Remediation and Trust Decisions in Competency Based Medical Education

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Opening Reflections

Think of a teacher and learner you trust:

What makes a teacher trustworthy?

What makes a learner trustworthy?

Is, how is, trust different in each situation?

Are you worthy of trust? Why/why not?

Objectives

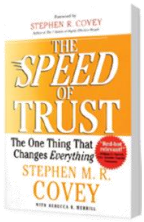
- Describe models and the elements that affect supervisor trust.
- Identify strategies to develop trustworthy learners before there is a concern
- Develop strategies to recognize high trust and low trust conditions
- Discuss strategies to remediate learners with entrustment issues

What is Trust?

- Contrary to what most people believe, trust is not some soft, illusive quality that you either have or you don't; rather, trust is a pragmatic, tangible, actionable asset that you can create. … I contend that the ability to establish, grow, extend, and restore trust is not only vital to our personal and interpersonal well-being, it is the key leadership competency of the new global economy. … And contrary to popular belief, trust is something you can do something about. In fact, you can get good at creating it."
  - Stephen M.R. Covey

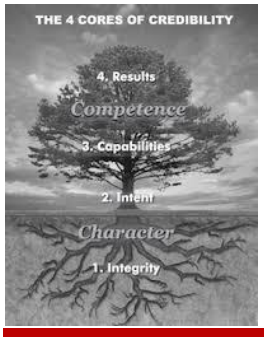
Five Waves of Trust:

1. Self Trust
2. Relationship Trust
3. Organizational Trust
4. Market Trust
5. Societal Trust



Covey: The Speed of Trust

Integrity is only part of Trust



Many people equate trust with "telling the truth."

That's Integrity

It is critical, but only one part of Trust.

Trust also includes competence

Trust in Medical Training

- Covey's model is a business model:
  - Integrity
  - Intent
  - Capabilities
  - Results
- Is trust defined differently in Medical Education?
  - "The goal of medical training is to prepare learners for unsupervised practice"*
  - "Trainee's competence, as manifested in their knowledge and skills, recognition of their own limitation, willingness to seek help, self-efficacy and conscientiousness all influence their supervisor' trust in them."*

*Hauer et al. How clinical supervisors develop trust in their trainees. Medical Education 2015; 49:783-795

Trust in Medical Education

Covey's Model is a business model:
Does it hold for Medical Education?

Character
- Integrity
- Motive
- Intent

Competence
- Capabilities
- Skills
- Results
- Track Record

Ethics (part of character) is foundational to trust, but by itself is insufficient. You can't have trust without ethics, but you can have ethics without trust. Trust, which encompasses ethics, is the bigger idea.
Stephen M.R. Covey

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"Trust" as applied to IM Residents*

- Factors that influence Supervisor's trust in a trainee:
  - Competence, as manifested by:
    - Knowledge and skills
    - Recognition of self limitations
    - willingness to seek help
    - Self efficacy
    - Conscientiousness
  - Supervisor's own clinical and supervisory skills, experience and personal tendency to trust.
  - Context and culture of work environment
  - Workload demands

Hauer, KE et al. Medical Education. 2015. 49: 783-795.

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A Model of Trust in Medical Education

- Are all of Covey's ripples of trust seen in Medical Education?
  - Self Trust
  - Relationship Trust
  - Organizational Trust
  - Market Trust
  - Society Trust
- Let's look at a trust model that is designed specifically for Graduate Medical Education (based on Internal Medicine Residents)

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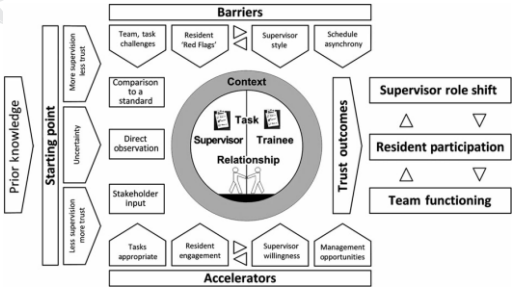
Medical Education Trust Model



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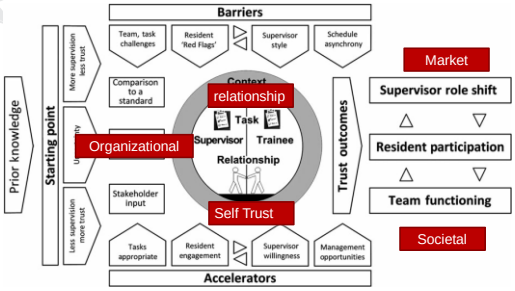
Trust Model



