Resident Remediation Plan

**Date of Remediation Plan Meeting:**

**Name of Resident:**

**Primary Supervisor/Advisor:**

**Names of All Persons Present at the Meeting:**

**All Additional Pertinent Supervisors/Faculty:**

**Date for Follow-up Meeting(s):**

Circle all competency domains in which the trainee’s performance does not meet the benchmark: Patient Care, Medical Knowledge, Practiced Based Learning and Improvement, Professionalism, Systems Based Practice, Interpersonal and Communication Skills.

Specific Areas for Growth:

Dr. X will need to improve the organization of sign outs, detail the appropriate plan for the patient according to the diagnosis, arrive at all residency activities on time and appropriately groomed, and communicate patient CC to the attendings in a clear, concise, and accurate manner. In addition, communicate the plan to the patient in a clear, concise, accurate manner and allow the patient to teach back what they heard to verify understanding. Documentation should also be clear, concise and accurate.

Description of the problem(s) in each competency domain circled above:

1. On multiple occasions, Dr. X has been reported to be late for CORE, clinic, and rotations. Please see completed evaluations for details.
2. On multiple occasions, Dr. X has been reported to have body odor or not appear to have showered when reporting to residency related activities.
3. Dr. X’s sign outs have been reported on multiple occasions to either be disjointed or not accurately addressing the patient’s complaint. The feedback has been received from not only attendings but also from patients as well. The patient complaints have been related to not receiving treatment for what they presented for or that they were given the wrong treatment.
4. Dr. X’s behavior in the above statements overlap with the ability to communicate patient concerns either to the attending or to the patient in a way that conveys what has transpired in both oral and written communication.
5. Dr. X has frequently developed plans that are not congruent with evidenced based standards and/or has communicated evidence that is inaccurate.
6. Dr. X’s ITE score was one standard deviation below the national average.

Date(s) the problem(s) was brought to the trainee’s attention and by whom:

8/2/12; 9/13/12; 10/1/12; Formal meeting with Program Director: 10/10/12; Follow up meeting: 12/20/12

Steps already taken by the trainee to rectify the problem(s) that was identified:

None

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Dr. X was required to meet with behavioral medicine faculty to identify communication gaps and to observe sign outs.

He was also required to shadow attendings X, Y, and Z to have appointments modeled for him.

He was required to meet with Dr. X for at least 3 times to review study habits to improve medical knowledge deficits

He was offered to attend counseling services

Remediation Plan

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| --- | --- | --- | --- |
| **Competency Domain/****Essential Components** | **Problem****Behaviors** | **Expectations for Acceptable Performance**  | **Trainee’s Responsibilities/****Actions**  |
| **Professionalism** | 1. Arriving late to residency activities
2. Unkempt appearance
3. Responsiveness to feedback
 | 1. Resident will arrive on time to all scheduled activities
2. Resident will arrive to all resident activities with appropriate ADLs completed
3. Resident should voice understanding of feedback and express a willingness to work on stated goals and evidence of work towards those goals
 | 1. If the resident is to be late, he should notify the appropriate location and Program director. Resident is expected to show on time to these activities
2. Resident is required to perform proper ADLs including but not limited to oral hygiene, regular bathing, combing of hair, etc.
3. Resident should produce evidence of working on study goals, meet with those recommended to help with remediation plan and voice an openness to suggestions made and/or provide a plan to address gaps
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| ***Patient Care/Medical Knowledge/Communication*** | 1. Will present patients in a clear, concise, accurate manner
 | 1. Program will record a minimum of 5 visits and compare video of patient care, supervision and note to video content.
 | 1. Resident will provide reasonably accurate information from each of these settings and document appropriately.
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Additional Responsibility:

1. Resident is required to attend a minimum of one appointment with mental health provider to assist with remediation goals.
2. Resident is required to meet with Dr. X to work on academic goals/strategies for at a minimum 3 appointments
3. Resident is required to meet with the academic counseling services at UMMC for one appointment.

Timeframe for acceptable performance:

Resident will be re-evaluated at the end of 3 months for further feedback and 6 months for summative feedback.

Assessment methods:

Video monitoring, Faculty evaluations, staff reports, patient reports.

Dates of the evaluation:

Will occur on 15th of each month until May 2013.

Consequences for unsuccessful remediation:

You will be formally moved to probation in 3 months if there is no improvement in evaluations from this date. From there you will be facing termination if there is no improvement by May of 2013.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above remediation plan with the residency training faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If resident disagrees, comments, including a detailed description of the resdient’s rationale for disagreement, are REQUIRED).*

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Trainee Name Date Training Director Date

Resident’s comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Remediation Plan Continued

SUMMATIVE EVALUATION OF REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

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| --- | --- | --- | --- | --- |
| **Competency Domain/****Essential Components** | **Expectations for Acceptable Performance** | **Outcomes Related to Expected Benchmarks****(met, partially met, not met)** | **Next Steps****(e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)** | **Next Evaluation Date (if needed)** |
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above summative evaluation of my remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If resident disagrees with the outcomes and next steps, comments, including a detailed description of the resident’s rationale for disagreement, are REQUIRED).*

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Resident Date Training Director Date

Resident’s comments (Feel free to use additional pages):