario #1

• Academically bright PGY3 of 4 year residency
• Program had resident on PIP for professionalism and patient care concerns. HR was not yet involved.
• During the monitoring period the following concerns were observed in February of PGY3:
  – Failure to accurately gather and report key pieces of clinical information in patient interviews.
  – Failure to review EMR and appropriately incorporate this data in the patient care presentation, specifically the medical aspects of pertinent patient history.
  – Failure to provide standard hand-off of patient cases.
  – Failure to perform tasks as requested by clinical supervisor in a timely manner, which resulted in missing key medical aspects of a patient’s history and compromised patient care.
  – Instructing an intern to stay on duty to initiate new tasks that would have led to a duty hour violation.
Scenario # 1

- In appropriate behavior with peers and other staff members of the treatment team.
- Inappropriate interaction with patient and patient’s family, i.e. told a patient to stop calling the resident.
- Falsely stating that vacation was being utilized in attempt to avoid rounding on the weekend.
- Failure to carefully observe and examine a patient and failure to demonstrate empathy and sensitivity towards a patient’s needs, i.e. did not recognize that a patient has a significant visual impairment and hearing loss.

Do you have a template for PIP??
What should a PIP should include:

a. Identify problem
b. Feedback given
c. Support provided
d. Clear goals and timeline to achieve goals
e. Monitoring through the time period
f. Consequences to be stated
g. Document progress for reverse accountability
**Deliverable #1**  
**PIP Template**

Performance Improvement Plan should include the following:

- Identify Problem
- Feedback given
- Support provided
- Clear goals and timeline to achieve goals
- Monitoring through the time period
- Consequences stated
- Program responsibilities (reverse accountability)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date Given:</th>
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<tbody>
<tr>
<td>Program:</td>
<td>Employee #:</td>
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<td>Ion Taken:</td>
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**Identify Problem (s):**

**Feedback Given:**

**Support Provided:**

**Goals and Timeline:**

**Monitoring:**

**Consequences:** May result in additional corrective action, up to and including termination.

**Program Responsibilities:**

**Employee Comments:**
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________

I have read and discussed this performance improvement plan with my program director. If my employment is not being terminated, I understand what will be expected of me during this warning period. In addition to the specific areas of performance noted above, I understand I am expected to meet all performance, attendance and behavioral standards associated with my job responsibilities and my employment at this hospital system.

Employee Signature: _____________________________  
(Print Name)  
(Your signature indicates receipt of this report)  
Date

Supervisor Signature: ____________________________  
Date

Print Name: ____________________________  
Date
Performance Improvement Plan

Date Given: April 12, 2018
Print Name: ____________________________
Signature: ____________________________

Resident: Susan Lewis, MD
Program: ………..Residency
Employee #: ... _______________

Program Responsibilities:
This document serves as the 90 days notice for a non-places
in the absence of any adverse reports or evaluations.

Monitoring:
In the absence of any adverse reports or evaluations, I understand what
the supervising faculty, Chief Residents and Program will continue to offer timely assistance.

Support Provided:
The faculty you worked with have provided verbal and written suggestions to improve your presentations.
Chief Residents have conducted multiple mock hand-off sessions for you to practice.

action Taken:
You were educated by your attending how to perform a proper chart review to avoid missing key information.
Through Employees Assistance Program you were advised of professional behavior expected with colleagues and patients, and also
importance of accurate statement of facts without falsification.
Through the Patient Experience department, you received coaching on empathy and compassion in patient care.

Identify Problem(s):
Failure to carefully observe and examine a patient and failure to demonstrate empathy and sensitivity towards a patient’s needs, i.e.
recognize that a patient has a significant visual impairment and hearing loss.

Employee Comments:



Deliverable #1
PIP Sample

Name: Susan Lewis, MD Date Given:  April 12, 2018
Program: ………..Residency Employee #: ... _______________

PD or PD will randomly review documentation and observe patient interactions.
PD or APD will monitor multsource evaluations.
Real time patient satisfaction surveys will be reviewed.
Clinical Competency Committee will meet in 3 months to review overall performance.
Based on your performance, Clinical Competency Committee will recommend further course of action.

