



INSTITUTIONAL FACULTY DEVELOPMENT COURSE

XVIII

GME Conference:

Resident Remediation

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Objectives and Goals

- Review foundational knowledge and common questions about remediation in training programs
- Goals of remediation
- Discuss deficits and remediation strategies .



Common Questions about Remediation:

- **What is the difference between *informal* and *formal* remediation ?**
- **What is the difference between *Teaching* and *Remediation*?**



Common Questions: continued

- **Teaching:** Involves imparting new knowledge and skills to your learner.
- **Remediation:** Focuses on the correction of skills
- Remediation is NOT punishment; nor is it rehabilitation or recycling ,NOT a "paper trail to termination" ***its educational activity.***
- **Informal**—Feedback from faculty and 360⁰ formative evaluations, semiannual one-on-one summative evaluations, mentoring, simulations, self-assessments, etc.
- **Formal**---An academic remediation plan or a formal disciplinary action



Common Questions: continued

- **Who are involved in Remediation process?**
- **What is the role of HR in Remediation process ?**
- **What are the useful sources/Information during Remediation process ?**
- **Any intervention before remediation?**
- **When to send a mandatory psychiatric evaluation referral?**
- **Who to notify when a resident is placed on formal remediation?**



Common Questions: continued

- Who are involved in Remediation process?
- Ans: DIOs, PDs & faculty are responsible for making ALL decisions about residents

- What are the useful sources/Information during Remediation process ?
- Ans:
- Variety of Sources-----DOCUMENTATION
- My evaluation
- information obtained from individuals through emails and conversations.
- meeting minutes
- incident reports Example: Hospital MIDAS/PRO reports etc.
- unsatisfactory in-training exam performance



Initial Intervention

- **Meet with new learners one-on-one**
 - a. Clear Goals, objectives, policies and Expectation.
 - b. Residency Program Handbook

- **Mentor program**
- **Role modelling**
- **Hold faculty review meetings at the beginning of the academic year for new learners .**
- **Faculty must document accurately and honestly the resident's performance**



Mandatory psychiatric referrals

- In consistent performance of unclear etiology
- Problems with attitudes and/or motivation or suspected learning disabilities, unteachable despite good effort.
- Psychosocial stressors
- Suspected psychiatric diagnoses
- Substance abuse



Goals and critical points of Resident Remediation:

Goal: Target and fix the greatest deficit.

- Tackling one deficit at a time :
 1. less overwhelming to learner.
 2. More likely to yield success.
 3. Allows learner to focus and demonstrate mastery in that area.

This will improve the learner's overall performance, confidence and motivation to improve.



Critical points of Resident Remediation:

- Team approach/success Team.
- Accept the Obligation to “Protect the Public”
- Clear and Consistent- Evaluation Processes
- Opportunity for Formal Remediation
- Follow approved policies & procedures to ensure due process



Competencies: Deficit

- 1. Medical Knowledge
- 2. Clinical Skills
- 3. Clinical reasoning and Judging
- 4. Time Management and Organization
- 5. Interpersonal Skills
- 6. Communication
- 7. Professionalism
- 8. Practice-Based Learning and Improvement.
- 9. System-Based Practice
- 10. Mental well-Being.



Development: Remediation strategies

1. Meet with success Team to review the remediation plan. (PD/Faculty/Learner)

- State the conditions or events to initiate a formal remediation plan.
- Identify Gaps
- Document and review goals/time frame/review expectations
- obtain the learner's perspective and concerns.
- What the resident must do, or cease doing, to show that the problem(s) have been corrected.
- When the remediation plan involves behavior changes or alcohol/drug treatment, it is important to also include in the requirements what the resident **MUST NOT DO** (i.e., zero tolerance) in order to meet the terms of the remediation plan.
- The consequences for meeting the remedial plan's requirements should be stated clearly, as should the consequences for failing to meet the requirements (e.g., continued remediation, or dismissal, etc.).



Steps to be taken at the successful or unsuccessful completion of the plan.

- 1. Consider a mental health evaluation/referral.
Example: Physician health programs like: www.fsphp.org
- 2. Discuss Academic consequences of poor behaviors:

Example:

- Warning letter
- Probation, including future repercussions of needing to disclose probationary status throughout career
- Difficulty obtaining letters of recommendations for the next stage of career.
- Discuss the career consequences.
Eg: Monitoring by Licensing boards, need to explain throughout career etc.



Implementation

- Communicate reassessment process and what is required to pass.
- If possible video record
- simulators and standardized patients
- self –assess and self-reflect
- reinforcing and constructive feed back by unbiased blinded third party.
- Compassion works better than authoritarian confrontation



Reassessment options based on Deficit

- Objective structured Clinical examination
- Mini-clinical evaluation examination
- Brief structured clinical examination
- Simulations
- Directly observed encounters with actual patients
- Clinical evaluation exercise
- Multiple choice questions
- Written or web-based assessments
- Chart reviews and chart-stimulated recall
- Supervisor or peer observations
- Multiple-source evaluations
- Patient and procedure logs
- Critical of journal articles
- Responses to self-assessment.



- Some resident problems or deficiencies are NOT remediable
- Dismiss a Resident Who Fails to Improve after a Formal Remediation Plan



References:

- **1. Partners in Medical Education Webinar :**
- A. How to Handle the Underperforming Resident: Franklin J. Medio, PhD
- B. Remediation of Struggling Learners Using the Core Competencies. Heather Peters, M.Ed., Ph.D.

- 2. Remediation of the Struggling Medical Learner. AHME Publication 2013. Jeannette Guerrasio, MD