Residency Program In Emergency Medicine

REMEDIATION PLAN

This remediation contract shall be completed for every resident on remediation in the EM Residency Program prior to the start of each period of remediation. It is further recommended that any resident placed on remediation should have access to a mentor, who is not involved in the resident’s direction evaluation and, if necessary, that appropriate counseling be arranged as recommended.

Dr. X, a PGY-X resident in the X Residency Program in Emergency Medicine requires remediation for the following problem identified by the program director in month/year. The dates of this remedial period are from A-B.

This remedial period is required because of:

A. The following specific weaknesses have been identified using the problem identification checklist:

1. Patient Care and Medical Knowledge

 a. Appropriate triage and resuscitation of critically ill patients

b. Performance of appropriate history and physical examination

c. Observation and reassessment of patients, multi-tasking, and approach to procedures

2. Professionalism

 a. Professional values

b. Accountability

3. Interpersonal Communication

 a. Patient centered communication

b. Team management,

4. Systems-Based Practice

 a. Prompt and thorough documentation

B. These weaknesses were identified in the following ways

1. Notification by EM faculty supervisors

2. Notification by off-service faculty supervisors

3. Notification by colleagues

4. Notification by nursing

5. Direct observation

C. This remedial period is required due to:

1. Failure to achieve a satisfactory level of competence for clinical year of training

2. Consistent/persistent difficulties with this competency

3. Inadequate attention to, or failure to maintain the standards of the profession

4. Failure to adhere to the PGY2 learning contract

Remediation Contract for Dr. X

I. Objectives of Remediation

 A. The Resident:
 During the remedial period, Dr. X agrees to:

1. Increase his reading in the area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, paying particular attention to the following (*Check all that apply.)*

**\_\_\_** basic science **\_X\_\_** clinical presentation

**\_\_\_** pathophysiology **\_X\_\_** management and approach

**\_X\_\_** evidence based medicine **\_X\_\_** therapeutics

#

 Reading should be done from the following sources:

1. Harwood-Nuss’ Clinical Practice of Emergency Medicine, X ed.
2. Roberts and Hedges’ Clinical Procedures in Emergency Medicine, X ed.
3. Rosen’s Emergency Medicine – Concepts and Clinical Practice, X ed.

1. Improve his clinical performance by: Regular SDOT and feedback performed by faculty advisor and remediation supervisor

3. Improve his patient communication and interactions by: Meeting with Dr. Faculty to examine and actively participate in the patient complaint process

1. Improve documentation by: Meeting with Billing and Coding guru to review current documentation habits and develop effective documentation strategies
2. Meet with Dr. Faculty remediation supervisor at *frequency* intervals during the remedial period to discuss progress and ongoing objectives.
3. **The Remedial Supervisor:**

During the remedial period, Dr. faculty (*remedial supervisor*) agrees to:

* 1. Provide supervision of Dr. X during the remedial period from A-B.
	2. Meet with Dr. X (@Y *frequency)* to review and discuss progress or lack thereof in attaining the objectives of the remedial rotation, to keep records of these meetings and to submit these to the resident’s program director.
	3. Help Dr. X in achieving the objectives of remediation by:
	*(check all that apply):*\_X\_ Clarifying the difficulties the resident is having

\_X\_ Providing extra teaching in clinical matters

\_X\_ Providing supervision and training in procedural skills

\_X\_ Counseling regarding attitudes

\_X\_ Directing the resident to other specific sources of information on teaching
\_X\_ Assessing Dr. X by means of clinical global assessments and assessing completion of above expectations

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Attest at the end of the remedial period whether the resident has or has not met the objectives of the period of remediation.

II. Outcome of the Remediation:
Upon completion of the remediation period, the following outcome(s) may occur, as determined by the Residency Program Director, in consultation with the Program Leadership, depending on the resident’s performance: (*Check all possible outcomes*)

 \_X\_\_ No loss of time or extension of training
 \_\_\_ Training extended as recommended by the Program Director and Residency Program

 Leadership based on time lost due to unsatisfactory performances or absence

 \_\_\_ An additional period of remediation
 \_\_\_ Placed on probation with a letter written to the Director of Medical Education

 \_\_\_ Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Signatures:**By signing this document, the resident, indicates that he/she understands the nature and structure of the remedial period. This does not in any way, preclude the resident from pursuing an appeal of the decision for remediation, according to the Hospital House Officer Policies and Procedures Manual.

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 S*ignature of resident* *date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of remedial supervisor date*

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 S*ignature of program director date*

Remediation Contract for Dr. X

#### FINAL OUTCOME OF REMEDIATION

This form has been completed by the Program Director and has been ratified by the Program Leadership at its meeting of: (date).

Dr. X has completed a period of remediation in the area of professionalism and clinical performance, from: (Date)

#### The final outcome of the period of remediation is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific areas of weaknesses** | Resolved | Partially Resolved | Not Resolved |
| 1. Patient Care and Medical Knowledge |  |  |  |
| 2. Professionalism |  |  |  |
| 3.Interpersonal Communication |  |  |  |
| 4. Systems-Based Practice  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Specific objectives of remediation period | Exceeds Expectations | Fully Meets Expectations | Fails to Meet Expectations |
| 1. Develop effective and efficient patient care |  |  |  |
| 2. Improved communication with patients and colleagues |  |  |  |
| 3. Adequate and timely documentation |  |  |  |

Remediation Contract for Dr. X

New Weaknesses identified since period of remediation began (if any):

Final Outcome of the period of Remediation:

Overall, the period of remediation is considered: (check the one that applies)

\_\_\_ successful \_\_\_ unsuccessful

The result of the remediation is:

Comments (by Program Director or Resident):

Signatures:

By signing this document, the resident indicates that he/she has met the program director to discuss the final outcome of the period of remediation and has reviewed this document. This does not, in any way, preclude the resident from pursuing an appeal of the decision for remediation, according to the Faculty of Medicine Policy on Evaluation.

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*Signature of resident* *date*

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*Signature of remedial supervisor date*

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Signature of program director date

*Rev. 6/25/06*