***Short communication***

**HELPRESIDENT: A Game-Changer Framework for Supporting Struggling Family Medicine Residents.**

**Abstract**

**Background**: Struggling residents in family medicine programs present significant challenges for both the residents themselves and the programs. Addressing these challenges effectively requires a greater focus on strategies to manage and support these residents.

**Methods:** A comprehensive literature review was conducted using databases like PubMed, Scopus, and Google Scholar, focusing on articles published in the last 10 years on managing struggling residents in family medicine programs.

**Results**:The HELPRESIDENT framework was found to provide a clear, structured approach to supporting struggling residents, improving their performance and well-being.

**Conclusions**: **Implementing structured frameworks like HELPRESIDENT and SOAP supports struggling residents through comprehensive assessments, targeted interventions, and ongoing monitoring, fostering a positive learning environment.**

**Key Words**

**HELPRESIDENT ,Struggling Resident, Family Medicine**

**Background :**

**Definitions:**

Struggling residents can be conceptualized demonstrating gap in academic growth as defined by program outcomes or they can demonstrate misconduct or professional gap, they have a gap between observed and expected performance .(1)There was Labeling for challenging learners such as : Troublesome ,Disruptive student ,Unengaged trainee ,Resident in Difficulty ,problem resident and Impaired Physician .(2) which is better not to be used any more in medical education environment .

Struggling residents are those whose academic or professional performance fails to meet expected milestones, often due to gaps in medical knowledge, clinical skills, communication, professionalism, or personal well-being.

Terms like 'troublesome' or 'problematic' should be avoided, as they can perpetuate stigma and hinder the appropriate support and development of struggling residents.

**Prevalence:**

Over a 25-year period, 230 residents entered the family medicine program, with 209 graduating. Of these, 9.1% were identified as struggling residents. Most issues were related to personal challenges, psychiatric illnesses, substance abuse, and gaps in knowledge.

A variety of remediation approaches were used, and 90% of the residents in trouble graduated.43% identified during PGY-1 year and 91% by the end of PGY-2 year.(3). The reported prevalence of struggling residents in medical programs varies, with estimates ranging from 6% to 15% of residents facing significant difficulties during training. Family medicine programs often reflect similar rates, though specific data may vary by region or institution. The true prevalence can be underreported due to stigma or lack of consistent assessment methods.(4).

One significant barrier to identifying struggling residents is the 'failure to fail' mindset, where educators are hesitant to fail underperforming students, often due to compassion or fear of conflict. This can lead to underperformance being overlooked.

Rational :

Problem residents are challenging to the residency program directors, attending physicians, and often their fellow trainees. They can threaten the integrity of a training program and can negatively influence the residency training experience for other trainees.(2).

This review may help to provide a better understanding of the issues related to problem residents, thereby supporting residency program directors, medical educators, and residents themselves. In the same time why are learner struggling and determine appropriate intervention requires accurate assessment of the learner .(6).

**Risk factors and causes:**

Academic performance in the form of [Gaps in medical knowledge or clinical skills, and inadequate preparation or foundational training can significantly impact residents](https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-022-03422-7). (7). **Personal and Emotional Factors such as :** [Burnout, stress, and mental health issues such as anxiety and depression are common among medical students and residents2](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13943-x). [Personal life challenges, including family or financial issues, also play a role](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13943-x) . (8).**Professional and Interpersonal Factors**: [Poor communication skills or interpersonal conflicts with peers and staff, as well as struggles with professionalism, are notable factors](https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-024-01962-5). (9).**Systemic and Environmental Factors**: High workload, long hours, and lack of support in the training environment contribute to resident difficulties. Inadequate supervision or mentorship further exacerbates these issues. **Learning Styles and Adapting to Training**: Difficulty adapting to the learning style and expectations of a residency program can hinder a resident’s progress. Differential Diagnosis:Depression or Anxiety ,Distraction- personal/life,Deprivation-exercise, rest, recreation Substance Use Disorders ,Medical Disease,Learning Disability,and Disordered personality.(10). Summary of difficulties and its causes will be detailed in Figure 1 ( 11 ) and Figure 2 (10 ).

