

MEDICAL KNOWLEDGE

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
MK 1	Clinical knowledge	17 Knowledge	<input type="checkbox"/> Develop reading plan with mentor <input type="checkbox"/> Board Review course recommended <input type="checkbox"/> Increased assignments in ITE structured reading program	<input type="checkbox"/> Pass USMLE Step III <input type="checkbox"/> Score above a pre-set minimum score on the NBME IM shelf exam or other exam testing level appropriate Medical Knowledge <input type="checkbox"/> Satisfactory completion of and improvement in regular quizzes of reading material. <input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area.
MK 2	Knowledge of diagnostic testing and procedures	18 Interpretation of basic tests	<input type="checkbox"/> Review textbook of Clinical Data <input type="checkbox"/> Lab Results <input type="checkbox"/> XRay Results <input type="checkbox"/> CT/MR Results <input type="checkbox"/> US Results <input type="checkbox"/> EKG / Echo Results <input type="checkbox"/> Results <input type="checkbox"/> Rotation focusing on clinical skill development <input type="checkbox"/> Written summaries of clinical skill interpretation	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing Clinical data interpretation <input type="checkbox"/> Demonstrate ability to interpret clinical data to the Program Director's satisfaction
		19 Pre-test probability	<input type="checkbox"/> Review basics of test characteristics and biostatistics <input type="checkbox"/> Review test characteristics of commonly ordered tests <input type="checkbox"/> Written examples from resident's own cases.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain
		20 Risks with procedures	<input type="checkbox"/> Review basics of procedures and risks <input type="checkbox"/> Review institution and individual procedure complications.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain.

PATIENT CARE

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
PC 1	Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s)	History	<input type="checkbox"/> Communication Counseling <input type="checkbox"/> Full CEX examinations <input type="checkbox"/> Monitored outpatient interviewing during continuity clinic <input type="checkbox"/> Monitored inpatient interviewing	<input type="checkbox"/> Satisfactory completion of structured CEX's <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		PE	<input type="checkbox"/> Review textbook of Physical Exam Skills <input type="checkbox"/> CEX examinations focusing on physical exam skills <input type="checkbox"/> Physical Exam Skill rotation	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing Physical Exam findings. <input type="checkbox"/> Demonstrate satisfactory physical exam skills in CEX's <input type="checkbox"/> Demonstrate ability to complete a physical exam to the Program Director's satisfaction
		Clinical data	<input type="checkbox"/> Review textbook of Clinical Data <input type="checkbox"/> Lab Results <input type="checkbox"/> XRay Results <input type="checkbox"/> CT/MR Results <input type="checkbox"/> US Results <input type="checkbox"/> EKG / Echo Results <input type="checkbox"/> Results <input type="checkbox"/> Rotation focusing on clinical skill development <input type="checkbox"/> Written summaries of clinical skill interpretation	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing Clinical data interpretation <input type="checkbox"/> Demonstrate ability to interpret clinical data to the Program Director's satisfaction
		Defining clinical problem	<input type="checkbox"/> Present cases to mentor / CMR, focusing on this area. <input type="checkbox"/> CEX examinations focusing on this area <input type="checkbox"/> Review of M&M cases focusing on this area	<input type="checkbox"/> Demonstrate ability to define the major clinical problem to the Program Director's satisfaction
PC 2	Develops and achieves comprehensive management plan for each patient	Care plan	<input type="checkbox"/> Review old M&M cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> SIMPLE Cases <input type="checkbox"/> Script Concordance Testing <input type="checkbox"/> Work with mentor <input type="checkbox"/> Direct supervision of work rounds (CMR) <input type="checkbox"/> Shadow rotation (no credit) <input type="checkbox"/> Shared call / supervised call	<input type="checkbox"/> Completion of essay type level appropriate case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Completion of script concordance case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		Seeking guidance	<input type="checkbox"/> Prospectively request guidance from supervisors <input type="checkbox"/> Review this area of concern with evaluators	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain.

