

Resident Remediation: Processes and Outcomes

Valerie Pamatmat

UCSF Fresno Medical Education Program

ARCS Meeting April 19, 2017





- No disclosures



Objectives

- To discuss the process and outcomes of resident remediation
 - Definitions
 - Types of remediation
- Provide examples of documentation used for remediating residents
 - Templates
 - Scenarios



Definitions

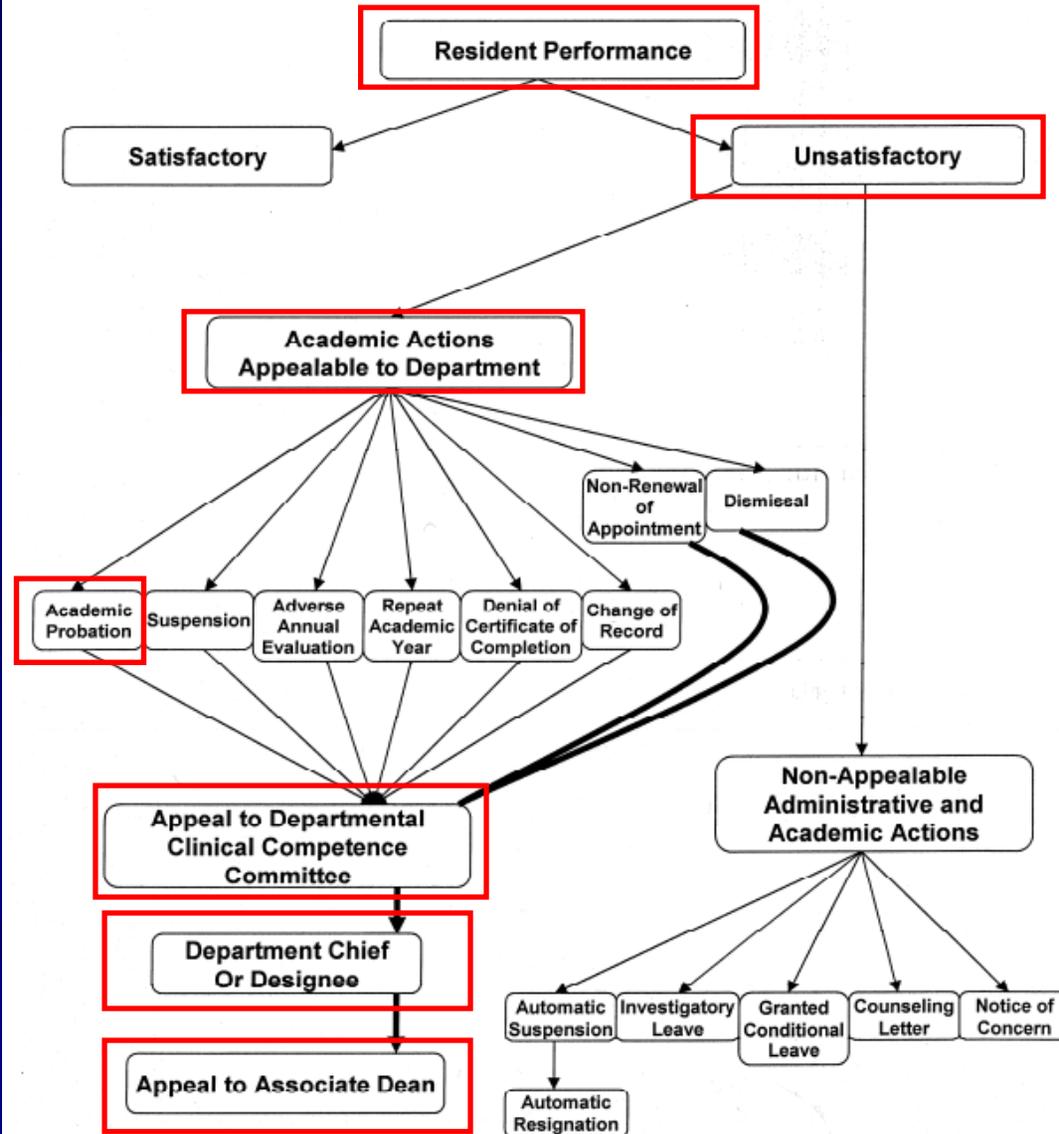
Remediation

- **ACGME:** No one specific definition for resident remediation.
 - *The Clinical Competency Committee (CCC) is expected to recommend concerns to the Program Director regarding resident performance (which may result in remediation, probation, termination).*
- **Institutional policy:** Academic Due Process
 - Reference home institutional policy
 - Some of the definitions from our institutional policy:
 - **Academic Deficiency:** *The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Program Director including failure to achieve adequate progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.*
 - **Dismiss or Dismissal:** *For the purposes of Part III.A.2 of this Policy, the terms “dismiss” or “dismissal” mean expulsion from a GME Training Program.*
