Chapter 2.3.3

ADDRESSING PERSONAL DIFFICULTIES DURING RURAL PLACEMENTS

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There are many advantages to being a teacher and working with learners at different levels. Learners ask questions that challenge the teacher, requiring them to describe exactly what they do and what their thought processes are, in ways that can be easily comprehended. Teachers (or faculty[1]) are also exposed to what learners have been taught that may be new or different to what they had learned previously - and learners frequently remind practicing physicians of many of the joys of medicine that are forgotten or lost in day-to-day practice.

Unfortunately some learners develop challenges during their undergraduate and graduate medical education training and it is important that medical professionals address these issues appropriately as they arise.

This chapter will explore difficulties medical residents[2] may have during residency education. Challenges with undergraduate medical students will not be addressed here, many of the principles also apply to undergraduates doing rotations[3].

Rotations

During their training, residents often choose to go to a small or rural community for a rotation which are of varying lengths depending upon the programme. This may be a requirement of their training programme or it may be something in which they are interested. Some residents will return to their or their spouse's home

1 Faculty is another name for a member of academic staff.
2 A postgraduate resident – also called a registrar or vocational trainee – is a qualified doctor who is part of a structured training programme.
3 A rotation – also called a placement or clerkship – is a structured clinical learning opportunity / context.

community for this experience. For many residents and communities, this is a way for the resident to see if they would eventually like to return to work at that practice and in that community. There can be advantages to the resident knowing the community in advance and the community knowing the resident prior to the resident being offered a future job in the community.

Various types of challenging situations may need to be addressed during a resident's training. These can include knowledge gaps or clinical skills which must be corrected; stressful situations at home, whether it is the birth of child, a marriage or divorce, or a death; a medical condition of their own such as cancer, alcoholism, drug abuse, or mental illness; and interpersonal relationship challenges which make it difficult for them to interact with other health care providers, staff, patients and family members.

In all situations, the care and safety of patients must come first – after which the care and safety of the resident and the rest of the health care team must be considered.

Expectations

The resident's training programme should provide a document to the community faculty with the essential job functions necessary for the resident to be successful. While these will vary depending upon the specialty and the residency programme, they will typically include items such as the ability to

- perform a history and physical;
- develop appropriate assessments and plans for patient care;
- communicate effectively with staff and patients in both verbal and written format;
- maintain accurate and timely clinical records;
- follow up on patient care items in a timely and appropriate fashion;
- demonstrate the organizational skills needed to care for multiple patients at a time; and
- demonstrate the ability to diagnose undifferentiated medical conditions in the clinic and hospital settings.

Identifying difficulties

Before accepting a resident to do a rotation, a faculty physician in a rural area or small community may ask the residency programme if they have a policy in place for residents in difficulty. It is helpful at the beginning of the rotation to have a clear understanding of the expectations of the resident and expectations of the faculty, as well as knowing what resources are available, should a difficulty arise.

Areas of difficulty that residents may experience fall into one of the following four areas - cognitive; behavioral/attitudinal; impairment; and/or legal.

The process of addressing a resident in difficulty should start as soon as a faculty physician has concerns regarding the resident's ability to perform the essential job functions. Once a potential problem has been identified, the resident's programme director should be contacted immediately for help.

As with the list of essential functions, residency programmes should also have a due process policy for handling residents with difficulties. These processes have common elements, as well as some that are specific to the particular concern. Below is an example of what a residency programme may have in place.

General procedures

The process begins by identifying the explicit nature of the difficulty/ies, so that specific actions can be taken to improve the resident's performance. As the safety of patients should always come first, a resident might need to be withdrawn immediately from providing patient care activities to ensure the patients' safety.