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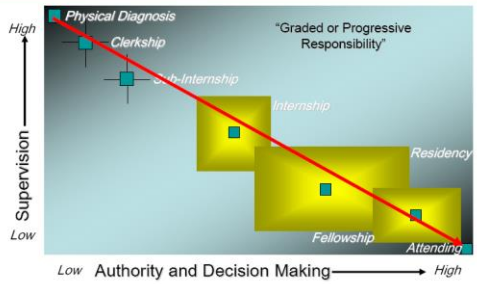
The Continuum of Professional Development
Authority and Decision Making versus Supervision

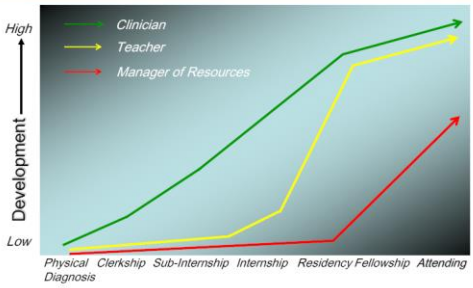
Accreditation Council for Graduate Medical Education



Increase the Accreditation Emphasis on Educational Outcomes

The Continuum of Professional Development
The Three Roles of the Physician[1]

Accreditation Council for Graduate Medical Education



[1] As conceptualized and described by Gonnella, J.S., Modified by Nasca, T.J.

The Continuum of Medical Education
Dreyfus Conceptual Model[1]

Accreditation Council for Graduate Medical Education

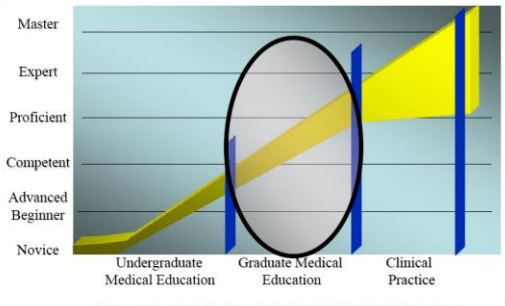
- **Novice** – Don't know what they don't know
- **Advanced Beginner** – Know what they don't know
- **Competent** – Able to perform the tasks and roles of the discipline – restricted breath and depth
- **Proficient** – Consistent and efficient in performance of the tasks and roles of the discipline - know what they know and don't know
- **Expert** – In depth knowledge concerning the discipline – often rule based – know what they know
- **Master** – Expert who relishes the unknown, or the situation that breaks the rules – who the experts go to for help – don't know what they know

[1] as presented by Leach, D., modified by Nasca, T.J. American Board of Internal Medicine Summer Retreat, August, 1999

Slide courtesy of Dr. Thomas Nasca, CEO of ACGME

The Goal of the Continuum of Professional Development

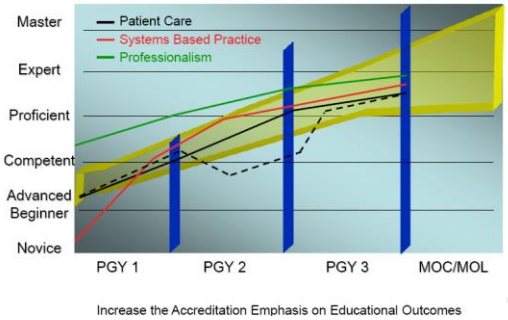
Accreditation Council for Graduate Medical Education



Increase the Accreditation Emphasis on Educational Outcomes

The Goal of the Continuum of Professional Development

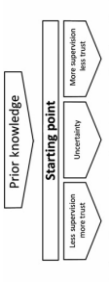
Accreditation Council for Graduate Medical Education



Increase the Accreditation Emphasis on Educational Outcomes

The problem

- How do we know/ensure that:
  - Medical Students are ready to take on the responsibility of housestaff?
  - That residents are progressing properly
  - That graduating resident's are prepared to practice without supervision?
    - **Spoiler alert:** EPAs are an attempt to give us a minimum baseline for incoming residents



Old way

- Program Director and faculty attested to the resident's readiness
- Licensure and credentialing process
  - (peer review)
- Followed by Board Certification
  - Showed the learner had mastered a certain set of information
  - Bedside capabilities and professional attributes attested by the Program Director
- Followed by the concept of Maintenance of Certification