**Approach to Management :**

**Early Identification**: Regular performance reviews and feedback sessions are crucial for detecting early signs of struggle. [Multi-source feedback (360-degree evaluations) and self-assessment are effective tools](https://www.aihr.com/blog/performance-management-approaches/).program directors stated that problem residents half the time or more frequently had insufficient medical knowledge (48%), poor clinical judgment (44%), and inefficient use of time (44%). The most frequent processes by which problem residents were discovered included direct observation (82%) and critical incidents (59%). Chief residents and program directors most frequently identified the problem residents (84% and 74%); problem residents rarely come forward themselves (2%).(12). **Individualized Assessment**: Conducting thorough evaluations of residents’ strengths, weaknesses, and contributing factors is essential. [Tools such as direct observation, simulation assessments, and structured interviews can be utilized](https://www.qualtrics.com/experience-management/employee/performance-appraisal/). Assessment narrative comments predicting struggling include but not limited to the following : Gaps in attention to detail,Communication deficits with patients ,Difficulty recognizing the “big picture” of patient care ,Feedback as deficiency rather than an opportunity to improve,Normative comparison that identifies the resident as behind their peers, and Warning of possible risk to patient care .(13).**Creating an Improvement Plan**:[Developing a personalized learning and remediation plan with clear goals and timelines, and incorporating additional educational support like workshops and targeted supervision, is beneficial](https://factorialhr.com/blog/performance-management-cycle/).**Support Systems**:Providing mentorship or coaching by assigning experienced faculty or peer mentors, and ensuring access to mental health resources, including counseling and stress management programs, are important support measures.M**onitoring Progress**:Regular follow-ups to monitor progress and adjusting the intervention plan as needed based on periodic assessments are key steps.**Documentation**:Maintaining detailed records of evaluations, interventions, and outcomes ensures transparency and fairness. Other strategies could be beneficial collected in Figure 3 .(17).

**SOAP Framework:**

The SOAP framework (Subjective, Objective, Assessment, Plan) can guide the structured approach to managing struggling residents: Subjective: ( Collect anecdotal reports from faculty, peers, and the resident themselves and gather the resident’s perspective on their performance and challenges). Objective: (Document performance metrics (e.g., rotation evaluations, exam scores and Use structured observation tools and feedback from multiple sources).Assessment:(Identify specific areas where the resident is struggling and review patterns and underlying causes of performance issues using a comprehensive assessment tool). Plan: (Create an individualized remediation plan with defined goals and timelines and Implement mentorship and provide educational resources for targeted support)- Table (1 ). (14). One of the important aspects of plan is to set SMARTER Objectives: specific ,M- measurable,A- achievable.,R-relevant ,T- time bound,E- engaging,R- re-assessed periodically .(15).For interventions: A Learner-Centered Approach which center interventions on well-being of the learner and safety of patients and their families with individualized Learning Plan based on learner strengths and areas for growth .(16).***"The SOAP framework helps structure the approach, focusing on gathering subjective and objective data, assessing performance, and creating an actionable plan."***

**HELPRESIDENT framework** :

**H.E.L.P.** : Steps to start (Holistic assessment, Engage mentors, Learning plan, Provide feedback).

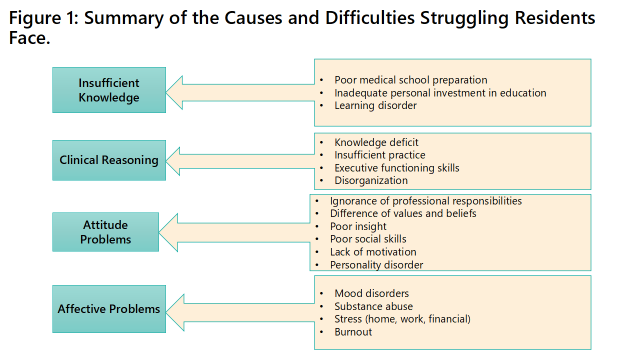
**R.E.S.I.D.E.N.T.** : Additional strategies (Reduce workload, Emotional support, Supervised remediation, Involve team, Document, Escalate, New learning opportunities, Terminate or transition if needed).For more detailed explanation will be in Table ( 2 ).

