

3 A Qualitative Study of Medical Educators' Perspectives on Resident Remediation

Krzyzaniak S, Wolf S, Byyny R, Barker L, Kaplan B, Guerrasio J / OSF Saint Francis Medical Center, Peoria, IL; University of Virginia School of Medicine, Charlottesville, VA; Denver Health Medical Center, Denver, CO; University of Colorado Hospital, Denver, CO

Background: Residency training is designed to help trainees acquire the knowledge, skills, and attitudes necessary to enter independent practice. The expectation that learners will progress through training requires that educators identify and remediate poorly performing learners. There is little published information on characteristics of effective remediation to guide best practices.

Objectives: Given the limited data on characteristics of effective remediation, the authors proposed to characterize the remediation experience from the perspective of medical educators.

Methods: The authors conducted structured focus groups to describe common methods for identifying a struggling resident, triggers for remediation, factors that contribute to remediation, and when educators characterize remediation as successful. The authors then utilized a constructivist qualitative design with conventional content analysis to evaluate the data.

Results: Nineteen physicians across multiple specialties and institutions participated. Fifteen themes around remediation emerged including 8 unanticipated themes not addressed in the interview guide. Some themes addressed practical components of remediation (i.e. types of problems residents struggle with) while others reflected the educators' frustration with the process (i.e. barriers to implementation a remediation plan). The participants also focused on the impact that remediation has on the remediating resident and the residency community. Table 1 includes a selection of notable domains, sub themes, and representative quotations that emerged from the analysis.

Conclusions: The results of this study demonstrate a wide variation in opinions and practices surrounding the remediation of struggling learners. This is consistent with existing work that has shown a lack of a systematic or structured approach for remediation. These findings provide additional insight that can help improve existing remediation efforts and provide guidance for future work examining best practices in remediation.

Table 1. Selected domains, key themes, and representative quotations around remediation.

Domain	Key Themes	Representative Quotation
Role of remediation	Moral obligation for competence	"In the end our goal is to protect the public and to make sure that only the most competent physicians graduate."
Types of problems seen in struggling residents	Medical knowledge Interpersonal skills Clinical reasoning	"Well we see clinical reasoning deficits, especially as people transition [to a senior resident role] when they have to make high level difficult decisions."
Objective criteria for determination of remediation	Repeated poor evaluations	"And so if in a month I see a [score] below expectation[s] in an area, I sort of look at it and take note of it. If I see it twice or I see it from multiple people, that makes me pay attention to say, there might be something here and then to investigate that further."
Predictors of successful remediation	Learner insight and investment	"Insight is a key factor to success of helping a struggling learner."
Barriers to identification	Avoidance of responsibility by educator	"And so I think if there is remediation or struggle and you as a faculty person make that label, you're responsible . . . to do something about it. Take an action. I'm not sure everybody's willing to do that."
Role of program administration	PD should act as enforcer, initiate formal academic action	"The mentor cannot be the program director. Because the mentor is meant to be a coach not somebody doing an evaluation."
Actions that constitute remediation	Limit scope of practice including change in clinical schedule External resources	"And put them at a lower acuity hospital site if need-be."
Barriers to implementing remediation plan	Emotional response of faculty to learner Inexperienced faculty Learner unwilling/unable to participate in remediation	"I need to be able to be the bad cop guy on occasion and that was really hard for me to do when I had even more emotional investment in the residents." "I also think that remediation and the delays in remediation, a lot of it is training for people in how to do remediation . . . We hope that we're professional educators if we do this long enough, but our background is much different than someone who has a strictly, an educational background"
Impact of remediation on others	Resident impact: Resentment	"I found . . . residents who after a while, are angry at the fact that they have to cover for someone else."

4 An Assessment of Emotional Intelligence in Emergency Medicine Resident Physicians

Papanagnou D, Hall R, Papathomas K, Linder K / Thomas Jefferson University, Philadelphia, PA

Background: Organizational psychology literature is replete with studies that highlight the role of emotional intelligence (EI) in leadership; job performance; stress management; and burnout protection. To date, no studies address EI in emergency medicine (EM) residents.

Objectives: The authors sought to define the EI profile for EM residents, and identify strengths and weaknesses in EI competencies to better inform curricular changes.

Methods: Post-graduate year residents (i.e., PGY-1s, -2s, -3s) of the authors' EM program completed the Emotional Quotient Inventory (EQ-i 2.0) Assessment, a validated tool derived from the Bar-On psychological model of EI, and offered by Multi-Health Systems (MHS). A weblink was emailed to residents, directing them to an anonymous 133-item questionnaire. Scores were calculated electronically