ACGME Competencies

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

The competencies better defined the skills and attributes required for the physician to become independent

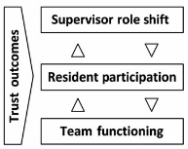
(medicine is more than just knowledge)

ACGME Milestones

- Milestones are specific and vary by specialty
- IM milestones
  - Performance not the same on each milestone
  - May need to work harder on some milestones than other
    - Focus issue
    - Ability of supervisor to determine which areas need the most work and how to guide them to advance most effectively
    - Trust
      - Is attending realistic
      - Is attending supporting me
  - Mismatch between expectations and performance may erode trust

Entrustable Professional Activities (EPA)

- Medical Training and Medical Practice is moving toward the concept of Entrustable Professional Activities
- We will not focus on the nuts and bolts or details of these activities, but on the importance of Trust
- Don't focus on the process, but on capabilities



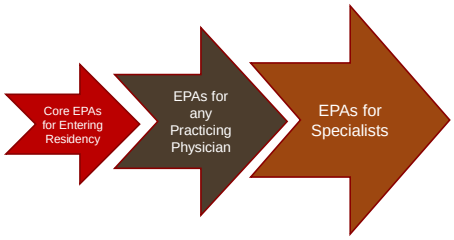
13 Core EPAs for Entering Residency

1. Gather history & perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic & screening tests
4. Enter & discuss orders/prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions & retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly

Core EPAs for Entering Residency (2)

9. Collaborate as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures, phlebotomy, Bag Valve Mask ventilation (BVM) and CPR
12. Perform general procedures of a physician: IV line insertion
13. Identify system failures and contribute to a culture of safety and improvement

Entrustable Professional Activities



Emotional Intelligence and Trust

- This is not a talk about Emotional Intelligence, but emotional Intelligence concepts underpin many of Covey's ideas about Trust.

- Four keys to Emotional Intelligence
  1. Self Awareness
  2. Social Awareness
  3. Self Management
  4. Social (relationship) management

Be Curious
self awareness

Assume Positive Intentions!
Self management

LISTEN
Social Awareness

Seek first to Understand—Then be Understood.
Social Management

13 High Trust Behaviors*

- Talk Straight
- Create Transparency
- Show Loyalty
- Get Better
- Clarify Expectations
- Listen First
- Extend Trust
- Demonstrate Respect
- Right Wrongs
- Deliver Results
- Confront Reality
- Practice Accountability
- Keep Commitments

*Covey SMR. The Speed of Trust

Resident engagement ▷◁ Supervisor willingness
Accelerators

What do these High Trust Behaviors mean?

1. **Talk Straight:** Say what is on your mind. Don't hide your agenda. Do be tactful in what you say.
2. **Demonstrate Respect**: Every individual has value. Remember the Golden Rule. Actions should show we care and are sincere.
3. **Create Transparency:** Share information. Based on principles of honesty, openness, integrity and authenticity.
4. **Right Wrongs:** More than an apology; make restitution as best you can.
5. **Show Loyalty:** Give credit to others. Speak about others as if they were present.

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High Trust Behaviors

6. **Deliver Results:** results are based on competence. Delivering results gives you instant credibility and trust. Don't overpromise and underdeliver.
7. **Get Better:** Constantly improve or become obsolete. Seek feedback from those around you and learn from your mistakes.
8. **Confront Reality:** Be honest about difficult situations and face the problems.
9. **Clarify Expectations:** Focus on a shared vision of success up front. Don't leave people guessing.

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High Trust Behaviors

10. **Practice Accountability:** first hold yourself accountable, then hold others accountable. Take responsibility for failure rather than blame others. It is a natural reaction to blame others for failure. Look in mirror.
11. **Listen First:** Communication is more than words. Others won't listen to your advice until they feel you understand. Don't give advice too early.
12. **Keep Commitments:** There are implicit and explicit commitments. Covey refers to this as the "big Kahuna"
13. **Extend Trust:** Trust goes both ways. Be wise about extending trust to those who have not earned it.

