Promoting Professionalism through Remediation in Residency Education

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization

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Promoting Professionalism through Remediation in Residency Education

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Introduction

- The Professional Role in the CanMEDS 2015 Physician Competency Framework underscores physicians’ accountability to society and the privilege of physician-led regulation.

- Addressing unprofessional behaviors among residents promotes professionalism if remediation is embedded within the two communities of practice interacting in the academic health centers: The clinical workplace and the educational space (Kalet & Chou, 2014).

- We developed a strategy to address unprofessional behaviors with residents in order to achieve effective remediation to maximize healthcare and educational outcomes.
Theoretical Framework

• In academic medical centers is of great importance to address unprofessional conduct of medical residents, to strengthen teaching environments and promote professionalism (Hickson, Pichert, Webb and Gabbe, 2007)

• Several authors suggest that leaders in medical education, program managers and individual institutions should recognize these important issues and take measures to resolve them (Jennings and Slavin, 2015)

• If successful, not only residents would get benefits but also their current and future patients (Fargen, Drolet and Philibert, 2016)
In 2015, the Tecnológico de Monterrey School of Medicine through the Postgraduate Medical Director, the Medical Specialties Director and the Department of Ethics, Professionalism and Citizenship designed and implemented:

- A 4-level strategy adapting the approach by Hickson et al (2007) to address unprofessional behaviors

- And a remediation process for the “difficult trainee” who typically presents with behavioral problems as “personal conduct that negatively affects or potentially affects patient care” (Kalet & Chou, 2014)
• Adapting the proposed approach by Hickson et al. (2007) we implemented a strategy to address unprofessional behaviors with 4 levels of intervention

Level 0
Informal intervention

Level 1
Intervention for recognition, self-awareness and reflection

Level 2
Authority Intervention

Level 3
Disciplinary Intervention
Process of innovation Implementation

Level 0: Informal intervention

➢ Identification:
  » The supervisor/faculty or chief resident identifies *an incident* of unprofessional behavior

➢ Intervention:
  » The supervisor/faculty or chief resident make an informal appointment with the Resident involved in the case to talk about the incident: *Analyze the event, observed attitudes, consequences and/or implications and action plan*
Process of innovation Implementation

Level 1: Intervention for recognition, self-awareness and reflection

▷ Identification:
  » Supervisor/faculty or chief resident identifies an incident of nonprofessional behavior without an apparent repeating pattern

▷ Intervention:
  » The Program Director is notified and has an appointment with the Resident involved in the case to talk about the incident: analyze the event, observed attitudes, consequences and/or implications and action plan, including recommendations and specific agreements made in the meeting
**Process of innovation Implementation**

Level 2: Authority Intervention

- **Identification:**
  - Supervisor/faculty or chief resident identifies an incident(s) of nonprofessional behavior(s) with an apparent repeating pattern

- **Intervention:**
  - *Formal intervention* by the Program Director, Medical Residency Programs Director and Professionalism Director
  - *Formative dialogue session with the Resident* to discuss what happened: Analyze the event, observed attitudes, consequences and/or implications and remediation plan, including recommendations and specific agreements made in the meeting
Level 3: Disciplinary Intervention

Identification:
» Supervisor/faculty or chief resident identifies an incident(s) of nonprofessional behavior(s) with a repeating pattern or a serious single incident

Intervention:
» Formal intervention by Disciplinary Committee formed according to the General Students Regulations (RGA)
» Dean of Graduate Medical Education, Medical Residency Programs Director, Program Director, Dean of Students Affairs, and Professionalism Director
Results

• According to the severity of the case, one of the 4 levels of intervention was assigned, with the main objective to implement a formative process and remediation plan with the medical resident to reinforce professionalism and patient care.

• In all cases, communication and documentation were important elements that allowed the design of remediation plans, monitoring and, in case of serious misconduct, the implementation of disciplinary proceedings.
In 2015, 6 cases of medical residents were addressed following the 4-level strategy for unprofessional behavior and remediation.

- 4 cases were related with peers and 2 cases related with patient care.
Conclusions

• The implemented strategy during 2015 with 6 residents’ cases included clear communication and documentation, enabling remediation and disciplinary action when indicated

• It is necessary a model for faculty development to support remediation and residents’ professionalism education with the understanding that physicians are accountable to society, to their profession, and to themselves
Conclusions

• Faculty Development that will strengthen the learning process of medical education, professionalism and humanism in medicine, as well as the identification and implementation of remediation plans in cases of unprofessional behavior

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