

[Anesthesiology](#)

[Gastroenterology](#)

[General Surgery](#)

[Infectious Disease](#)

[Oncology](#)

[Pain Medicine](#)

[Pharmacy](#)

[Specialty Pharmacy](#)

[CMEZone](#)



Track Hemoglobin Changes in Real Time






Classifieds

**ANESTHESIOLOGY NEWS**

 SEARCH

[advanced search](#)

THE INDEPENDENT MONTHLY NEWSPAPER FOR ANESTHESIOLOGISTS

Follow Us    Last Update: Sep 07, 2015

Email

[Register](#) | [Forgot Password](#)

Password

Remember me

Login

- [Home](#)
- [Departments](#)
  - [Ad Lib](#)
  - [Blogs](#)
  - [Clinical Anesthesiology](#)
  - [Commentary](#)
  - [Correspondence](#)

- [Digital Editions](#)
- [Educational Reviews](#)
- [Finance](#)
- [Guest Editorial](#)
- [In Brief](#)
- [Pain Medicine](#)
- [Pharmacology](#)
- [Policy & Management](#)
- [PRN](#)
- [Technology](#)
- [Web Exclusives](#)
- [Medical Education](#)
  - [CME](#)
  - [Monographs & White Papers](#)
  - [Pocket Guides](#)
- [Supplements](#)
  - [Buyer's Guide](#)
  - [Corporate Profiles](#)
  - [Educational Reviews](#)
- [Buyer's Guide](#)
- [Archives](#)
- [Subscribe](#)
  - [e-Newsletter](#)
  - [New Print Subscription](#)
  - [Print Subscription Renewal](#)
- [Multimedia](#)
- [Conferences](#)
- [Classifieds](#)
- [Contact](#)
  - [About Us](#)
  - [Advertise](#)
  - [Contact Info](#)

Blog: Commentary



POSTED: MARCH 13, 2012

printer friendly | email this article | [0 Comment\(s\)](#)

Failing To Fail

By Kristin Adams Forner, MD

When I was a second-year resident, one of my co-residents was asked to leave the program. His disappearance angered many of my classmates, and left others of us fearful we might meet the same fate. Recently, as a staff member, I was on the other side of a similar decision. While as a department of clinicians we feel confident we did the right thing, as human beings many of us are still wrestling with feelings of sadness, guilt, and doubt. Did we offer him enough opportunities to improve? Did we give him enough time and attention to learn the knowledge and master the skills? Did we do everything we could have done?

Last June the Journal of Graduate Medical Education published an article on “[The Hidden Costs of Failing to Fail Residents](#).” In it, the authors call attention to residency programs’ widespread unwillingness to fail incompetent or unprofessional residents. They call it “a problem endemic in medical education.” Instead of being asked to leave, these residents are allowed to continue in their programs, and graduate, and are then set free to risk endangering the lives of their patients and the morale of their coworkers.

The authors outline the costs of this failure to fail. They highlight the obvious risks to patient care that occur with incompetence and unprofessionalism, but they also mention the increased workload that co-residents and staff must take in order to cover or make up for the underperforming resident. This increased workload not only leads to the other residents in the program receiving less attention by staff, but also to decreases in overall job satisfaction and workplace morale.

So how should residency programs treat their underperforming residents? How many chances do we give them before we have given them too many?

Vanderbilt University School of Medicine published its approach to this dilemma in [Academic Medicine](#) in 2007. In agreement with the article mentioned above, the Vanderbilt authors stress the need for a hospital-wide commitment to recognize and address this kind of behavior since it is associated with “poor adherence to practice guidelines, loss of patients, low staff morale and turnover, medical errors and adverse outcomes, and malpractice suits.”

They outline a three-step process of intervention. One begins with an informal “cup of coffee conversation” where this behavior is first addressed with the underperforming individual. If no improvement is seen, an “awareness intervention” occurs in which a peer or an authority figure shares with the individual what now appears to be a pattern of behavior. Next, if the individual persists in this behavior, disciplinary action with restriction or termination of clinical duties follows.




We are a society that would much rather convey good news than bad, laugh than cry, hire than fire. The decision to terminate a resident from a training program is not made lightly. But occasionally, for the safety of patients and the welfare of the program, it does need to be made. Perhaps Vanderbilt’s thorough and thoughtful approach to managing an underperforming resident is a good place to start ensuring we are doing it right.