Cognitive functioning

If there is concern about the resident's cognitive functioning - such as a lack of knowledge, a lack of ability to process multiple pieces of information simultaneously or a lack of ability to develop an appropriate assessment and plan - then an observation process may be set up to allow the resident to continue learning while providing patient safety at the same time. This requires that a faculty member commits considerable time to observe all patient care, or to review the care of each patient before the patient leaves the clinic. This may not be feasible in a small rural clinic – and the resident may have to return to the main residency programme site for the observation process to occur.

Specific goals for the observation period should be written down and discussed with the resident and the resident's advisor, with the guidance of the residency programme director. This will ensure that there are clear expectations outlined and measurable outcomes for success or for ongoing remediation of the resident.

If the resident is unsuccessful in observation, they will proceed into a remediation programme. As with the observation period, specific expectations and measurable outcomes should be written down and reviewed with the resident and the resident's advisor with the guidance of the residency programme director. If the resident is unsuccessful during a remediation programme, they should return to the main programme for further remediation.

Residents who have difficulty with cognitive or medical knowledge areas can be placed on a reading programme to improve general knowledge or knowledge in a specific area. For example, if a faculty notices that the resident doesn't seem to be at the appropriate level of knowledge for paediatric patients, they may ask them to review a specific article or chapter in a book on well child examinations. While this is a simple thing to do, it is important that they inform the resident's advisor or programme director of the reading assignment as well as how the resident's knowledge improved after the assigned reading. The residency programme may have a specific documentation process to follow when reading has been recommended for deficiency in a specific medical knowledge area.

If the resident continues to have deficiencies in specific areas, the resident may be placed on observation or a remediation programme. Again this should be discussed with the resident's advisor and the programme director before further action is taken.

Behavioural or attitudinal challenges

Residents who exhibit behavioural or attitudinal challenges can be more difficult to handle. It is important to document the specific behaviour or exhibited attitude and to give clear examples. It is also important to share information very clearly with the resident. There may be a process at the rural hospital for breaches in professional behaviour that must be followed.

Family medicine residency programmes in the United States have a behaviouralist who can help with behaviour modification for the resident. This may require that the resident returns to the main programme before the scheduled end of the rotation at the rural location. Again, it is important for the rural physician to keep the resident's advisor and the programme director apprised of the issues and progress while the resident is at the rural location.

Impairment

Impairment may be result from alcohol or drug use, illness, or other things that make the resident unable to provide patient care.

Residents who are found to be impaired must be removed from patient care immediately, and the faculty at the rural site should contact the residency programme to discuss the safest way to have the resident return to the programme. The resident may need to be referred for medical care, alcohol or drug rehabilitation or other appropriate care before returning to patient care activities. This will be easier to do at their residency programme rather than at their rural rotation site.

Legal challenges

Residents who have legal challenges may or may not need to be removed from patient care.

Each medical licensing board has specific information regarding the ability of a physician to continue practice if they have been accused of a felony or had other legal challenges. It is important that the rural physician know the rules of the board in the location of their practice – and that they contact them if they are uncertain, to determine if the resident can continue to practice given their specific legal situation.

If the resident has a DUI (driving under the influence), they should be evaluated for substance abuse - and before returning to providing patient care, should be determined to *not* have substance abuse issues. It may be necessary to remove the resident from patient care until this can be accomplished. Upon discovering this information, the rural physician should contact the residency programme immediately to ensure that the resident is able to return safely to the main residency programme for their potential substance abuse to be evaluated.

Legal issues may also arise relating to family or domestic issues. The response to these should be individualised and a plan determined between the rural physician, the resident's advisor and the residency programme director.

Conclusion

Although most experiences with residents will be positive for the practicing physician in a rural or small community, they should maintain a close working relationship with the main residency programme. While the possibility of a resident having challenges does exist, it will be the exception rather than the rule. Residency programmes should provide help in dealing with residents who prove to be challenging – and the physician should contact the programme as soon as an issue arises to determine the appropriate way to handle a given situation.

The safety of patients must come first at all times, followed by the safety of the resident and the rest of the health care team.

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