

## Wisdom from Experience & OGME: Cases, Examples, Challenges

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SAAAPM/AASPD meeting  
November 6, 2020



- I have no financial conflict of interest.
- Recovering PD after ~ 20 yrs' experience
- Now DIO/Associate Dean for GME
  - 150 programs, ~1100 “opportunities”

### Objectives

- Characterize unique features of fellowships
- Recognize common mistakes that program leaders make
- Develop creative solutions for your own program
- Identify resources to help manage difficult situations with struggling fellows

### Fellow vs Resident

- *Fellows who have completed residency are able to **practice independently in their core specialty**. The prior medical experience and expertise of fellows distinguish them from physicians entering into residency training. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and **conditional independence**.*

<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRFellowship2020>

### Stages of Skill Acquisition-Dreyfus

- Novice
- Advanced Beginner
- **Competent**
- Proficient
- Expert

Completion of Residency

Williams B et al J Cont Ed Health Prof 37(1):50-54

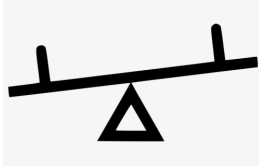
### Perry's Model

- Dualism
  - Absolutism, right vs wrong. Burden is on teacher. Algorithmic, want board relevance.
- Multiplicity
  - Some knowledge is certain, a lot is unknown. All opinions equally valid. No prioritization.
- Relativism
  - Right/wrong exists in context. Pro/cons. Expose weaknesses without making a decision. Teachers help them see alternatives, find evidence.
- Commitment
  - Test alternatives, reason to the best choice and commit to it. Ongoing evaluation, integrates with experience, acknowledges consequences.

Perry Jr WG. *Forms of intellectual and ethical development in the college years*. San Francisco CA, Jossey-Bass, 1999.

## Fellowship training is about relationships

- Program Obligation
- Fellow Obligation



## Extra Challenges of Fellowship

Individual	System
<ul style="list-style-type: none"> <li>• PD role may not be the academic goal of the faculty member</li> <li>• Selected for reasons other than educational prowess</li> <li>• Faculty perception of fellows' role</li> </ul>	<ul style="list-style-type: none"> <li>• Limited time for training                             <ul style="list-style-type: none"> <li>– 1-2 vs 4 years</li> </ul> </li> <li>• Less support                             <ul style="list-style-type: none"> <li>– Protected time requirements</li> </ul> </li> <li>• Smaller programs</li> </ul>

## Therefore, when fellows develop problems

- Fellowship PDs have less experience
- And fellowship directors\* tend to:
  - React emotionally (wounded)
  - Lack clarity about what to do
  - Have greater concerns about impact on program
    - \*compared with their core PD colleagues

## Common Fellowship PD Errors

Assumptions	Inattention
<ul style="list-style-type: none"> <li>• Matriculants are fully formed other than PC/MK competencies</li> <li>• Peers more than trainees</li> <li>• Every fellow needs the same attention-standard process/curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Details on application</li> <li>• Failing to optimize interview and exercise due diligence</li> <li>• Early behavior and performance</li> </ul>

## Common Fellowship PD Errors

Denial	Fear
<ul style="list-style-type: none"> <li>• Character issues will go away</li> <li>• Fellows self-assess accurately and know how to improve</li> </ul>	<ul style="list-style-type: none"> <li>• Disrupting relationships                             <ul style="list-style-type: none"> <li>– With fellow</li> <li>– With core PD</li> </ul> </li> <li>• Interference in career                             <ul style="list-style-type: none"> <li>– Future prospects, earnings</li> </ul> </li> </ul>

## Suggestion 1

- Schedule first CCC meeting at 3 months
  - Waiting for 6 months is too long for a 12 month fellowship
  - Don't fall into the trap of common excuses
    - “needs time to adjust to our system”
    - “it was just a bad day”

### Suggestion 2

- Be attuned to character, vs maturational, issues
  - Be patient with the latter, assertive with the former

### Examples of Trainee Problems

Maturational	Character
<ul style="list-style-type: none"><li>• Technical skills</li><li>• Efficiency</li><li>• Cockpit awareness</li><li>• Role identity</li><li>• Medical knowledge</li></ul>	<ul style="list-style-type: none"><li>• Honesty</li><li>• Ownership</li><li>• Dependability</li><li>• Reliability</li></ul>

### ABA Essential Attributes

- **Demonstrates high standards of ethical/moral behavior**
- **Demonstrates honesty, integrity, reliability, responsibility**
- **Learns from experience, knows limits**
- **Reacts to stressful situations appropriately**
- No current abuse of alcohol or illegal drugs
- No cognitive/physical impairment that precludes acquiring/processing information in an independent/timely manner without accommodations/reasonable accommodations
- **Respect for dignity of patients & sensitivity to a diverse population**



<https://theaba.org/training%20info.html>

### Adverse Corrective Actions

- \*\*\*Professionalism issues in training predict disciplinary actions later

Papadakis MA. Ann Intern Med 2008;148(11):869-876

A story...

### Suggestion 3

- Don't "friend" or "doctor" your fellows
  - Literally or figuratively
    - Challenging with small programs/small departments
    - Harder for PDs who have recently finished their own fellowships
    - Leave the diagnosing and treatment to the professionals

A story..... and a sequel

### Suggestion 4

**Fool me once,  
shame on you.**

**Fool me twice,  
shame on me.**

- Know your referring programs
  - Letter writers
  - Content of letters
  - Quality of core training program

Be smarter about reading applications—what is NOT said, what is TYPICALLY said

### Suggestion 5

- Be attuned to transitions
  - Residency to fellowship
  - Geographic relocation
  - Transitions in role: e.g., new parent
    - Smaller peer group, new location, isolation
    - Burnout, depression
    - Amplified by pandemic

### Suggestion 6

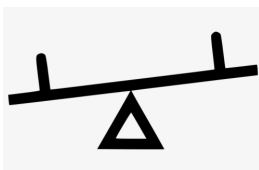
- Engage your resources
  - GME Office
  - Core Program Director
  - Other PDs
  - Education Vice Chair
  - Department Chair



*"ACGME recognizes that there are situations which require more significant intervention that may alter the time course of fellow progression. To ensure due process, it is essential that the program director follow institutional policies and procedures."*  
<https://www.acgme.org/Portals/0/PPAssets/ProgramRequirements/CPRFellowship2020>

Fellowship training is about relationships

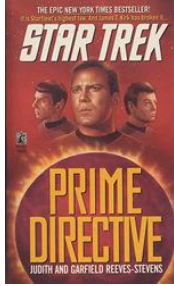
- Program Obligation      • Fellow Obligation



### Suggestion 7

- When fellow is struggling
  - Have respected CCC member present the issues
  - PD becomes a partner with the fellow
  - Joint problem solving
- If it *really* doesn't work out...
  - Has primary board/training to fall back on
  - Create soft landing, help with transition

## What is the prime directive?



## What is the prime directive?

- Program directors have the ultimate and final responsibility to assure patient safety



And, when necessary, difficult decisions can be made in a way that preserves fellows' dignity and the relationships

- Thank you!

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