**Partners in Medical Education**

**Webinar Presentation**

**June 7, 2018**

**Resident Remediation:**

**How to Handle the Underperforming Resident**

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At the conclusion of this webinar, participants should be able to:

1. **Provide answers to *six common questions* about remediation in GME programs**

**2. Explain *five important elements* of the remediation process in competency-basedGME programs*.***

**3. Describe *six* *critical components* of an appropriate Formal Academic Remediation (FAR) plan.**

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**Common Questions about Remediation in GME Programs**

When a resident repeatedly makes the same clinical mistakes, consistently performs below standards,

and/or continues to exhibit inappropriate behavior or unprofessional conduct, program directors and

faculty are faced with the challenges of the *underperforming* resident. When this individual does not improve after repeated feedback from evaluations, warnings, counseling, mentoring, etc., the program director and faculty must answer important questions:

**What is the difference between *informal* and *formal* remediation in competency-based education?**

**When does a resident’s performance reach the point of requiring formal remediation?**

**How do we determine what type of remediation is needed?**

**How do we remediate a resident with a behavioral, psychological, and/or professionalism problem?**

**How long should a resident be on formal academic remediation?**

**Who should (and who should not) be notified when a resident is placed on formal remediation?**

**Resident Remediation**

**Five Critical Points**

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**1. Accept the Obligation to “Protect the Public”**

**A. This is the *ultimate responsibility* of the profession, ACGME & institution**

**B. DIOs, PDs & faculty are *responsible for making ALL decisions* about residents**

**C. Courts have repeatedly *upheld this group’s authority* for these decisions**

**D. Faculty must *document accurately and honestly* the resident’s performance**

**2. Make Decisions based upon Sound Educational Principles**

**A. Resident must *complete ALL* of the residency program requirements**

**B. Evaluation of residents is the *faculty’s* *most important responsibility***

**C. High academic integrity is achieved by *upholding educational and clinical standards***

**D. *Every day is equally important* in the evaluation of residents**

**3. Apply Evaluation Processes Clearly and Consistently**

**A. DIO, PDs and faculty determine the *evaluation criteria and methods***

**B. Knowledge, Skills and Professionalism are *valued equally* in evaluations**

**C. DIO, PDs and faculty are *Advocates, not Enablers*, for residents**

**D. Remediation (i.e., re-testing) is part of a *competency-based education***

**4. Provide an Opportunity for Formal Remediation**

**A. TWO TYPES: *Informal* & *Formal***

**1) *Informal*—Feedback from faculty and 3600 formative evaluations, semiannual one-on-one summative evaluations, mentoring, simulations, self-assessments, etc.**

**2) *Formal*---An academic remediation plan or a formal disciplinary action**

**(i.e., zero-tolerance for unprofessional behavior or conduct)**

**B. Resident’s *final attempt to improve* before dismissal from program**

**C. Remediation is *NOT punishment; nor is it rehabilitation or recycling***

**D. An *individualized formal academic remediation plan* is developed**

**5. Dismiss a Resident Who Fails to Improve after a Formal Remediation Plan**

**A. Some resident problems or deficiencies are *NOT remediable***

**B. Follow your approved policies & procedures to *ensure due process under Academic Law***

**C. Conduct a grievance/appeal hearing to *review the process used to reach the decision to dismiss* the resident as a result of failing out---NOT to review the decision (i.e., dismissal)!**

**D. Answer future requests for information about a resident *accurately*, even if a resident successfully completes a formal remediation plan during his/her residency program**

**Formal Academic Remediation Plan**

**Six Critical Elements**

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**Remediation Process is described in the Institutional GME Handbook and the Individual Residency Program Handbook**

**The remediation process should delineate: a) the conditions or events to initiate a formal remediation plan, b) the development and implementation, and c) the steps to be taken at the successful or unsuccessful completion of the plan.**

**Performance Problem(s) are identified from Information Obtained through a Variety of Sources----*DOCUMENTATION***

**Performance data from evaluation instruments, information obtained from individuals through emails and conversations, meeting minutes, incident reports, etc. are collected and analyzed. The performance problem(s) must be related to one or more of the ACGME Competencies.**

**Assessment of Problem(s) includes an Educational Consultation**

**An "educational consultation" can be used to fully understand the problem and formulate the corrective steps in a comprehensive remediation plan. The consultation may include the assessment of the resident's: a) cognitive functioning, b) perceptual abilities, c) mental, physical and/or emotional status, d) behavioral patterns, and/or e) drug/alcohol use. Any information obtained through the consultation may be incorporated into the remediation plan as determined by the program director and faculty.**

***NOTE: An education consultation is NOT used to decide "fitness for duty."***

**Corrective Steps Mirror the Resident’s Performance Problem(s)**

**The remediation plan is an educational activity that provides an opportunity to correct mistakes, deficiencies or problems by increasing knowledge, improving skills and/or changing behaviors.**

***NOTE: Remediation is NOT punishment; it is NOT a "paper trail to termination" or is it something to “please Dr. X or the GME committee.” Avoid giving residents “mixed messages” and emphasize the seriousness of the situation and importance of correcting the mistake or resolving the problem.***

**Remediation Learning Plan describes the Specific Criteria Needed to Demonstrate Improvement and Completion of the Remediation Plan**

**The remedial learning plan includes a clear, succinct description of 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.**

**Remediation Plan includes; Timeline for Completion, Consequences for Completing/Not Completing, and Program Director & Resident Signatures**

**The remediation learning plan includes the amount of time required for the resident to demonstrate his/her ability to satisfy the plan's requirements. This time period varies for each remediation plan depending on the nature of the performance problem(s) and the necessary corrective step(s). It may be a short period of time (e.g., completing a specific rotation; performing a specific procedure, etc.) or a long period of time (e.g., until the next six-month review, until the “anticipated” completion date of the program). 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.).**

***The remediation plan must be signed and dated by the resident and the program director!***