Failure to accurately gather and report key pieces of clinical information in patient interviews.
Failure to review EMR and appropriately incorporate this data in the patient care presentation, specifically the medical aspects of per
patient history.
Failure to provide standard hand-off of patient cases
Failure to perform tasks as requested by clinical supervisor in a timely manner, which resulted in missing key medical aspects of a patient
history and compromised patient care.
Instructing an intern to stay on duty to initiate new tasks that would have led to a duty hour violation.
Inappropriate behavior with peers and other staff members of the treatment team.
Inappropriate interaction with patient and patient’s family, i.e. told a patient to stop calling the resident.
Falsely stating that vacation was being utilized in attempt to avoid rounding on the weekend.
Failure to carefully observe and examine a patient and failure to demonstrate empathy and sensitivity towards a patient’s needs, i.e.
recognize that a patient has a significant visual impairment and hearing loss.

Date Given:



The above issues were brought to your attention in a timely manner by supervisors, colleagues, and program director, and were professiona-
ed with you, along with multiple resources to improve your performance as listed below.

Support Provided:
The faculty you worked with have provided verbal and written suggestions to improve your presentations.
Chief Residents have conducted multiple mock hand-off sessions for you to practice.
You were educated by your attending how to perform a proper chart review to avoid missing key information.
Through Employees Assistance Program you were advised of professional behavior expected with colleagues and patients, and also
importance of accurate statement of facts without falsification.
Through the Patient Experience department, you received coaching on empathy and compassion in patient care.
The supervising faculty, Chief Residents and Program will continue to offer timely assistance if solicited.

Expectations
Your clinical presentations must contain accurate information, will be thorough, and include all relevant information available from
review.
Hand offs must adhere to department policy and procedure and must be thorough and accurate.
All patient management decisions made during rounds must be completed, or else discussed with attending.
There will be zero tolerance to falsification of information, inappropriate behavior with colleagues or patients.
Be accepting and responsive to all verbal and written guidance, suggestions and feedback.
There cannot be any patient care issues.
Program will not tolerate any patient complaints deemed to be due to your unprofessional behavior.
Adhere to program/department policy on professionalism.

Ring:
PD or Associate PD will randomly review documentation and observe patient interactions.
PD or APD will monitor multsource evaluations.
Real time patient satisfaction surveys will be reviewed.
Clinical Competency Committee will meet in 3 months to review overall performance.
Based on your performance, Clinical Competency Committee will recommend further course of action.

sequences:
Absence of any adverse reports or evaluations, and if you pass all the rotations, your training will be advanced to the next level.Failure
expectations of this academic remediation will result in additional corrective action, non-renewal of contract, or termination. Any activity t
a patient at risk for harm will be considered cause for immediate dismissal from the training program.

Residency Responsibilities: Program Director or designee will review monthly progress and meet with the resident to provide update on
progress along with feedback and any reasonable assistance required.

loyee Comments:

read and discussed this performance improvement plan with my program director. I understand what is expected of me during this performance
improvement period. In addition to the specific areas of improvement noted above, I understand I am expected to meet all performance, attendance and
behavioral standards associated with my job responsibilities and my employment at this hospital system.

Resident Signature: ____________________________
(Your signature indicates receipt of this report) Date
Program Director Signature: ____________________________
Date
Print Name: ____________________________ Date

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Deliverable #2
Non-Academic Remediation Guidelines

1. Program should notify the Graduate Medical Education office as early as possible.
2. Program CCC should review concern preferably before coming to GME to ensure there is no bias from the program.
3. GME will confirm details and documentation that include the correct verbiage of the concern. Documentation will be reviewed for the proper specifics, especially those involving patient care.
4. Concerns and documentation will be discussed with Program Director.
5. PIP to be created by the program. PIP should include:
   a. Identify problem
   b. Feedback given
   c. Support provided
   d. Clear goals and timeline to achieve goals
   e. Monitoring through the time period
   f. Consequences to be stated
   g. Document progress for reverse accountability
6. If goals met, continue to monitor.
7. If goals unmet or new serious issues emerge, re-evaluate the whole process.
8. After considering all details, decide if the resident can or cannot be remediated.
9. If remediated, continue to support the resident.
10. If not able to remediate:
    a. Non-renewal of contract
    b. Termination
    c. Other
11. Program should discuss options with GME.
12. If non-renewal of contract is the choice and the resident is removed from clinical duties, consider whether the resident remains on payroll.
Scenario #1

- GME/PD recommended non-renewal of contract after consulting HR/Legal for failure to demonstrate improvement and PIP goals

- Recommended admin leave and no patient contact and no credit for those months of training

- Do you have a set of steps for programs to follow for non-academic issues?
Scenario #1

