Remediation Notice

**\*\*\*\*\*DATE\*\*\*\***

To: **\*\*\*\*\*\*, MD**

Based on the recent performance in the annual emergency medicine in-training examination, your performance did not meet the standard set by the residency leadership. Based on the recommendations of the CORD remediation task force, medical knowledge remediation is recommended for trainees who score below the 30th percentile on the examination. In order to address the deficiencies outlined below, we have developed a plan that delineates our expectations for your improvement. This plan will serve as remediation for the medical knowledge milestone and planned outcomes of the remediation.

Successful completion of this remediation program is achieved by a successful score on the in-training examination next year (defined as above the 30th percentile). If the repeat examination score does not achieve this goal, there are several additional options depending on the overall evaluations received in the clinical environment, focusing primarily on those related to patient care. A more involved remediation plan will take place, but if there are deficiencies noted in patient care, the possibility of probation exists. Successful completion of remediation is not reported to future employers, but probation is reportable. Prior to any probation, additional discussions and remediation attempts with patient care will also occur.

1. Type of Action:

**Medical Knowledge Remediation**

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1. Observed deficiencies:
2. **MEDICAL KNOWLEDGE**

**The EM Milestone 12 is “Medical Knowledge: Demonstrates appropriate medical knowledge in the care of emergency patients.” In order to achieve Level 2, a resident “completes objective residency training program examinations and/or assessments at an acceptable score for specific rotations.”**

* The score achieved on this year’s in-training examination was \*\*% which was the \*\*th percentile nationally.

1. Actions necessary to improve on these deficiencies:

**MEDICAL KNOWLEDGE**

1. In order to successfully remediate, Dr. \*\*\*\* must move to level 3 on the milestone which is defined as “Demonstrates improvement of the percentage correct on the in-training examination or maintain an acceptable percentile ranking.”
2. Comply with monthly testing assignments assigned by the residency leadership team through Rosh Review.
3. Complete self-directed reading in line with the curriculum defined each week in residency conference.
4. How progress will be assessed:

**A.**  ROSH REVIEW

Residency leadership will review compliance with assigned tests in Rosh review.

B. IN PERSON MEETINGS:

Periodic meetings will be scheduled with the APD overseeing remediation in order to assess questions, review Rosh tests and address any specific knowledge deficits identified.

1. Consequences of failure to show improvement:
2. Non-compliance with this remediation program may result in disciplinary action such as probation as this relates to professionalism and completion of the remediation program.
3. If after this cycle of remediation the Level 3 milestone is not achieved by demonstration of improvement of score to the 30th percentile, a more in depth medical knowledge remediation program will be established:
   1. Mandatory reading assignments with physical time logged in the residency leadership offices in order to demonstrate compliance.
   2. Summary written assignments of readings assigned to complete.
   3. Ongoing testing assignments.
4. Upon successful completion of the above medical knowledge remediation plan, a memo will be formally placed in Dr. \*\*\*\* file stating that the requirements were met. Successful completion of remediation means that this is not reported to future employers or hospitals, however, on summative evaluations provided for the training records and future employers the categorization of medical knowledge may be ranked lower than other competencies.

Please sign below to attest that you have read and understood the above content and consequences.

Resident Signature:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_