 - **Grievance:** *A grievance is defined as a complaint by a trainee that alleges that: (1) a specific administrative act was arbitrary or capricious and adversely affected the trainee’s then-existing terms or conditions of appointment; and/or (2) a violation of applicable University rules, regulations, or policies that adversely affected the trainee’s then-existing terms or conditions of appointment. For the purposes of this policy, an act is not arbitrary or capricious if the decision-maker exercised reasoned judgment.*



UCSF Fresno's Academic Due Process

Grievance and Appeal Procedure for Housestaff Performance Issues





Program Policies: In addition to the institutional policy, refer to own departmental policy and procedures regarding remediation, probations, and dismissals.

- Example: If a resident scores below the 30th percentile, he/she will be placed on *academic remediation*.

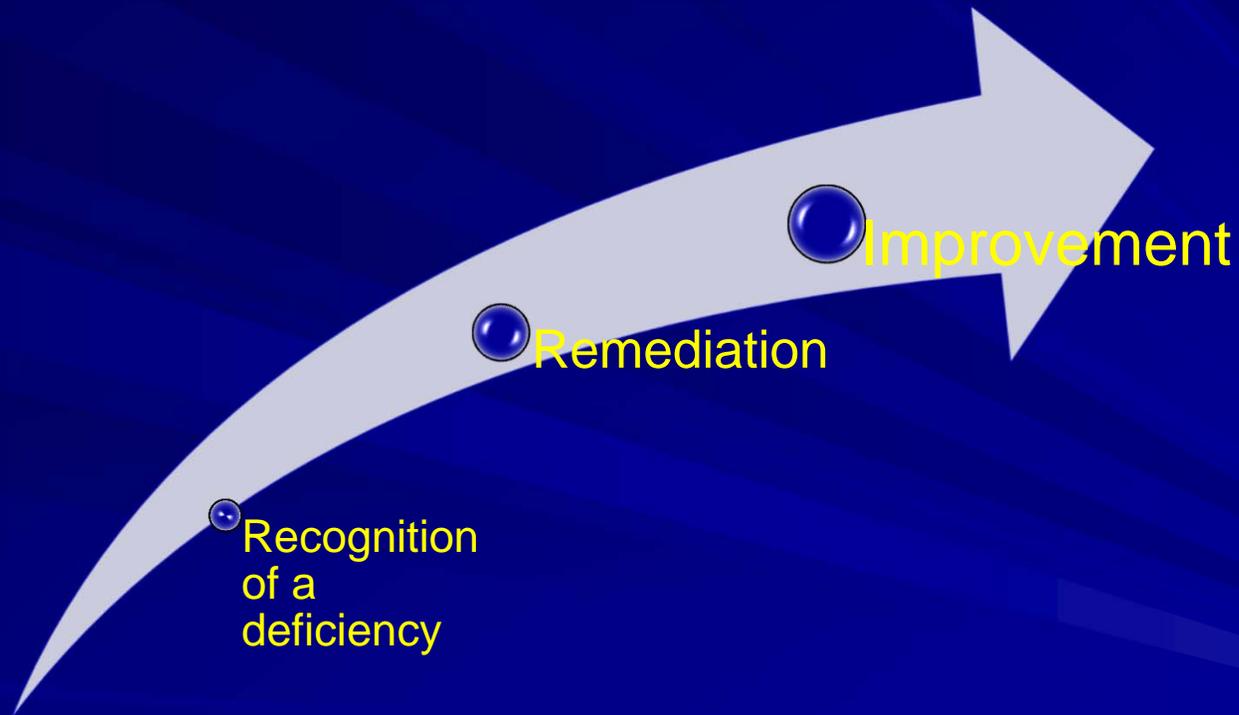
Knowing your institutional and program policies on the academic due process is important prior to placing a resident on remediation.