- As we were working on taking her off clinical duties: Attending discovered wrong medication was being given. When the resident was asked about the wrong meds, she voiced that she knew about it and repeated the name of the medication during rounds three days in a row.
- Chief Resident discussed wrong meds with resident. Resident intentionally didn’t correct meds as the resident wanted the attending to get into trouble. Documented by Chief.
Scenario #1

• What would you do?
• What is the key issue in this resident’s performance?
• Would you immediately terminate or non-renewal of contract?
• Do you have a termination process??
  – Steps of Termination process
  – Sample Template/Letter
Deliverable #3
Termination Process

There are several steps to follow once it is determined to terminate a housestaff member.

1. Schedule termination meeting in an area away from other housestaff members, i.e. GME office or HR. Preferably on a Friday afternoon.

2. Those that should attend but limited to:
   → Program Director
   → Program Coordinator
   → Resident
   → GME Representative
   → Human Resources representative

   Others that should be notified:
   → Chief Resident
   → Employee Assistance Program representative

3. Request plain-clothed police officer to be near meeting area as added security.

4. If meeting not previously scheduled, either Program Director or Chief Resident should page the resident to come to meeting room.

5. Before the meeting adjourns, collect ID badge, pager, and keys. Ask resident if there are other personal belongings that need to be collected. Make arrangements to collect any other hospital-related items.

6. Ensure that the Resident is able to drive home. GME escorts Resident to car.
   → If the Resident is unable, provide transportation home. GME representative waits until taxi or Uber leave with the Resident.

7. Ensure resident has social support. i.e. friend, relative, or roommate.

8. GME notifies:
   → Human Resources to deactivate ID badge and other security access within the institution.
   → Information Services to deactivate computer access including EMR and network access.
   → Payroll to code system as administrative leave
   → Program Director/Program Coordinator notified once all access has been deactivated.

9. GME remains sole communication contact for separated Resident either by phone or email. If resident decides to evoke Due Process Rights, GME also remains as sole contact.
Deliverable #4
Termination Template

A Termination Letter should include the following and be placed on letterhead:

- Identify issues/concerns
- Support provided
- Action to be taken
- Credit/Board notification
- Due Process info
- GME contact
- HIPAA reminder
- Stipend/benefits
- Program Director’s Signature

Date:

Resident Name
Street
City, State Zip Code

<table>
<thead>
<tr>
<th>Identify Problem(s)/Concern(s):</th>
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<tbody>
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</tr>
<tr>
<td>Action to be taken:</td>
</tr>
<tr>
<td>Credit/Board notification:</td>
</tr>
<tr>
<td>Due Process info:</td>
</tr>
<tr>
<td>GME Contact:</td>
</tr>
<tr>
<td>HIPAA Reminder:</td>
</tr>
<tr>
<td>Stipend/Benefits:</td>
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</table>

Sincerely,

Program Director Name
Title
Institution
Deliverable #4
Termination Sample Letter

May 18, 2018

Resident Name
1234 Housestaff Lane
Your City, Ohio  44444

Dear Dr. Resident,

It is with sincere regret that we must inform you that the Hospital System is unable to offer you a renewal contract for the 2018-2019 year to continue the Department Residency Program.

This decision was reached after a review of your performance as a resident in our program and various attempts to address those concerns including lack of progress under your performance improvement plan which you were presented on April 12, 2018 by the Clinical Competency Committee.

The issues as evidenced by:

- Failure to accurately gather and report key pieces of clinical information in patient interviews.
- Failure to review EMR and appropriately incorporate this data in the patient care presentation, specifically the medical aspects of pertinent patient history.
- Failure to provide standard hand-off of patient cases.
- Failure to perform tasks as requested by clinical supervisor in a timely manner, which resulted in missing key medical aspects of a patient’s history and compromised patient care.
- Instructing an intern to stay on duty to initiate new tasks that would have led to a duty hour violation.
- Inappropriate behavior with peers and other staff members of the treatment team.
- Inappropriate interaction with patient and patient’s family, i.e. told a patient to stop calling the resident.
- Falsely stating that vacation was being utilized in attempt to avoid rounding on the weekend.
- Failure to carefully observe and examine a patient and failure to demonstrate empathy and sensitivity towards a patient’s needs, i.e. did not recognize that a patient has a significant visual impairment and hearing loss.

Various physicians have counseled you in person on numerous occasions regarding the concerns. Despite these efforts, your performance continues to fall below expectations.

