DISCLAIMER: This form is provided to the intended user ("User") as a teaching aid by The Council Of Emergency Medicine Residency Directors ("CORD") for usage by medical residency programs. CORD strongly suggests that prior to adopting this form, User's Residency Program review the form with User's legal counsel and general liability insurer. USER RELEASES CORD FROM ANY AND ALL LIABILITIES KNOWN OR UNKNOWN DUE TO USER'S USAGE OF THIS FORM. User waives all express and implied warranties including, without limitation, fitness for any particular purpose. The State where the Residency Program is located may have other laws which should be incorporated into this form. Hence, as previously stated, this form should be reviewed by User's legal counsel prior to use.



Click here to enter a date.

Dr. Type Resident Name Here,

On behalf of the Type name of residency program Clinical Competency Committee, and Program Director Name, of the Type name of residency program this letter is to inform you that you Choose an item. for concerns with your clinical performance to date as more fully detailed below. This letter serves as official notification of a need to resolve issues of performance. The dates for this plan run from Click here to enter a date. to Click here to enter a date..

This decision is based on (among other things) *INSERT SOURCES OF INFORMATION* *examples: formal review of all available evaluations, consensus from the Clinical Competency Committee, specific complaints from nurses/patients/residents/faculty* and constitutes our expert opinion as educators in the Type name of residency program..

Based on this information the following specific areas of concern have been identified:

|  |  |  |
| --- | --- | --- |
| Competency | Sub competency/ milestone/ EPA if applicable | Issue |
| Type here- Example: Professionalism | Type here- Example: PROF 2- Accountability to patients, society, profession. | Type here- Example: Not attending 70% of conference |
| Type here- Example: Professionalism. | Type here- Example: PROF 2- Accountability to patients, society, profession | Type here- Example: Not completing charts in a timely manner as described in Health System Policy XXX |
| Type here- Example: Interpersonal & Communication Skills | Type here- Example: Ensuring effective communication and mutual respect among members of the team. | Type here- Example: Communication style that is perceived as aggressive by nursing staff |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

As such, the following actions are to be taken with all deliberate speed in order to rapidly address the concerns.

|  |  |  |
| --- | --- | --- |
| Action | Specific Outcome | Timeline |
| Type here- Example: Meet with program director and advisor weekly for self-reflection | Type here- Example: Weekly meetings with e-mail confirmation of attendance | Type here- Example: Weekly throughout XXXX |
| Type here- Example: Attend a Crucial Conversations course. This will be paid for by the department and your schedule will be protected to allow for adequate time to attend | Type here- Example: Completion of the Crucial Conversations Course with course certificate as verification. | Type here- Example: By XXXX |
| Type here- Example: Participation in all planned resident conference activities that do not violate duty hours | Type here- Example: Attendance on sign in Sheet and in New Innovations. E-mails send to APD with reasons for any conference missed | Type here- Example: Through XXXX |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

This plan has been formulated in accordance with the residency program’s policies, Type the name of your school or health system policies, and has been reviewed by the Clinical Competency Committee, among others.

If each of the above issues are successfully remediated this letter will Choose an item.

It is all of our hopes that you will finish this period of focused remediation and review with a much better understanding of yourself as a physician and also with the skills necessary to continue as an emergency medicine resident and eventually become a board certified emergency medicine physician.

Failure to achieve and sustain improvement will result in additional action, which may include among other remedies:

Remediation

Probation

non-promotion

non-renewal of contract

termination

You should be aware that additional steps such as remediation, academic probation, extension of training, and termination are reportable to the American Board of Emergency Medicine, state licensing agencies, and future employers. Please review the insert specific name here of the GME non-promotion/probation/termination policy.

Signatures:

By signing this document, the resident indicates that he/she has met with the program director and has discussed and reviewed this document.

Resident name Date

Program Director Name Date

Additional Name Date

Additional name Date