**Resident Counseling Form**

Name: \_\_\_Dr. X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ R1 ✓ R2 ❒ R3

Date:\_\_\_\_\_\_ Faculty completing form: Dr. Dominguez

Concern(s) -incl. specific examples:

After CCC review of multiple field notes and current performance in the outpatient clinic setting, there are multiple concerns that span multiple competencies:

**Professionalism**:

1. Not registering to take the USMLE Step 3 exam

2. Turning in clinic office notes late (over 24-48 hours from time of patient visit)

3. Lack of attendance at noon conference

4. Lack of self-care, you appear tired and not engaged in your education plan

5. Not following up with your advisor for Advisor-Advisee meetings

**Patient Care**: Athena tasks and patient cases have not been addressed in a timely manner.

**Medical Knowledge**: ITE score is 320, need to develop board review plan to register for USMLE as well as complete SAM, Metric to gain enough points to register for National Board Exam.

* Office Evaluations Reviewed
* Rotation Evaluations Reviewed

**Category:**

**X Competence – Cognitive** (Poor knowledge base, memory prob., poor language or reading skill, etc.)

X **Competence – Noncognitive** (Affective, attitudinal, interpersonal problem, poor organizational skills, chronic tardiness, messy or inadequate charting, etc)

**\_ Laws & Professional Standards:** employee relationship issues – (Assault, falsifying records, harassment, insubordination, etc.)

X **Performance & Disability**: difficulties learner has in meeting the program’s essential functions/job requirement – (Suspected medical/psychiatric disorder, substance abuse, learning disability, physical disability, etc.)

Appears disengaged

Lack of attention to detail and follow through

Not meeting potential of prior performance

Initial plan to bring to faculty:

Dr. X has been counselled in the past by Dr. Wall and Dr. Dominguez regarding professionalism and patient care issues as outlined above.

Counseling session with CCC Chair and GME Director and meeting on

We will be evaluating growth in the following areas:

1. Attend Employee Assistance Program for evaluation and counselling
2. Make appointment with PCP for evaluation
3. Develop a learning plan to improve your ITE score, and meet regularly with your advisor or agreed upon faculty to keep you accountable. This needs to be initiated by you.
4. Register and take the USMLE Step 3. Meet with Dr. Wall for help with test taking anxiety reduction.
5. Submit completed clinic notes within 24 hours of patient encounter visit.
6. Play an active role as a team member
7. Be present where expected, know your schedule and deadlines for vacation, CME
8. Utilize appropriate channels for PTO/Sick Time rather than calling the Chief Residents

Dr. X has committed to getting herself adjusted to her new family situation. She has read and understands expectations listed above, and agrees to meet with her faculty advisor and/or CCC Chair once weekly to provide a status update.

✓ Plan approved by CCC on \_\_\_\_\_\_

✓ Plan approved in Faculty Meeting on \_\_\_\_\_\_\_\_

✓ Date GME/Associate PD met to discuss plan \_\_\_\_\_\_\_

Plan to be completed by: Block 7

✓ Date resident to meet with GME Director/Associate PD: \_\_\_\_\_\_\_\_

***Competence-Cognitive/Academic Action Plan Checklist***

**Identified resources Resource Department Contact Person**

✓Learning/educational Evaluation Neuropsychology Dr. Chris Rosselli

**** Repeat Rotation/Rotations Faculty Advisor

✓Board Review Course GME Office Residency Coordinator

**** AAFP Monograph Series/ GME Office Residency Coordinator

**** Family Practice Comprehensive CD/ GME Office Residency Coordinator

**** Additional Reading/ Faculty Advisor

***Competence-Noncognitive or Performance & Disability Action Plan Checklist***

**Identified concern Resource Department Contact Person**

✓Cognitive vs Psychiatric Issue Neuropsychology Dr. Chris Rosselli

✓Possible Psychiatric Disorder PCP/Psychiatry Dr. Wall (for Referral)

✓Psychological Distress EAP (LifeWorks) Clauselie Prinvil

Anger Management EAP (LifeWorks) Clauselie Prinvil

Drug/Alcohol Abuse EAP (LifeWorks) Clauselie Prinvil

✓Teamwork Education

✓Time Management Education

Fatigue Management EAP (LifeWorks) Clauselie Prinvil

Language Barriers/ FCCJ Damian McFarlane

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policies Provided**

**Policy Name Policy Number**

 Substance Abuse Drug/Alcohol Testing 15.02

✓ Associate Coaching, Counseling, and Corrective Action 15.11

 Impaired Practitioners 21.19

✓ Policies received on 1/10/30

 Policies received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident Self-Reflection**

**My thoughts about this improvement action plan (i.e., do I think it is accurate? What is my responsibility & how will I work to improve?):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My thoughts after completing the action plan (i.e., what have I learned from this & how will I incorporate what I have learned into my growth as a physician and as a person?)**

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**It was my responsibility to provide my advisor with documentation of my completion of the action plan (attendance at required classes/courses/appointments, etc). I have provided my advisor with this documentation (if applicable).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Signature Date**