As a result, your participation in training at the Hospital System will end immediately, and you will cease all professional activities at the Hospital System as of today.

At this time, you have accrued 2 years (24 months) of credit in the residency program. We also will be notifying the State Medical Board and the American Board of Residency.

Included is the copy of the Graduate Medical Education Due Process and Grievances Policy, which explains your right to a due process hearing. Should you wish to exercise that right you should follow the instructions included therein.

Your Graduate Medical Education representative in regard to your leave and non-renewal is GME Director, who can be reached at (222) 444-7373. Please contact her to provide a list of any personal belongings that remain at the Hospital System and to arrange to pick up those items, as well as to arrange to return all Hospital System property, including but not limited to badges, other identification and garments with the Hospital System’s logo, parking permit, keys, pager, cell phone, documents, records, computer files, USB flash drive, data compilations, computer or other equipment.

We want to remind you of your ongoing obligations, including your obligation to maintain the confidentiality of the Hospital System’s proprietary information and to refrain from soliciting the Hospital System’s patients. Further, we ask that you not contact MetroHealth employees and not enter the Hospital System’s owned- or -controlled properties unless seeking medical care. A medical staff representative will be in touch with you if there are outstanding patient care matters that need to be closed.

While you are henceforth excused from all responsibilities associated with your activities as a resident in the residency program at the Hospital System, you will however continue to receive your regular remuneration and benefits until the expiration date of your previously signed contract (June 30, 2018).

Sincerely,

Robert Barker, MD
Program Director, Department of GME
Hospital System

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Due Process?

• Is this subject to due process?
  – Review due process policy
Notifications

• What professional bodies and when would you notify?
  – State medical board
  – Professional board
  – ACGME/WebADS
  – NPDB
Scenario #2

- Resident scored very high in the country on the ITE exam
- Reported to program for lack of alertness in OR (surfing internet/leaving OR)
- APD confronted the resident and resident heatedly yelled at attending.
- Placed on PIP for professionalism and lack of alertness
- Few weeks later, OR Staff member/CRNA reported resident surfing on web. -IS report confirmed internet usage at time resident was in OR.
- Recommended Termination – immediate termination.
- Due Process Invoked
- Revealed recent medical diagnosis of Autism spectrum

What would you do???
Field tested practical procedures

• What would you ask the independent physician?

• Program developed list of resident responsibilities and sent to HR to prepare questionnaire for independent physician regarding fitness for duty
Scenario #3

• Resident A in program having medical issues.
• Resident B seemed to know many details about Resident A’s issues.
• Resident A went to program leadership with concern that the resident B had too much knowledge about the medical issues.
• Program went to HR.
• Investigation held.
• IS discovered that Resident B had entered electronic medical record of Resident A.
• Resident B violated institution HIPAA policy.

What would you do?
Communication within Residency

“We are not permitted to discuss specifics. But know that the resident was given full support, resources, and opportunities to exercise every resident right.”
Scenario #4

- Resident requested research elective before fellowship application.
- Program Director denies request based on clinical performance issues as Resident needs to improve.
- Medical Assistant lodges sexual harassment complaint to HR: text messages, requests for dinner dates.
- MA mentions to Resident that she has a boyfriend with the intention that resident would discontinue messages. Resident continued with texts.
- Resident declined allegations and said it was a casual relationship, not intimate.
- MA provided text messages that were received via cell phone carrier. Provided as evidence.
- Program Director terminates resident without knowledge of GME.
- HR contacts GME.

What would you do?
Lessons Learned

- Specific guidelines are required
- Step by step for PDs to follow
- Importance of documentation
- Right time to involve GME and HR
- Need to review due process policy
Lessons Learned #2

• Role of GME-Advocate for Resident
  – Role of admin leave
  – Option for resignation in select situations

• Step by step termination process
Lessons Learned #3

• Final decision letter to include training credit, what is part of the permanent record, and what is reported to professional bodies
• Importance of future Verification Letter
• Coaching faculty for future LORs
Learning Objectives

✓ Evaluate current process to address non-academic issues
✓ Design a step-by-step process fair to the trainee, program and institution that meets standard educational and legal regulations
✓ Apply field-tested practical procedures to address issues
✓ Recognize importance of advance planning to address future credential verifications of the trainee
✓ Learn how to address the issue of a resident termination within the program to make it a fair process
Questions??

Thank you!

Contact info:

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