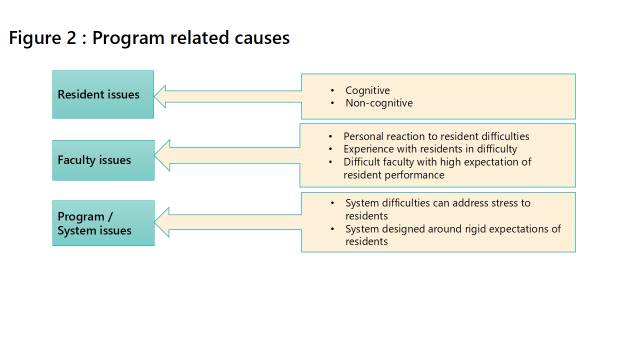
**Reflection from Family Medicine Residency Program Qatar:**

Review of struggling residents in the program in the last 10 years revealed total number of residents is139 residents ,18 of them were struggling with prevalence of 17.26% .

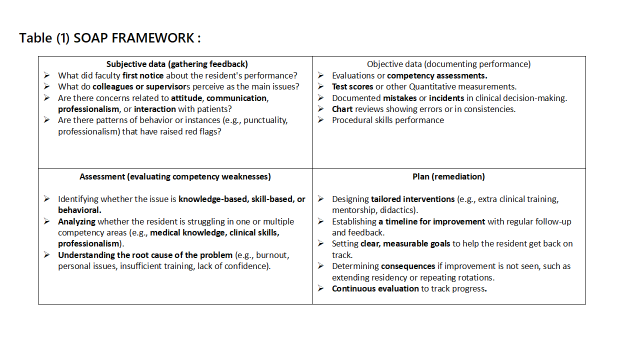
6 out of 18 strugglers 33.3% leave the program because they suffer from poor medical knowledge ,poor preparation in medical college ,learning disability ,and patient safety issues.

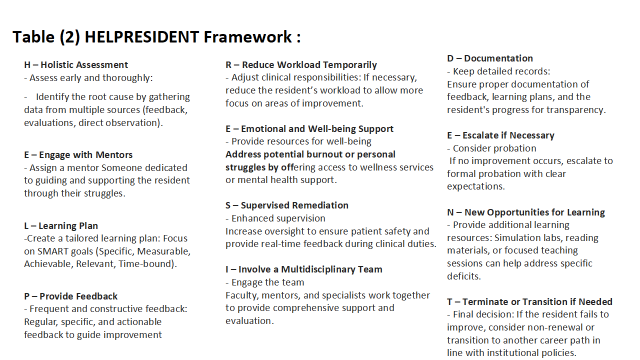
8 out of remaining 18 strugglers 44.44 % showed constant improvement by early detection ,individualized learning plan ad mentorship program however there is still another 4 out of 18 strugglers 2.22 in remediation process .











**Recommendations:**

Faculty Development: Train faculty members to recognize signs of a struggling resident and provide constructive feedback with clear policies to ensure residency programs have clear guidelines for remediation and remediation exit criteria.

Foster a culture of support where struggling is part of the learning process. Implement wellness and resilience programs to prevent burnout and support mental health.

**Conclusion:**

The use of structured frameworks like HELPRESIDENT and SOAP allows residency programs to systematically support struggling residents, ensuring comprehensive assessment, targeted intervention, and effective monitoring. This approach promotes a supportive learning environment that benefits both residents and training programs.

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