Types of Remediation

- Academic remediation
 - Poor performance on ABSITE
- Clinical/technical remediation
 - Inadequate use or handling of instruments, inability to perform routine or basic procedures, lack of fund of clinical knowledge
- Professionalism remediation
 - Includes administrative remediation due to poor performance on administrative tasks

PROCESS





Process

- Recognition of a resident's deficiencies or issues in one more of the six ACGME Competencies:
 - Patient Care and Procedural Skills (*C, T*)
 - Medical Knowledge (*A*)
 - Practice-based Learning and Improvement (*C*)
 - Interpersonal and Communication Skills (*C, T, P*)
 - Professionalism (*P*)
 - Systems-based Practice (*C, T*)



Surgery Milestones

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

Level 1: The resident is demonstrating milestones expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.



Process

- Receive verbal feedback from attendings, residents, or ancillary staff regarding a resident's performance.
- Written evaluations and/or documented concerns

In our program, residents are typically placed on remediation due to deficiencies in the following areas:

- 1) Academic remediation due to low ABSITE scores
- 2) Clinical/technical performance
- 3) Professionalism



Process

- The program director (PD) and faculty advisor have a verbal meeting with the resident to address concerns and attempt to keep the resident off remediation.
- If there are ongoing issues, the PD will discuss the concerns during Resident Review and subsequently bring up any issues to the CCC
- The PD and faculty advisor formally meet with the resident to discuss the issues that have been brought up leading to a remediation
- The remediation addresses specific concerns and an action plan is developed for the resident's area(s) of concern

Templates and Documentation





Developing an Action Plan

The action plan details the necessary steps to take for improvement

- Depending on the nature of the remediation, the following steps are taken:
 1. Weekly or bi-weekly meetings with the faculty advisor and/or program director to ensure follow up with the resident and to assess resident progress
 2. Wellness counseling
 3. Assignment of online learning modules (if addressing concerns regarding professionalism)



Developing an Action Plan

Documents required for tracking the action plan are the following:

1. Remediation letter
2. Action plan
3. Feedback forms
 - a. Given to other residents, fellows, faculty, and ancillary staff to document the resident's performance
4. Advisor logs
5. Administrative compliance tracking (for professionalism remediation)

The remediation letter and action plan includes a signature line for both the resident and program director.



Action Plan for Resident Improvement

UCSF Fresno Department of Surgery

Year: **John Doe, M.D., PGY-5**
Advisor: **Jane Smith, M.D.**
Length of Action Plan: **Three Months**
Date of Action Plan: **October 27, 2016**
Issues to be Addressed in Action Plan:

1. Administrative tasks which includes dictations, operative notes, case logging, duty hours logging, E*Value evaluations.

Activity to Demonstrate Improvement	Issue #	Frequency	Supervisor(s)	Documentation
Compliance report (duty hours logging, chart documentation, case logging, evaluation compliance)	1	Every 2 weeks	Residency Coordinator	Tracking sheet
Meeting with advisor	1	Every 2 weeks	Dr. Smith	Meeting forms

Resident Signature

Date

Program Director Signature

Date

cc: Resident, Preceptor, Resident File



Action Plan for Resident Improvement

UCSF Fresno Department of Surgery

Year: **John Doe, M.D., PGY-5**

Advisor: **Jane Smith, M.D.**

Length of Action Plan: **Three Months**

Date of Action Plan: **October 27, 2016**

Issues to be Addressed in Action Plan:

1. Administrative tasks which includes dictations, operative notes, case logging, duty hours logging, E*Value evaluations.

Activity to Demonstrate Improvement	Issue #	Frequency	Supervisor(s)	Documentation
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Feedback Report for Dr. John Doe*

Areas Needing Improvement:

1. Critical reasoning skills
2. Communication with the healthcare team
3. Ability to self-regulate

Attending/Senior Resident Feedback

Score:

NA 1 2 3 4 5
Unable to Judge Unacceptable Below Expectations At Expectations Above Expectations Exceptional

Attending/Senior Resident Signature

Date

*Once this has been completed, Dr. Doe needs to provide these forms to Valerie for reviews with Dr. Smith *(the resident's faculty advisor)*.