PC 3

Manages patients with progressive responsibility and independence

Supervision	<input type="checkbox"/> Develop strategies to improve independence. <input type="checkbox"/> Direct observation by mentor / CMR	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this domain.
Management of inpatients	<input type="checkbox"/> Review old M&M cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> SIMPLE Cases <input type="checkbox"/> Script Concordance Testing <input type="checkbox"/> Work with mentor <input type="checkbox"/> Direct supervision of work rounds (CMR) <input type="checkbox"/> Shadow rotation (no credit) <input type="checkbox"/> Shared call / supervised call	<input type="checkbox"/> Completion of essay type level appropriate case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Completion of script concordance case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
Management of ambulatory patients	<input type="checkbox"/> Review old clinic cases with mentor <input type="checkbox"/> Chart reviews of own clinic cases with mentor <input type="checkbox"/> Script Concordance Testing <input type="checkbox"/> Work with mentor <input type="checkbox"/> Direct supervision of clinic performance (CMR)	<input type="checkbox"/> Completion of essay type level appropriate case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Completion of script concordance case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
Management of ICU patients	<input type="checkbox"/> Review current ICU cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> Direct supervision of ICU rounds (CMR) <input type="checkbox"/> Shadow rotation (no credit) <input type="checkbox"/> Shared call / supervised call	<input type="checkbox"/> Completion of essay type level appropriate case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
Management of emergent patients	<input type="checkbox"/> Review old Life Safety cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> Script Concordance Testing <input type="checkbox"/> Work with mentor	<input type="checkbox"/> Completion of essay type level appropriate case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Completion of script concordance case scenarios to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area

PC 4	Skill in performing procedures	Procedures	<input type="checkbox"/> Review textbook of procedure indications, techniques, and complications. <input type="checkbox"/> CEX examinations focusing on procedure skills. <input type="checkbox"/> Simulation Center	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing procedure indications, techniques, and complications. <input type="checkbox"/> Demonstrate ability to perform procedures in a clinical setting to the Program Director's satisfaction.
PC 5	Requests and provides consultative care	Risk assessment	<input type="checkbox"/> Review old consult cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> Work with mentor <input type="checkbox"/> Direct supervision of consult assessment (CMR)	<input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		Calling consults	<input type="checkbox"/> Mentored phone calls with consultants <input type="checkbox"/> Recorded phone calls with consultants (via transfer center) <input type="checkbox"/> Communication counseling	<input type="checkbox"/> Demonstrate improvement via review of recorded consultant discussions by. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		Being a consultant	<input type="checkbox"/> Review old consult cases with mentor <input type="checkbox"/> Chart reviews of own cases with mentor <input type="checkbox"/> Work with mentor <input type="checkbox"/> Direct supervision of consult assessment (CMR)	<input type="checkbox"/> Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director's satisfaction. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area

INTERPERSONAL AND COMMUNICATION SKILLS

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
ICS 1	Communicates effectively with patients and caregivers	Shared decision making	<input type="checkbox"/> Elective / experience in Center for Shared Decision Making <input type="checkbox"/> SDM experience in Simulation Center <input type="checkbox"/> Review online resources in this area	<input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Demonstration of satisfactory SDM skills in a CEX to the Program Director's satisfaction.
		Therapeutic relationships	<input type="checkbox"/> Solicit patient evaluations focusing on communication skills. <input type="checkbox"/> CEX in various settings focusing on communication skills. <input type="checkbox"/> Patient survey to assess strengths and weaknesses. <input type="checkbox"/> Review Doc.com cases.	<input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Demonstration of satisfactory communication skills in a CEX to the Program Director's satisfaction.
		Difficult conversations	<input type="checkbox"/> Practice counseling sessions with mentor. <input type="checkbox"/> Monitored outpatient counseling sessions during continuity clinic. <input type="checkbox"/> Monitored inpatient counseling sessions.	<input type="checkbox"/> Demonstrate satisfactory counseling skills (avoiding jargon, explaining clearly, answering questions appropriately) in a mock counseling exercise. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		Patient preferences	<input type="checkbox"/> Communication Counseling <input type="checkbox"/> Journaling with mentor review <input type="checkbox"/> Solicit feedback from coworkers and colleagues regarding this issue	<input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Review of journal with mentor. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
ICS 2	Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)	Collaborative team communication	<input type="checkbox"/> Review this concern with Mentor <input type="checkbox"/> Written self-reflection of difficulties with support service communication, and a plan for improvement. <input type="checkbox"/> Written self-reflection on difficulties with medical student supervision, and plan for improvement <input type="checkbox"/> Communications Counseling <input type="checkbox"/> Regular meetings with nursing to review communication difficulties. <input type="checkbox"/> Review Doc.com cases.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> No further reports of concern in this regard over the period of this remediation.
		Communication strategies	<input type="checkbox"/> Review this concern with Mentor <input type="checkbox"/> Written self review of difficulties with support service communication,	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Demonstrate satisfactory completion of a mock presentation.