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Trust and Remediation

- You trust your trainee to meet expectations
  - s/he fails.
- How do you respond?
- What have we learned that we can directly apply to this situation?
- Let's look at some case studies

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Case 1: Basic communication

- It is easy to miscommunicate, and sometimes difficult to determine where the break occurred.
- CASE: "Write this paragraph"

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Case 1: Resolution

- The miscommunication hinged on fact that the student and preceptor did not have a shared definition of the word "write."
- Had the instructor "assumed positive intentions and had the curiosity to ask questions the assignment could have been clarified early on.
- 3 high trust behaviors would have made an impact here:
  1. Clarify expectations
  2. Demonstrate respect
  3. Listen First

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Case 2: unprofessional behavior

- Internal Medicine subspecialty fellow
- Very smart, very competent at the bedside, acceptable bedside manner, but abrupt and abrasive with med students, residents, peers and attendings.
  - People did not want to work with him
  - Program Director was aware of the behavior issues, could not change them (It became apparent the PD was worried about offending such a good fellow).
  - Fellow sent to the Associate Dean for GME

Case 2: Resolution with High Trust Behaviors

1. Talk Straight: Frame the issues so that you and the fellow understand why he is in your office
2. Extend Trust: (Assume Positive Intentions)
3. Listen: Seek first to understand. How does the fellow perceive this issue and his actions?
   - Fellow's parents were a judge and a lawyer
   - Hypercompetitive environment: conversations were conflicts, and conflicts were to be won.

Case 2: Resolution with High Trust Behaviors

- With this understanding, we could:
  - Confront Reality. In this case the fellow and I walked through the practice he wished to have in the future. We discussed how he "turned off" those would consult him, and how he would suffer by seeing patients being sent to other physicians who were not so difficult. After more than one meeting, the fellow understood and changed behavior.
  - Referred for EQ counseling
- Months later I received an email from him, telling me how much better things were going since he changed this behavior

Case 3: New intern with Low EPA performance

- **EPA 8: Give or receive a patient handover to transition care responsibly**
- As the attending you are hearing grumbling regarding handoffs provided by one of your interns.
  - They seem to be lacking required data and detail
  - No formal complaint
- Now is the time to investigate and provide any needed corrective action
  - Demonstrate respect: you are trying to help him not chew him out
  - Listen
  - Clarify expectations (and solve interfering problems)
  - Get better
  - Practice accountability (catch him being good!)

Case 4: Where is the intern?

- Transitional intern on Anesthesia service
- His first case of the day scheduled at 11AM; moved up by 2 hours, he did not respond when paged, but came to OR at approximately 10:30 when the case was well underway.
- When asked where he was, he said he was in the hospital but missed the page.
- When staff checked his parking pass, it showed he arrived at hospital after 10 AM
- He then admitted he was late without excuse and lied about being present when he was not.

Case 4: Problem with Integrity

- Anesthesia PD
  - Failed him on professionalism for the rotation
  - He was required to repeat the month in order to finish his transitional year
- Because he would finish a month late, he contacted his follow on (out of state) residency and explained the situation
  - His residency offer was rescinded

Case 4: Resolution with High Trust Behaviors

- Listen first: Intern felt "wronged" He lost his residency over an elective that "everyone" took because it was easy, and to learn to intubate. He was there at the time scheduled for "his" intubation. He wanted help "fixing" this.
- After listening without responding, so that he could listen to himself explain his actions…
- Talk Straight: Clarify the base issues and ensure he understands. Don't muddy the water with extraneous ideas – the issue is: he was not at work and made no attempt to call in and had no excuse, when confronted he lied.

Case 4: Resolution with High Trust Behaviors

- Demonstrate respect: This was egregious, but there were NO other issues in his record as intern or med student
  - Hate the sin, love the sinner.
- Clarify Expectations
  - He was not longer a student: he was being paid to do a job
  - If he could not meet assigned schedule, it was his responsibility to contact the hospital
  - No matter what the issue is: a lie makes it worse – Don't lie.
  - His punishment was not inappropriate, there would be no intervention on his behalf

Case 4: Rebuilding Trust

- How could this intern rebuild trust?
  1. Right wrongs: apologize to the Anesthesia PD, explain that he would like to finish his current month of anesthesia, and do his repeat month of anesthesia and that nothing like this would happen again
  2. Get better: he would use this experience to become a better physician
  3. Keep Commitments
- Intern went on to finish his internship and obtain a new residency (with a new outlook on being a physician)

Case 5: We aren't always successful

- AOA resident in a highly competitive residency, great grades, great scores, great recommendations from great school
- Counseled in writing by the Program Director a number of times for a pattern of disrespectful behavior toward staff and faculty, particularly ER physicians
- Nonprofessional behaviors were nearly always after hours when on call
- When confronted, resident would agree to improve, would agree to action plan, would convince PD probation was not needed as improvement was forthcoming

