Remediation Notice

**DATE**

To: **XXXXXXX, MD**

It has been brought to the attention of the Department of Emergency Medicine that you are not meeting expectations for your performance as an emergency medicine resident with regard to interpersonal and communication skills. 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 these milestones and planned outcomes of the remediation. If remediation is not successful in the timeline defined, the next step is probation. Probation is a permanent part of your training record and is reported to all future employers and state licensing boards.

This serves as a follow-up to our meeting on XXXX when you met with Drs. XXXXX regarding a complaint from nursing. Below is a list of incidents which have been brought to our attention in writing:

Nursing: “I have had multiple complaints about Dr. XXXXXX from numerous members of the nursing staff claiming that he is very rude and condescending towards the RNs.  These complaints have spanned over the past year and has to be addressed.  In addition to the complaints by the nurses, I have worked several shifts with him where he undermines the split flow model and constantly complains and questions the charge nurse's decisions to where the patients are assigned. … he would complain and threaten (on at least 3 separate occasions to \*\*\* and I) that he will just stop seeing patients in the middle of patient care areas”

From admitting: “….Then came the resident DrXXXXXXX who also could not sign in because he exceeded his amount of times to login. He was very upset when told the supervisor wouldn’t be in until late morning or early afternoon. He then proceeded to state they can keep the body in the morgue for all he cared he wasn’t coming back after working a 12-hour shift.”

Nursing: “While I was walking the child and his mother to the room, Dr. XXXXXX, in front of the patient and the mother, confronted me about my choice in keeping the patient in the acute side versus the evaluation unit.  I explained that I believed

the arm was fractured and the acute side was more appropriate for the patient at this time in which Dr. XXXX aggressively responded that "the patient would have to wait awhile because he was busy."  At this time there were under 20 patients in the acute side of the ED.  I continued escorting the mother and her child to the room and once in the room, the mother with tearful eyes said to me " I guess we will be waiting for a long time here."  She heard everything he had said to me…. Dr. XXXX did apologize to me for his response and I appreciate that but unfortunately no apology was given to the mother.”

Nursing: “He is very arrogant and treat [sic] nurses as though they are the scum of the earth and is [sic] so below him.  If he had asked anyone of us to fax the checklist we would have done it. I think his arrogance need to be addressed.  Yes we know he is an MD but at the same time he cannot talk down to us nurses.”

Attending feedback: Two occasions recently of attendings contacting me about similar reactions in a negative way to nursing.

Top of Form

1. Type of Disciplinary Action:

**Written Warning; Remediation**

Bottom of Form

1. Observed deficiencies:
2. **PRACTICE-BASED LEARNING AND IMPROVEMENT**

 **The EM Milestone 19 relates to practice-based learning and improvement. One of the behaviors linked with the achievement of Level 3 is “Continually assesses performance by evaluating feedback and assessment”.**

* Dr. XXXX received feedback earlier in his training about his communication habits as documented in his evaluations and semi-annual assessment.
* On DATE, Dr. XXXX met with residency leadership to discuss the first nursing complaint and since that time has had additional complaints written.
* There appears to be a deficiency in the ability to process the feedback to improve behavior.
1. **INTERPERSONAL AND COMMUNICATION SKILLS**

**The EM Milestone 23 related to Team Management in the context of “Leads patient-centered care teams, ensuring effective communication and mutual respect among members of the team.”**

Level 3:

Ensures clear communication and respect among team members

Develops working relationships across specialties and with ancillary staff.

Level 4:

Uses flexible communication strategies to resolve specific ED challenges such as difficulties with consultants and other health care providers

Communicates with out-of-hospital and nonmedical personnel, such as police, media, and hospital administrators

* Dr. XXXX has had documented difficulty in working with nurses in the ED at both of our sites.
* In terms of nonmedical personnel, this is reflected in the letter from the admitting office staff.
1. Actions necessary to improve on these deficiencies:

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

1. Dr. XXXX will meet with the program director and associate program director to discuss any ongoing feedback that is received and specific action plans.
2. Dr. XXXX will proactively request feedback of at least one nurse on each shift specifically asking for recommendations on communication skills.

**INTERPERSONAL AND COMMUNICATION SKILLS**

1. Dr. XXXX will meet with a member of Department of Psychiatry for an assessment. Dr. XXXX will speak to this physician in advance with the behavioral concerns and what appears to be difficulty managing stress and coping with frustrations while in the ED.
	1. A goal of this meeting will be to identify triggers and to identify tactics for stress reduction.
	2. The residency leadership encourages an ongoing relationship with the provider to have continued dialogue on the topic.
2. Dr. XXXX will begin journaling on a regular basis after his shifts with a particular focus on things that are triggers for him to get upset and reflections on interactions he had with other members of the team.
3. Dr. XXXX will craft a letter of reference as though written by his program director to future employers specifically addressing a common question, “How did this trainee interact with members of the interprofessional team during training?”
4. Dr. XXXX will take four online modules through TeamSTEPPS through the Agency for Healthcare Research and Quality

Module 2: Team Structure

Module 3: Communication

Module 4: Leading Teams

Module 5: Situation Monitoring

To make an account for these free tutorials, go to <https://tslms.org/login/index.php>

On this page you can create a new account and then register for individual course modules.

1. Members of the residency leadership team will perform direct observations in the ED to watch specifically behaviors associated with interpersonal communication skills and document these findings in a standardized SDOT format for Dr. XXXX’s file and feedback.
2. Dr. XXXX will read the book, “How to Win Friends and Influence People” by Dale Carnegie

<http://images.kw.com/docs/2/1/2/212345/1285134779158_htwfaip.pdf>

At the completion of reading this book, Dr. XXXX will write a reflective piece highlighting at least three learning points which he can incorporate into his practice to improve relationships with nursing.

1. Dr. XXXX will spend an afternoon with Abbe Frank in the patient relations office seeing consequences from the hospital administrative point of view after complaints related to healthcare providers in the hospital.
2. Dr. XXXX may provide Dr. XXXX with additional reading materials targeted towards the milestones identified above with deficiencies.

1. How progress will be assessed:

**A.**  MULTISOURCE FEEDBACK

 Dr. XXXX will solicit and review feedback from faculty related to professionalism.

 Dr. XXXX will receive nursing feedback. However, we understand that the upcoming nursing evaluations that occur at the end of each six month training period will not be reflective on the remediation plan implementation.

 Dr. XXXX will receive a formal evaluation from the MICU staff regarding performance while on that rotation.

1. PROGRAM DIRECTOR/APD MEETING:
	1. Meet with a member of the residency leadership team every two weeks in order to ensure compliance with the activities listed above.

1. Deadline for demonstration of improvement: **DATE**
2. Consequences of failure to show improvement:

If you are unable to improve your performance, you will be subject to further disciplinary action, which includes placement on probation. An unsuccessful

probationary period can lead to termination from the program or delay of graduation which is currently scheduled for DATE.

1. Upon successful completion of the above details, a memo will be formally placed in Dr. XXXX’s file stating that she met the requirements and successfully remediated. Successful completion of remediation means that this is not reported to future employers or hospitals, however, overall grades in interprofessional and communication skills may be reflected lower than other core competencies in training evaluation.

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

Resident Signature:

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

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

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