Dr. Forner is Medical Director for the Department of Anesthesiology at Wright-Patterson Air Force Base in Dayton, Ohio, and a frequent contributor to [Anesthesiology News](#). She blogs at [DocBehindTheDrapes.com](#).

*Note: The views and opinions expressed in this post are those of the author and do not reflect official policy or position of the United States Air Force, Department of Defense, or United States Government.*

---

## Tags:

 printer friendly |  email this article |  [0 Comment\(s\)](#)

Comment on This Article

**Disclaimer:** This board is intended for non-commercial reader comments. The posting of advertisements or solicitation of any kind is prohibited. Contributors are expected to conduct themselves in an appropriate manner, refraining from personal attacks and profane, coarse or abusive language. Hit the "Report Abuse" button to report comments that violate the rules and spirit of this board. [www.anesthesiologynews.com](http://www.anesthesiologynews.com) reserves the right to remove without any notice comments that violate the intentions of this board. It is not intended to provide specific medical advice or to take the place of written law or regulations. The owners of [www.anesthesiologynews.com](http://www.anesthesiologynews.com) assume no liability for the comments made on this board.

Submit

More in this Blog

- [Awake Fiber-optic Intubation Made Rapid and Reliable: an Interview With Scott Miller, MD](#)

POSTED: FEBRUARY 03, 2014 |  3

- [ASA 2013: Tweeting the Meeting](#)

POSTED: OCTOBER 23, 2013 |  0

- [Four Strategies To Help Anesthesiologists Boost Their Income](#)

POSTED: AUGUST 16, 2013 |  1

- [Explicitness, Intent and the "Two Challenge Rule"](#)

POSTED: JULY 26, 2013 |  1

- [Anesthesiologists Have a Big PR Problem](#)

POSTED: JULY 11, 2013 |  2

[+ more blogs](#)

- [Most Read](#)
- [Most Emailed](#)
- [Comments](#)
- [Twitter](#)

- [Successful Tracheal Intubation In Children With Difficult Airways: Seven Secret Techniques Every Anesthesiologist Should Know](#)
- [Airway Management Roundtable: Seven Questions](#)
- [Airway Risk Assessment: A Review of Current Evidence To Aid Clinical Decision-Making](#)
- [OR Talk: Professional or Else](#)
- [Submental Tracheal Intubation For a Patient With Multiple Facial Fractures](#)

 [Register for our free e-Newsletter](#)

**Ryanodex**  
(dantrolene sodium)  
for injectable suspension

**TIME MATTERS  
IN A MALIGNANT  
HYPERTHERMIA CRISIS**

**IMPORTANT SAFETY INFORMATION**

**Indication**

RYANODEX® (dantrolene sodium) for injectable suspension is indicated for the treatment of malignant hyperthermia in conjunction with appropriate supportive

**Prescribing Information**

# EXPAREL<sup>®</sup>

(bupivacaine liposome injectable suspension)

Learn More 


about how  
to use EXPAREL



PACIRA

PHARMACEUTICALS, INC.

PP-EX-US-0665C



**BIS™-guided anesthetic titration may aid in a reduction in the incidence of delirium in elderly and other patient populations at increased risk.**

---

## ***Nationwide Opportunities***

- *Practice Options*
- *Career Growth*
- *Flexible Scheduling*

**TEAMHealth.**  
ANESTHESIA

An advertisement for Ambu AuraGain pediatric sizes. It features a green and white Ambu AuraGain device on the left. The text on the right reads: "Ambu® AuraGain™ Pediatric Sizes Now Available (CLICK HERE TO SEE HOW)".

Ambu®  
AuraGain™

Pediatric Sizes  
Now Available  
(CLICK HERE TO SEE HOW)



[about](#) | [archives](#) | [register](#) | [print subscription](#) | [e-Newsletter](#) | [contact info](#) | [advertise](#) | [rss feed](#) | [podcast rss feed](#) | [mobile app](#)

Copyright © 2004 - 2015 McMahon Publishing unless otherwise noted.

Anesthesiology News and AnesthesiologyNews.com are part of McMahon Publishing.

All rights reserved. Reproduction in whole or in part without permission is prohibited.