Subject: Resident and Fellow Remediation and Academic Support

I. Guideline

This guideline and enclosed attachments are guidelines for GME programs to proactively support resident academic development and education-level remediation.

II. Scope

All ACGME, CODA and other approved postgraduate training programs at Lehigh Valley Health Network.

Resident and fellow academic support and education-level remediation is an initial step in improving trainee performance once deficiencies have been discovered. It is <u>not</u> punitive and is also not reportable after graduation from the program or on fellowship/other career-related applications. It is also not sufficient, in and of itself, to delay graduation date. It is intended specifically to detail areas a trainee needs to improve and, just as importantly, to provide a plan for correction.

Recommendations should be developed following extensive, informed discussion and review of a resident's records and performance to date under the advisement of the program's clinical competency committee. The general guidelines for a remediation program include the following elements:

- a. Faculty assessment and evaluation:
 - Each program should have a method to develop the faculty to provide consistent assessment and evaluation of learners. This includes knowledge and proficient use of structured assessment tools that include defined and explicit observable behaviors. In addition, faculty should be developed on key methods to deliver formative feedback in a meaningful and consistent manner. Each program should strive for limited inter-rater variability.
- b. Standardized action planning and competency based program development: Each program is encouraged to utilize the remediation toolkit (found in the Attachments portion of this document) that allows for a consistent training program standard and expectation level. In addition, this toolkit should enable competency based action planning strongly linked from applicable evaluation methods.
- c. Resource infrastructure and tangible outcome measurement: Each program should ensure the necessary resources and infrastructure to complete any defined action plan for the resident learners. In addition, each action plan should demonstrate tangible outcomes that directly link to the deficient competency and allow for explicit documentation of improvement in the concerning areas.

Failure to improve in the areas defined can be grounds for Program-Level Probation, which <u>can</u> delay graduation date and <u>need</u> to be reported on future applications for staff privileges.

III. Appendices

- A. Appendix A Education-level remediation initiation report
- B. Appendix B Resident remediation follow-up report
- C. Appendix C Competency-based tools for remediation on plan design

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Education-Level Remediation Initiation Report

Trainee Name:	Initiation Date:
Narrative Summary: (include quotes when possible)	
Competencies involved:	
A. Medical KnowledgeB. Patient Care	
C. Interpersonal and Communication SkillsD. Professionalism	
E. Practice-Based Learning and ImprovementF. System-Based Practice	
Remediation Plan:	
This plan should include each of the involved compete remediation plan for each component, and the goals for (Appendix C is a resource for development of this remediation).	or each component to resolve remediation
Time frame for this remediation:	
Progress report due:	<u> </u>
Mentor for this remediation:	

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Remediation Process Checklist:

Remediation Process Checklist.	
OCCUPATIONAL MEDICINE	☐ Mandatory "Fit for Duty" evaluation (see
	Employee Health Policy on Fit for Duty)
	☐ Optional evaluation recommended
	☐ Illicit substances testing required
	□ Not recommended
REVIEW REMEDIATION ISSUES WITH	□ Faculty
EVALUATING:	☐ Supervising Residents
	□ None
	□ Other:
PSYCHOLOGICAL COUNSELING	☐ Referred to Employee Assistance Program
	☐ Resident already has ongoing support
	□ Not recommended
PROMOTION PLAN	☐ Promote/Graduate on-cycle
	☐ Re-evaluate at end of time frame
	☐ Extend PGY training by blocks
	☐ Consider retroactive PGY-credit at next
	assessment
	☐ Complete current contract without renewal
FAIR HEARING	☐ GME Institutional Guidelines for Graduate
	Trainee Fair Hearing Process given to trainee
Additional comments:	
Date Presented to Clinical Competency Committe	e:
Date Presented to Trainee:	
Signed by:	
Program Director:	
Trainee:	
Remediation Mentor:	
Chair, Clinical Competency Committee:	