Feedback Report for Dr. John Doe*

Areas Needing Improvement:

1. Critical reasoning skills
2. Communication with the healthcare team
3. Ability to self-regulate

Attending/Senior Resident Feedback

Score:

NA

Unable to Judge

1

Unacceptable

2

Below Expectations

3

At Expectations

4

Above Expectations

5

Exceptional

Attending/Senior Resident Signature

Date

*Once this has been completed, Dr. Doe needs to provide these forms to Valerie for reviews with Dr. Smith (*the resident's faculty advisor*).



Advisor Log for Remediation Meetings

John Smith, MD

Date of Meeting:

Topics Reviewed:

Evaluation Tools Reviewed:

___ Feedback Forms

___ PD Documentation

___ Other _____

Advisor Signature

Resident Signature



Advisor Log for Remediation Meetings

John Smith, MD

Date of Meeting:

Topics Reviewed:

Evaluation Tools Reviewed:

Feedback Forms

PD Documentation

Other _____

Advisor Signature

Resident Signature



Jane Doe Administrative Compliance Tracking Summary

Duty Hours		X	X	X								
Case Entry	X	X	X	X	X	X	X				X	
Evaluations	X	X					X					
Charts			X	X	X							
Percent Compliant	50%	25%	25%	25%	50%	75%	50%	100%	100%	100%	75%	100%
Dates	Week 1: 11/7/16 - 11/13/16	Week 2: 11/14/16 - 11/20/16	Week 3: 11/21/16 - 11/27/16	Week 4: 11/28/16 - 12/4/16	Week 5: 12/5/16- 12/11/16	Week 6: 12/12/16- 12/18/16	Week 7: 12/19/16- 12/25/16	Week 8: 12/26/16- 1/1/17	Week 9: 1/2/17- 1/8/17	Week 10: 1/9/17- 1/15/17	Week 11: 1/16/17- 1/22/17	Week 12: 1/23/17- 1/29/17

2/6/2017

*Duty Hours: Weekly E*value logging reminders emails*

Case Entry: Weekly Case Log Report

*Evaluations: E*Value compliance audit log*

Charts: Med records and CCFMG reminders

X = missing item

no missing item



PROFESSIONALISM

That's not my job.



Scenario 1

- Resident A (PGY-2 resident) was placed on academic remediation due to poor performance on his ABSITE. The resident scored in the 8th percentile and per our department policy, trainees who score below the 30th percentile will be placed on academic remediation.



Process

1. Trainee meets with PD to discuss ABSITE score and the terms of the academic remediation.
2. Documentation
 - Remediation letter



Sample of Remediation Letter

Surgery Residency Program

Community Regional Medical Center

2823 Fresno St.
Dept. Surgery, 1st Fl
Fresno, CA 93721

tel: 559-459-5196
fax: 559-459-3719

vpamatmat@fresno.ucsf.edu

Date: March 6, 2015

Academic Remediation – John Smith, M.D.

Dr. Smith has been counseled by Dr. Wolfe regarding his low American Board of Surgery In-service Training Examination (ABSITE) score of the 24th percentile.

As per the UCSF Fresno Surgery Residency Academic Remediation Policy (copy attached), any resident who scores below the 30th percentile will be placed on Academic Remediation until they score above the 30th percentile on this exam.

Dr. Smith is aware of this policy and knows that he is now on Academic Remediation.

Dr. Smith knows that he must bring her scores up on the next ABSITE in order to be taken off of Academic Remediation and failure to do so will result in Academic Probation.

For information regarding UCSF Fresno's grievance policy, please refer to the UCSF Fresno Academic Due Process located at <http://www.fresno.ucsf.edu/housestaffportal/documents/gmec/AcademicDueProcess.pdf>.

Program Director
UCSF Fresno Surgery
Residency Program

John Smith, M.D.
Resident



Scenario 2

- Concerns regarding Resident B (PGY-3 resident) was brought up to the PD regarding the resident's critical reasoning skills and her communication skills with the healthcare team. The faculty met during Resident Review and the same concerns were brought up regarding Resident B. After Resident Review, it was decided by the PD and the faculty that the resident should be placed on remediation for critical reasoning skills and professionalism.



