CAS 2018: Montreal

Be it resolved that: Residents should not be failed, only remediated

Dr. Amy Fraser, MD, MSc, FRCP(C), MHPE

My Honorable Opponent

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Remediation: The Right Answer

- Dismissal is wrong intellectually and morally
- Remediation is safe for patients, providers, and programs
- Remediation is effective
- Dismissal is bad for individuals, bad for society, and unnecessarily discriminatory

Remediation: An Exploration

1. Why do learners show poor performance?

2. How should we respond to poor performance?

3. If society deserves to have the “best” doctors, then which learners will eventually become the “best” anesthesiologists?

Poor Performance

- When *I* perform poorly, it is because of external factors that I can't control (and should not be blamed for)

- When *others* perform poorly, it is because of internal factors that they should be able to control

- Fundamental Attribution Error

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O. Nwanevu, *Slate*, April 2018
N. Petrzela, *Washington Post*, April 2018

Poor Performance: Why?

- External factors:
  - Wellness
  - Family issues
  - Unprepared
  - Program failures
    - Not enough observation
    - Too much service

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JGME 2009; 1:236-242
Med Educ 2013; 47:242-251

How should we respond?

Canadian Anesthesiologists' Society

ANESTHESIA NEWS

PRESIDENT'S MESSAGE

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Is it safe to remediate?

- Patients:
  - Remediated residents = nonremediated
- Providers:
  - High standards for ourselves and others
  - “Premediation” for risk of exam failure: 100%
- Programs:
  - much less risky than dismissal
  - Bad programs make bad doctors

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Acad Med 2014; 89:352-358
Acad Med. 2016; 91:382–387
Perspect Med Educ 2017; 6: 418-424
JGME 2013 5: 464-7
JAMA 2009;302(12):1277-83

But what about the cost?

- Costs of dismissal:
  - Programs/universities
  - *Learners/taxpayers*
  - Educators
- Litigation:
  - Major cost, not recoverable
  - Discrimination was alleged by >50% of claimants

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Acad Med 2005; 80:S84-87
Acad Med 2003; 78:S13-15

Who is at risk of academic failure?

Medical school admission requirements lock out many Indigenous students

Emphasizing academics in medical school admissions puts Indigenous students at a disadvantage, according to medical educator Dr. Kent Saylor.

Jun 12, 2018

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Acad Med 2012; 87:529-536
JGME 2017; 9:577-585
CMAJ June 2018; ePub ahead of print

Anesthesiologists in Canada

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	52	9.8
Prince Edward Island	11	7.5
Nova Scotia	112	11.8
New Brunswick	62	8.2
Quebec	761	9.2
Ontario	1218	8.8
Manitoba	131	10.0
Saskatchewan	105	9.2
Alberta	360	8.5
British Columbia	461	9.8
Territories	1	0.8
CANADA	3274	9.1

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Source: CMA, 2016

Who is the “best” anesthesiologist?

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West J Med 2000; 173:348-351

Remediation: The Right Answer

- Failure is wrong intellectually and morally
- Remediation is effective
- Remediation is safe for patients, providers, and programs
- In the future, we will *seek out* people who we *know* will need remediation, and prioritize their acceptance into anesthesia programs, because they will become some of our best anesthesiologists

Thank you!

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What can we remediate?

- CanMEDS roles
  - Medical Expert
  - Professional

- NOT:
  - Medical diagnoses precluding successful training
  - Criminality
  - These do not represent “academic performance”
  - They are not represented on evaluations

The *Set-Up-to-Fail Syndrome*: A Complex Downward Spiral in Resident Performance

S. Edwards, C. Hurst, E. Abner, M. Ruetalo

SETTING THE SCENE

The most common reason for resident visits in the Office of Resident Wellness, Postgraduate Medical Education Office at the University of Toronto in 2008-2009 was academic difficulty causing stress (38% of residents seen).

Regardless of their program, level of training, or origin of undergraduate degree, it appeared that many of the stories told by the residents who sought support from the office shared similar experiential themes.

