Remediation Presentation outline

1. Introduction
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* 1. Objectives
		1. Provide best practice guidelines to improve remediation strategies for the struggling medical learner
		2. Demonstrate the significance of the Behaviorist as part of the remediation team in FMRPs.
		3. Provide a space to brainstorm ideas around remediation practices and ways to provide a formative learning environment for medical learners
	2. ACGME and Remediation
		1. Milestones were developed to standardize the competencies. Each medical specialty has their own set of milestone competencies
		2. Decisions regarding remediation, probation, and dismissal are program dependent. Each program decides their own policies
		3. Reporting to the Licensing boards regarding probation status during residency training varies from state to state.
	3. Terminology – (Smith, J et.al. Defining Uniform Processes for Remediation, Probation, and Termination in Residency Training. West Journal of Emergency Medicine (2017) Jan; 18(1): 110-113.)
		1. Informal Remediation
			1. First stage to initiate warning signs when problems exist
			2. Important to document the process. If improvements are not seen the remediation is then escalated
			3. Important to document the resident’s strengths, deficiencies, and expectations for areas of improvement
			4. Time frame for progress expectations
			5. This process is not reported to the GME office and does not need to be disclosed for employment or licensure
		2. Formal Remediation
			1. Next step after resident’s failure to correct deficits mentioned in the informal remediation plan
			2. Unresolved problems should be clearly documented with evidence that a formal plan is needed.
			3. Updated corrective action plan including expected outcomes, time frame for reassessment, and potential consequences if changes are not successful resolved.
			4. GME office should be notified and given the opportunity to provide input to the plan
		3. Probation
			1. Failure to correct deficiencies during formal remediation period or if problems are significant enough to warrant immediate probation.
			2. Some programs state maximum of six months of formal remediation and then defaults to probation if not corrected
			3. Documentation records failure of formal remediation process, update the expected outcomes, consequences, and time frame for resolution
			4. The CCC, department chair and faculty should collaborate- GME must be notified – legal counsel may be consulted ensure due process
		4. Termination
			1. Failure to meet the terms of probation or if significant enough to warrant immediate termination
			2. Documentation- failure to resolve identified deficiencies during remediation and probation periods.
			3. GME office, legal counsel, and human resources are often involved
			4. If there is a house officer’s union, a representative may be involved
			5. Termination is disclosed in final verification, employment letters, and letters of reference
	4. Remediation Steps
		1. Why Remediate/what is our primary role (the goals of remediation)
			1. To train the doctors that fulfill their potential and to provide safe, competent, compassionate medical care.
			2. Broaden perspective on remediation – (Guerrasio) – targeted, individualized approach to correct specific skill set and/or knowledge deficits – we could probably all do with a little remediation as we are not perfect.
		2. Diagnosing the problem (Guerrasio) – ACGME competencies + and the Milestones
			1. Medical Knowledge – early
			2. Clinical Skills (Patient Care)
			3. Clinical Reasoning and judgement (Patient Care) – early/advanced
			4. Time Management and Organization (Patient Care) – early/advanced
			5. Interpersonal Skills-advanced
			6. Communication - early
			7. Professionalism - Advanced
			8. Practice-Based Learning and Improvement
			9. Systems Based Practice
			10. Mental Well-Being – early
			11. Resources – Table #3.3 and 3.4 Guerrasio
	5. Decision Making for Remediation
		1. Concern is raised
		2. Documentation
		3. Notify relevant parties of learner’s performance issues
		4. Confirm concerns – collect for info if needed
		5. Decide
			1. Is this a pattern of behavior?
			2. Is this isolated but a serious event that need intervention
			3. Action or monitoring?
		6. Meet with the Learner
	6. Parts of a Good Remediation Plan
		1. Clearly identify Problem/Deficit – give specific examples
		2. Identify specific goals/requirements/expectations
		3. Identify specific tasks for the learner
		4. Clearly identify the timeframe for the remediation plan
		5. Clearly identify how outcomes will be measured
		6. Cleary identify next steps if the remediate plan is not completed successfully
	7. How to evaluate outcomes Table 9.1 (Guerrasio)
	8. Moving to probation and/or termination
		1. Was remediation plan successful?
		2. Next steps – extend remediation, probation, termination (resignation)
		3. Deadlines for informing
		4. Consider appropriateness of extending initial time frame – extenuating circumstances with some progress towards goals.
		5. Do you need to report probation to the state board?
		6. Do you have appropriate written documentation?
		7. Have you followed program policy?
		8. Have you discussed with HR/have you followed HR policy?
		9. Resignation vs Termination
1. Cases
2. Summary
	1. Promoting success
		1. Permission to Change
		2. Expectation of Growth
		3. Reasonable Challenges
		4. Connection to Faculty and Peers
		5. Choice
	2. Lessons Learned
		1. Training vs Employment
		2. Get HR involved early
		3. Monitoring and Accountability
		4. Logistics – scheduling concerns for time away, repeat rotations, residency extensions.
		5. Privacy vs Transparency
		6. Evaluations
		7. Documentation
		8. Internal vs External
		9. Negativity vs Positivity Bias
		10. Terminology
		11. Coaching-corrective action-remediation-probation-termination (resignation)
		12. Academic vs Professional Probation
		13. Residency Fallout