Process

1. Trainee meets with PD to discuss concerns brought up by faculty. The resident also meets with her faculty advisor.
2. Documentation
 - Remediation Letter
 - Action Plan
 - Feedback Forms



Action Plan for Resident Improvement

UCSF Fresno Department of Surgery

Year: **Suzy Johnson, M.D., PGY-1**
 Advisor: **Jennifer Stewart, M.D.**
 Length of Action Plan: **Three months**
 Date of Action Plan: **January 15, 2016**
Issues to be Addressed in Action Plan:

1. Critical reasoning skills
2. Professionalism

Activity to Demonstrate Improvement	Issue #	Frequency	Supervisor(s)	Documentation
Meet with advisor	1, 2	Every 2 weeks	Dr. Stewart and Valerie	Meeting form
Meet with program director	1, 2	Every 2 weeks	Dr. Andrews	PD documentation
Referral to the Well-Being Committee	2	Once	Dr. Andrews	Well-Being Committee follow up

Resident Signature

Date

Program Director Signature

Date



Scenario 3

- Resident C is a PGY-1 resident. Throughout the first portion of the academic year, there were verbal concerns brought up to faculty by co-residents regarding professionalism issues. Some examples included not notifying his senior resident of important information regarding a patient, disrespecting his senior resident, and inappropriate interactions with faculty and staff. The resident was discussed during Resident Review. The issues were brought up during the CCC meeting and the resident was formally placed on remediation following the CCC meeting.



Process

1. The trainee meets with the PD to discuss concerns brought up by residents, faculty, and staff. The resident also meets with his faculty advisor.



Process

2. Documentation

- Remediation Letter
- Action Plan
- Feedback Forms
- Probationary Letter
- Termination Letter



January 14, 2015

RE: Remediation

Dear Dr. Newland:

The faculty met to review your progress on November 3, 2014 at Resident Review and again on December 18, 2014 at the Clinical Competency Committee (CCC) meeting. At these meetings, it was discussed that there are some areas in need of improvement. A review of noted comments by residents and attendings are related to these areas.

Professionalism:

- As noted by one of the faculty during your rotation, you were seen opening up and discussing with ancillary staff the chart of a fellow resident that was not your patient. (Colorectal Surgery)

Ability to Self-Regulate:

- "Does not finish assigned tasks in a timely manner. Will have a long a long 'to do' list and just keep adding to it, without the efficient effort in the 'do' portion of the list. Should work on completing tasks without delay. When given feedback, does not always listen. Very focused on providing reasons and excuses rather than listening to feedback." (Oncology)

In order to help you develop skills that will help you become a better clinician and surgeon and to address the concerns noted above, you are being referred to the well-being committee. In addition, we need to gather more information about professionalism concerns with faculty, residents, and staff. The attached form, called a Feedback Form, will be used over the next month to gather more precise data.

The details for the period of time for this data gathering will be January 15, 2015 to April 15, 2015. The recommendation of the Well-Being Committee will be discussed with Dr. Andrews at which point suggestions for further action will be reviewed. At the end of the three month period, the data gathered from the Feedback Forms will also be reviewed.

It is expected that you will fulfill the items listed on your action plan. Not completing these items will lead to probation.

For information regarding UCSF Fresno's grievance policy, please refer to the UCSF Fresno Academic Due Process located at <http://www.fresno.ucsf.edu/housestaffportal/documents/gmec/AcademicDueProcess.pdf>

Michelle Andrews, M.D.

cc: Resident File; Program Director; Program Coordinator; Faculty Advisor



Results of Remediation Plans

- Resident successfully meets terms and is taken off remediation
- Resident does not fully meet the terms and remediation plan is extended
- Resident does not meet the terms of the extended remediation so resident is placed on probation
- Resident does not meet terms of probation and resident is terminated
 - If the resident chooses to appeal the program's decision for termination, the resident turns to the grievance process outlined by the institution.





A special thank you to our Program Director,
Dr. Mary M. Wolfe





Questions or Comments

Contact Information:

Email: vpamatmat@fresno.ucsf.edu

Phone: (559) 459-5196