APPENDIX B – Page 1/2

Resident Remediation Follow-Up Report

Resident Name:	
Date of Follow-Up:	Date of Plan Initiation:
Narrative Summar	y:
Faculty Performing	Update:
Competency Chair	person:
Outcome of Remed	diation:
	 Remediation satisfactorily completed, and trainee returned to regular status. No further follow-up planned unless further concerns arise.
	Remediation satisfactorily completed, and trainee returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to repeat remediation or probation.
	☐ Improvement noted but concern remains. Remediation is extended for anothermonths.
	Unsatisfactory achievement in the remediation plan and patient safety is at risk The trainee will be placed on probation and a probation plan is attached. The trainee is pulled from patient care responsibilities.
	☐ Trainee has resigned from the program.
	 Unsatisfactory achievements in the remediation plan and patient safety is at risk. The trainee has been terminated from the program.

APPENDIX B - Page 2/2 Final Summary: Date Presented to Clinical Competency Committee: Date Presented to Trainee:

Signed by:

Program Director: _____

Trainee: ____

Remediation Mentor: ____

Chair, Clinical Competency Committee: _____

Date Remediation Closed: -_____

APPENDIX C – Example of competency-based tools for remediation

Medical Knowledge						
Component		Remediation Plan		Goals to Resolve Remediation		
Investigatory and		Review basic research techniques		Demonstrate effective analytical thinking skills to the satisfaction of the PD		
Investigatory and Analytical Thinking		Fitness for duty evaluation		Score above a pre-set minimum on an exam testing levelappropriate medical knowledge		
		Direct Observation with review of clinical synthesis and knowledge related to case		Competent completion as deemed by observing preceptor		
Knowledge and		Develop reading plan with mentor				
Application of Basic		Board Review course recommended / mandated		Satisfactory improvement in avaluation		
Sciences		Mandatory enrollment in structured MKSAP (Medical Knowledge Self-Assessment Program®) reading program, with mentor guidance		Satisfactory improvement in evaluation metrics in this area		

		PATIENT CARE		
Component		Remediation Plan		Goals to Resolve Remediation
		Communication counseling		No further reports of concern in this
		Written self-reflection of		regard over the period of this
Caring and		difficulties with demonstrating		remediation
Respectful		caring and respectful behaviors		remediation
Behaviors		Direct observation		Satisfactory improvement of evaluation
		Solicit feedback from colleagues		metrics in this area
		regarding this issue		
		Communication counseling		Completion of structured
		Mini-CEX (Clinical Evaluation Exercise)		observations or video reviews to the PD''s
Interviewing		Direct observation		satisfaction
		OSCE Examination		Satisfactory improvement of evaluation metrics in this area
		Review old M & M cases with		Completion of essay-type level-
Synthesis of		Review own charts with		appropriate scenarios
Clinical		ACP case reviews		Completion of script concordance
Information and		Script concordance testing		case scenarios
Management Plans		Direct supervision of work		Demonstrate ability to deliver clinical
Pidiis		rounds by		care with level-appropriate supervision
		Shadow rotation (no credit)		Satisfactory improvement of
		Shared/ supervised call		evaluation metrics in this area
		Practice counseling sessions		
Counseling		with		Demonstrate satisfactory counseling
Patients and		Mini CEX		skills
Families		OSCE		
		Direct observation		Satisfactory improvement of evaluation metrics in this area
		Review textbook of physical		
		examination skills		
		Videotape review of physical	П	Demonstrate satisfactory physical
Physical		examination skills		exam skills in Mini-CEX
Examination		Mini CEX focusing on physical		
		exam skills		Demonstrate dell'III de considera
		Focused physical exam		Demonstrate ability to complete a
		experience		physical examination to the PDs satisfaction
		Review appropriate NEJM		Achieve passing score on appropriate
		"Videos in Clinical Medicine"		procedure exam
Procedures		Simulation Center testing		Demonstrate ability to perform
	_	Direct observation of	_	procedures in a clinical setting to the
		procedural skills		PDs satisfaction
		Chart stimulated recall		Demonstrate accurate documentation
		Mini-CEX with review of	Г	skills in a CEX to the PDs satisfaction
Accurate Notes		documentation		SKIIIS III A CEN LU LIIE PDS SALISIACIIOII
		Review of documentation		Demonstrate accurate documentation
		guidelines with professional		skills in random chart review of notes