			<p>and a plan for improvement.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communications Counseling <input type="checkbox"/> Practice mock presentations with Mentor, counselor, or CMR 	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate satisfactory completion of a real presentation.
ICS 3	Appropriate utilization and completion of health records	Records	<ul style="list-style-type: none"> <input type="checkbox"/> Chart review of notes in various settings, noting extraneous information, omissions, inaccuracies, legibility, etc. (Self or Mentor) <input type="checkbox"/> Chart review of notes to determine whether care delivered is reflected in the documentation (Self or Mentor) <input type="checkbox"/> Chart review of note completion <input type="checkbox"/> Full CEX, with review of documentation <input type="checkbox"/> Computing training 	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate accurate documentation skills in a CEX to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate accurate documentation skills in random chart review of notes to the Program Director's satisfaction. <input type="checkbox"/> Demonstrate complete notes for each patient encounter <input type="checkbox"/> Demonstrate clinical computer skills to the satisfaction of the Program Director

PRACTICE BASED LEARNING

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
PBL 1	Monitors practice with a goal for improvement	31 Reflect practice	<input type="checkbox"/> Written self-reflection on deficiencies, and plan for improvement <input type="checkbox"/> Discuss deficiencies with each faculty member overseeing my performance.	<input type="checkbox"/> Demonstrate acceptance of constructive criticism, and an effective plan to improve deficiencies <input type="checkbox"/> No further reports of concern in this regard
		32 Opportunity for improvement	<input type="checkbox"/> Develop own plan for improvement, review with supervisor <input type="checkbox"/> Discuss deficiencies with each faculty member overseeing my performance.	<input type="checkbox"/> Demonstrate insight into own deficiencies, and an effective plan to improve them. <input type="checkbox"/> No further reports of concern in this regard
PBL 2	Learns and improves via performance audit	33 Analyze own data to improve	<input type="checkbox"/> Review performance data in all available venues <input type="checkbox"/> Written summary of plan for improvement.	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		34 Participate in QI project	<input type="checkbox"/> Become involved in QI project <input type="checkbox"/> Written summary of own role, efforts, and success in project.	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		35 Familiar with QI principles and techniques	<input type="checkbox"/> Review QI Principles and techniques <input type="checkbox"/> Complete Yellow Belt training	<input type="checkbox"/> Obtain Yellow Belt certification <input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
PBL 3	Learns and improves via feedback	36 Seeking feedback	<input type="checkbox"/> Proactively request feedback from supervisors at start of rotation. <input type="checkbox"/> Review areas of weakness with supervisors.	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		37 Receiving feedback	<input type="checkbox"/> Communication Counseling <input type="checkbox"/> Written self review of difficulties with receiving and responding to feedback, and a plan for improvement.	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		38 Responding to feedback	<input type="checkbox"/> Review this issue with each evaluator <input type="checkbox"/> Review Doc.com cases.	
PBL 4	Learns and improves at the point of care	39 Considers a new approach	<input type="checkbox"/> Review "Slow down" techniques	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		40 Translates info into clinical questions	<input type="checkbox"/> Elective with medical librarian <input type="checkbox"/> Meet with medical librarian to review this area.	<input type="checkbox"/> Written summary of evidence regarding clinical questions <input type="checkbox"/> Regular use of EBM throughout the remainder of training