Case 5: continued unprofessional activity & Effect of Outside Influences

- An event occurred that the PD felt was so egregious that the resident was fired.
- The resident appealed on the basis that he had never been on probation, and felt that probation was appropriate rather than dismissal
- Appeal was upheld: resident reinstated on probation
- Program director immediately resigned, saying he could not train someone in a situation of clear mutual distrust.
- Department chair denied PD resignation

Case 5: Ripples from unprofessional activity

- At this point trust between the PD and resident was gone, and we were seeing trust issues within the training program and department.
- In the Covey model, we had issues in at least three levels of trust:
  - Self Trust
  - Relationship Trust
  - Organizational Trust
  - And issues were potentially spilling over into
    - Market Trust
    - Societal Trust

Case 5: Resolution

- Confront Reality: ensure everyone is involved and there was no hidden agenda or retribution
- Clarify Expectations: Probation document was a contract delineating what the resident had to do to reobtain good standing in program
- Get better: everyone was to learn from this experience and use it to become better. In order to understand on call responsibilities the resident was reintroduced to night call with a Chief Resident.
- Resident did well while with Chief Resident; issues resurfaced when allowed to take night call alone: resident ultimately fired.

Interventions

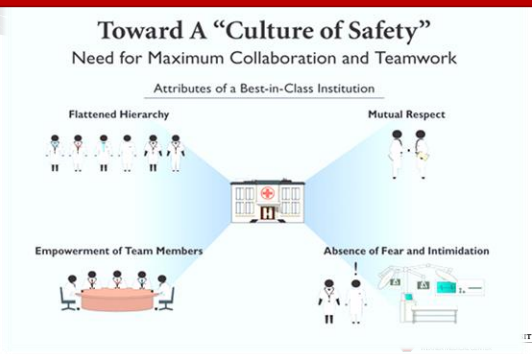
- May be difficult, and must be seen as opportunities
- Opportunities for you to help your trainees become better: Not opportunities to punish the learner for being bad.
- The student needs to know that you have his/her best interests at heart

The economics of Trust

- LOW Trust = Decreased Speed and Increased Cost
- High Trust = Increased Speed and Decreased Cost*
- "Our distrust is very expensive"
  - Ralph Waldo Emerson

*Covey, The Speed of Trust

Trust: part of Patient Safety & Teamwork



Some (nearly) final thoughts

- The Ohio State University Football Coach Urban Meyer, said in an interview after an unexpected defeat:
  - We don't BCD (Blame, Complain or Defend); we solve problems!
- I would modify Coach Meyer's statement to:
  - Don't BCD-S (Blame, Complain, Defend or Shame); solve problems!

Let's come back to: can you be trusted?

- By your attending
- By your peers
- By your trainees
- By your nurses
- By your staff
- By your patients
- By your patient's families

Organizational Trust: Low Trust

- People manipulate or distort facts
- People withhold and hoard information
- Getting the credit is very important
- People spin the truth to their advantage
- New ideas are openly resisted and stifled
- Mistakes are covered up or covered over
- Most people are involved in a blame game, bad-mouthing others
- Abundance of watercooler talk
- Numerous "meetings after meetings"
- Many "undiscussables"
- People tend to overpromise and underdeliver
- Violated expectations for which people make excuses
- Pretend bad things aren't happening: denial
- Energy level is low
- Unproductive tension: sometimes even fear

High Trust Organization

- Information shared openly
- Mistakes tolerated & encouraged as a way of learning
- Culture innovative & Creative
- People loyal to those who are absent
- People talk straight and confront real issues
- Real communication and real collaboration
- People share credit abundantly
- Few "Meetings after the meetings"
- Transparency is a practiced value
- People are candid and authentic
- There is a high degree of accountability
- Palpable vitality and energy—People can feel the positive momentum.

Covey: The Speed of Trust

Summary

- Trust can be gained, lost and rebuilt
- There are some specific behaviors that we can consciously apply to increase the Trust that others have in us.
- These behaviors can also increase trust in our teams and in our organizations (and in our families).
- Trust pays dividends and makes us more efficient
- In Medical Education the loss of Trust can be devastating; but trust can be rebuilt.

Parting words

- I learn more about these topics every day, from my readings and my experiences.
- One hour is vastly inadequate to cover such a topic.
- If I have been effective in my teaching, I have made you curious about these topics and the effects they have on your life. This is an important area of your professional and personal life.

Questions?

References

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