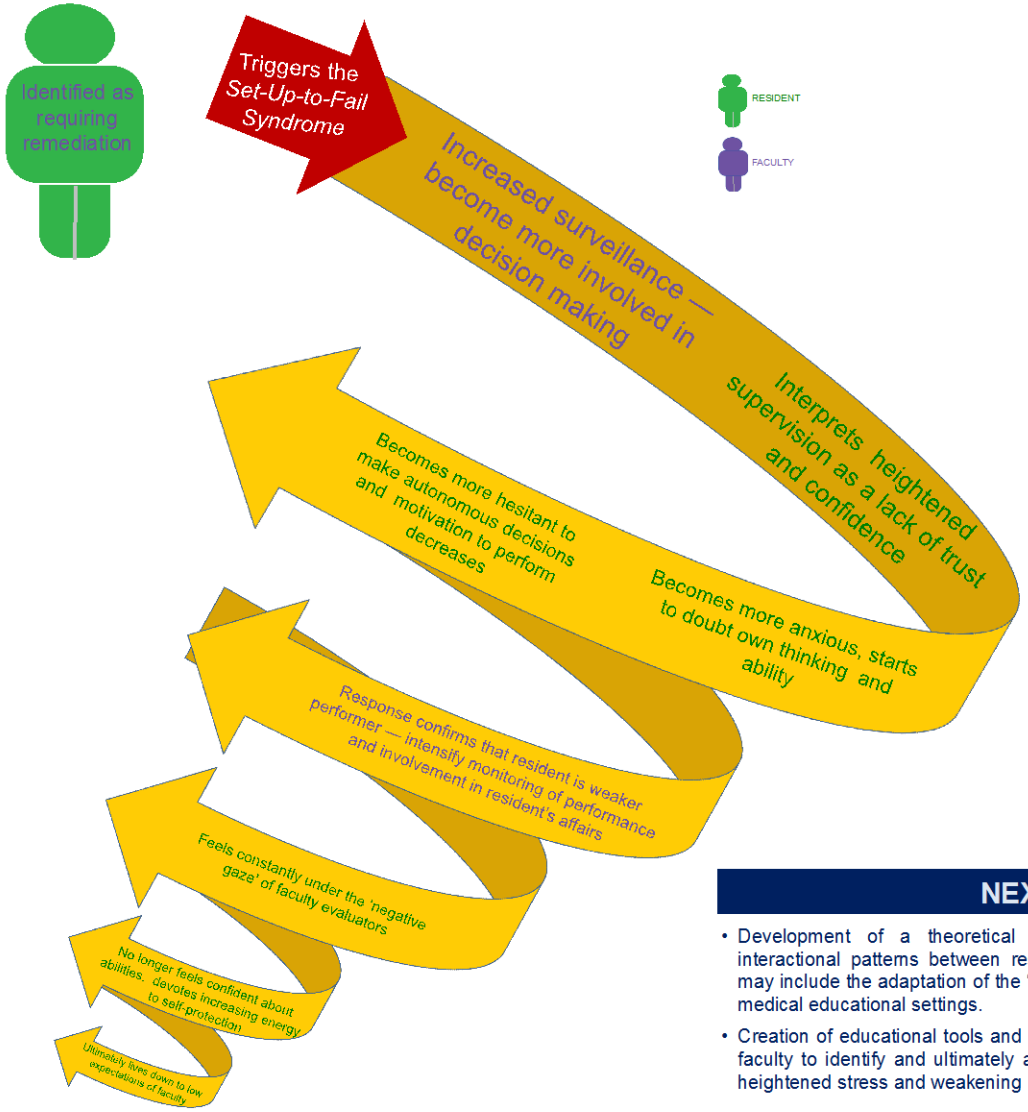
These residents felt that the designation of being a weak performer affected the way that faculty perceived their abilities and triggered a downward pressure on their own confidence and subsequent performance which they felt generally powerless to stop. Anecdotally, clinical faculty have noted signs of this downward spiral.

FINDING CONTEXT FOR THE PHENOMENON

The interactional patterns of educators and residents in postgraduate medical education have not been well-researched. Clinical teaching faculty at the University of Toronto may or may not be aware if they have different perceptions of remedial residents; further, they may not understand how these perceptions and their resulting approach to the teaching relationship may affect resident performance.

An apparently similar relational dynamic has been described in the business literature as the *Set-Up-to-Fail Syndrome*[1]. The Office of Resident Wellness, Postgraduate Medical Education, plans to undertake research to examine whether this relational dynamic occurs in postgraduate medical education.

[1] Manzoni and Barsoux (2003) The *Set-Up-to-Fail Syndrome*: How Good Managers Cause Great People to Fail. Harvard Business School Press



RESEARCH

Our research will investigate the adaptability of the Manzoni and Barsoux model to postgraduate medical education.

Research Questions:

1. How do residents experience the relational dynamics in the remediation process and does this affect their learning and performance?
2. How do remediation supervisors and non-remedial residents experience these relational dynamics?
3. Do these experiences correspond to aspects of the *Set-Up-to-Fail Syndrome* described in the business literature?

Method:

Phenomenological study of faculty/resident interactional patterns which will include perspectives from three distinct groups:

- One-on-one interviews with remedial residents
- Focus groups with faculty remediation supervisors
- One-on-one interviews with non-remedial residents who have witnessed interactions between faculty and remedial resident

NEXT STEPS

- Development of a theoretical educational model describing problematic interactional patterns between residents and faculty during remediation. This may include the adaptation of the 'set-up-to-fail' business management model to medical educational settings.
- Creation of educational tools and interventions which will support residents and faculty to identify and ultimately avoid patterns of interaction that may lead to heightened stress and weakening performance among residents in remediation.

Who is this?

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