**Remediation Strategies by Learner Deficit**

For all deficits, remediation starts with meeting the learner, reviewing expectations, and establishing reassessment methods

**Medical Knowledge**

* Identify knowledge goals and requirement
* Identify learning style
* Assess deficits—global or focal?
* Review what learner is reading, focus on review articles
* Emphasize learning why over what or how
* Encourage symptom-based v disease-based reading
* Create ongoing list of items to review
* Link pt cases to reading
* Give feedback, encourage self-reflection
* Accommodations, as necessary

**Clinical Skills**

* Identify skill gaps
* Assign reading/videos on exam skills
* Videotape learners performance of deficient skills and review, addressing deficits and self-awareness
* Provide feedback re: missed elements or errors
* Repetition and practice
* Link clinical reasoning and skill performance

**Clinical Reasoning and Judgement**

* Review cases and establish Ddx, including most likely and what you don’t want to miss
* Provide framework for clinical reasoning: anatomic, systems, pathophysiologic
* Identify relevant HPI, ROS, PE elements
* Link to prior similar cases
* Compare and contrast items on Ddx
* Review diagnostic options
* Review treatment options
* Create ongoing list of clinical questions to look up
* Teach learner to use resources and residents/faculty for feedback
* Have learner reflect on choices and consequences; make predictions
* 20 questions

**Time Management and Organization**

* Get learner’s perspective/concerns
* Offer a data organization system
* Model pre-rounding, repeating strategy with each patient
* Identify task list
* Prioritize tasks
* Identify length of time for each task
* Keep log of activities
* Observe other learners’ strategies and discuss
* Reduce patient load as necessary
* Stress mgmt.

**Interpersonal Skills**

* Review relevance of good interpersonal skills
* Address deficiencies/conflicts directly and privately
* Provide specific examples of conflicts
* Have learner model alternative interactions during conflict
* Self-reflection
* Review videotape to promote self-awareness
* Consider mental health evaluation

**Communication**

* Review relevance of communication and link to how it helps/hinders patient care
* Utilize communications textbook
* Practice oral presentations, emphasizing clinical reasoning
* Summarize complex cases
* Practice specific skills: giving bad news, asking questions, sensitive topics
* Review videotape for self-awareness
* Review standardized pt interactions and give feedback, then repeat

**Professionalism**

* Review consequences of being perceived as unprofessional
* Set expectations
* Review specific examples of unprofessional behavior
* Emphasize high level of accountability
* Self-reflection
* Limit setting

**Practice-Based Learning and Improvement**

* Have learner identify strengths/weaknesses
* Ask learner to write about benefits of ongoing learning
* Clarify expectations
* Have learner self-reflect on feedback they have received
* Review how their responses are perceived
* Discuss implementation of new knowledge based on scientific studies
* Have learner complete QI projects that shed light on performance
* Model how to incorporate self-directed learning and response to feedback

**Systems-Based Practice**

* Explore benefits of collaboration and interprofessional input
* Review resources that benefit patient care
* Discuss value of managing transitions
* Teach patient advocacy

**Mental Wellbeing**

* Discuss concerns and solicit learner reflections
* Psychiatric evaluation to include LD, substance use
* Assess fitness for duty, evaluation, treatment
* Provide supportive environment
* Stress reduction
* Mandatory evaluations
* Identify resources through Federation of State Physician Health Programs
* Team-building activities
* Provide feedback