		coder		
	П	Chart stimulated recall of sign-	П	Random review of sign-out notes
		outs		Random review of sign-out notes
		Review with mentor the		
Sign-outs	П	indication for reporting cross-	П	Demonstrate accurate sign-out and
	Ш	coverage issues to the primary		cross-coverage documentation skills to
		team		the PDs satisfaction
		Direct observation of sign-outs		
		Communication counseling		Caticfactory improvement of
		Written self-reflection on		Satisfactory improvement of evaluation metrics in this area
Work in a Team		difficulties with team dynamics		evaluation metrics in this area
Structure	П	Work with mentor regarding		
Structure		team participation		Demonstrate teamwork skills to the
		Direct supervision of work		PDs satisfaction
		rounds by		

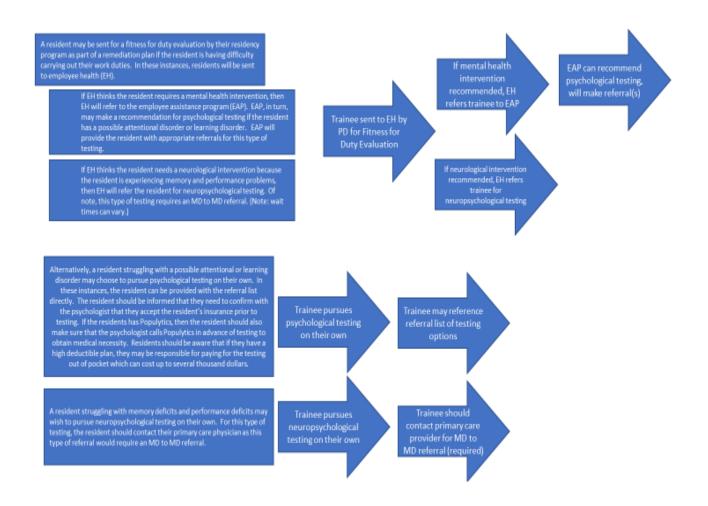
INTERPERSONAL AND COMMUNICATION SKILLS					
Component		Remediation Plan		Goals to Resolve Remediation	
		Solicit patient evaluations focusing on communication skills		No further reports of concern in this	
Creation of Therapeutic		Patient survey to assess strengths and weaknesses		regard over the period of this remediation	
Relationships with Patients		Mini-CEX in various settings focusing on communication skills		remediation	
		Direct observation		Completion of structured observations to the PDs satisfaction	
		Written self-reflection of difficulties with team leadership with a plan for improvement		Satisfactory improvement of evaluation metrics in this area	
Team		Communication counseling			
Leadership		Direct observation		Completion of structured observations to the PDs satisfaction	
		Discuss with supervising faculty at the beginning of a block to enhance feedback		No further reports of concern in this regard over the period of this	
		Schedule 'buddy call' with a senior resident		remediation	
Nursing/Case Manager/		Written self-reflection of difficulties with support service communication with a plan for improvement		Satisfactory improvement of evaluation metrics in this area	
Ancillary Staff Communication		Communication counseling			
Communication		Direct observation		Completion of structured observations to the PDs satisfaction	
		Communication counseling		Satisfactory improvement of evaluation metrics in this area	
Presentation Skills		Direct observation		Completion of structured observations to the PDs satisfaction	
		Practice mock presentations		Completion of mock presentations to the PDs satisfaction	
Listening Skills/ Receiving Feedback		Written self-reflection of difficulties with receiving feedback, including a plan for improvement		Satisfactory improvement of evaluation metrics in this area	
reeuback		Communication counseling Direct observation		Completion of structured observations to the PDs satisfaction	

Professionalism				
Component		Remediation Plan	Goals to Resolve Remediation	
Demonstrate LVHN Core Values		Review LVHN Core Values with member of Human Resources		No further reports of concern in this regard over the period of this remediation
(Compassion, Integrity,		Written self-review of difficulties with professionalism		Satisfactory improvement of evaluation metrics in this area
Collaboration, Excellence)		Fitness for duty evaluation		Satisfactory fitness for duty evaluation
Tardiness/ Absence from		Written self-evaluation of poor attendance		Maintain an attendance rate of 100% for the remainder of training (unless excused)
Work		Time clock		Verification of timeliness by
Tardiness/ Absence from Conference		Written self-evaluation of poor attendance		Maintain an attendance rate of% for the remainder of training

Systems-Based Practice					
Component		Remediation Plan	Goals to Resolve Remediation		
Understand		Written self-evaluation of difficulties with Nursing/Case Manager/Ancillary Staff and plan for improvement		Satisfactory improvement of evaluation metrics in this area	
Interaction of Individual Practice with the Larger System		Review plan for improvement with Nurse/Case Manager/ Ancillary Staff and ask for frequent feedback		No further reports of concern in this regard over the period of this	
		Spend a day with Nurse/ Case Manager/ Ancillary Staff to improve skills		remediation	
		Written summary of cost- effectiveness of evaluation and treatment options for various problems		Complete analysis comparing actual care with care recommended by	
Practice Cost- Effective Care		Compare randomly selected cases with published clinical guidelines in those diagnoses		appropriate medical society guidelines	
		Review cost-effectiveness of old M&Ms		Completion of cost analyses to the	
		Analyze selected cost data and develop plan for improvement		PDs satisfaction	
Advocate for Patients within		Written self-summary of failure to advocate for patients, including a plan for improvement		Satisfactory improvement of evaluation metrics in this area	
the Healthcare System		Spend a day with Service Excellence Coordinator		metrics in this area	
		Fitness for duty evaluation		Satisfactory fitness for duty evaluation	
Computing and IT for Patient Care		Computer training		Demonstrate clinical IT skills to the satisfaction of the PD	

PRACTICE-BASED LEARNING AND IMPROVEMENT				
Component		Remediation Plan		Goals to Resolve Remediation
Analyze own		Written self-reflection on deficiencies, and plan for remediation		Demonstrate acceptance of constructive
Practice for Needed Improvements		Discuss deficiencies with each faculty member overseeing performance		feedback and an effective plan to improve deficiencies
		Fitness for duty evaluation		Satisfactory fitness for duty evaluation
Use of Evidence		Demonstrate ability to generate a clinical question		Written summary of evidence regardingclinical questions
from Scientific		Demonstrate ability to find evidence-based answers to		Routine use of EBM throughout the remainder of training
Studies		clinical questions		Satisfactory improvement of evaluation metrics in this area
Application of Research and		Review of research methods and techniques		Achieve passing score on an exam
Statistical Methods		Demonstrate understanding of basic statistical principles		testing research methods and techniques +/- statistics
Use of IT for Learning		Complete course on computing for learning and search techniques (using accepted medical search engines)		Demonstrate computing skills for learning to the PD's satisfaction
Facilitate Learning of Others		Written self-reflection on difficulties in this area with a plan for improvement		Satisfactory improvement of evaluation metrics in this area
		Communication counseling		
		Direct observation of teaching skills		Completion of structured observations to the PD's satisfaction
		Fitness for duty evaluation		Satisfactory fitness for duty evaluation

APPENDIX D - Example of competency-based tools for remediation



Summary:

Approved By GMEC: January 2022