			<input type="checkbox"/> Written summary of evidence regarding clinical questions <input type="checkbox"/> Textbook review of EBM, including answering questions at end of chapter.	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area
		41 Familiarity with literature and information technology	<input type="checkbox"/> Textbook review of research methods and techniques <input type="checkbox"/> Review basic Research Techniques <input type="checkbox"/> Library courses regarding computing for learning and search techniques.	<input type="checkbox"/> Score above a pre-set minimum score on an exam testing research methods and techniques. <input type="checkbox"/> Demonstrate effective Analytical Thinking skills to the satisfaction of the Program Director <input type="checkbox"/> Demonstrate computing skills for learning to the Program Director's satisfaction.
		42 Appraises literature	<input type="checkbox"/> Written summary of studies with focus on strengths and weaknesses. <input type="checkbox"/> Textbook review of study design, including answering questions at end of chapter.	<input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area.

PROFESSIONALISM

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
PROF 1	Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)	43 Empathy, compassion and respect	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self review of difficulties with this area with plan for improvement <input type="checkbox"/> Actively engage with humanism curriculum <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		44 Responsive to patient needs and concerns	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self review of difficulties with this area with plan for improvement <input type="checkbox"/> Respond to patient requests in a timely manner <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Ensure InBasket and other tasks are managed in a timely fashion
		45 Privacy and autonomy	<input type="checkbox"/> Review the DHMC Privacy policy <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Any further violations of patient privacy will result in immediate termination
		46 Responsive to team	<input type="checkbox"/> Review this concern with Mentor <input type="checkbox"/> Written self review of difficulties with team leadership, and a plan for improvement. <input type="checkbox"/> Communications Counseling <input type="checkbox"/> Discuss this issue with supervising faculty or residents at the beginning of a block to enhance feedback. <input type="checkbox"/> Schedule “Buddy call” with a senior resident. <input type="checkbox"/> Review Doc.com cases.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Demonstrate team leadership skills to the Program Director’s satisfaction.
PROF 2	Accepts responsibility and follows through on tasks	47 Complete tasks efficiently	<input type="checkbox"/> Review “Time Wasters” handout, self assess for inefficient behaviors and improvements <input type="checkbox"/> Shadow peer for efficiency help <input type="checkbox"/> Shadowed by CMR/Mentor for feedback on efficiency <input type="checkbox"/> Maintain accurate and honest duty hour logging.	<input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area. <input type="checkbox"/> Complete expected workload in a timeframe consistent with peers, and without generating duty hour violations.

		48 Professional responsibility	<input type="checkbox"/> Written self-evaluation of poor attendance at required conferences <input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> Maintain an attendance rate of % for the remainder of training <input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
PROF 3	Responds to each patient's unique characteristics and needs	49 Sensitive to differences	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Review of specific race / cultural / religious differences of which the resident may not be aware <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		50 Modifies care plan for individual	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self-review of difficulties with this area with plan for improvement <input type="checkbox"/> Review past cases for further insight <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
PROF 4	Exhibits integrity and ethical behavior in professional conduct	51 Honesty/integrity	<input type="checkbox"/> Review DHMC Code of Professional Conduct with Mentor <input type="checkbox"/> Written self-review of difficulties with professionalism <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Any further professional code violations will result in immediate probation or termination.
		52 Ethical principles		
		53 Personal and professional conduct		

SYSTEMS BASED PRACTICE

Milestone		Theme	Remediation Plan	Goals to resolve Remediation
SBP 1	Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)	21 Understands roles	<input type="checkbox"/> Written self reflection on difficulties with team dynamics <input type="checkbox"/> Communications Counseling <input type="checkbox"/> Work with Mentor regarding team participation. <input type="checkbox"/> Direct supervision of work rounds (CMR).	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> Demonstrate teamwork skills to the Program Director's satisfaction.
		22 Engagement as an interprofessional team member	<input type="checkbox"/> Written self evaluation of difficulties with working with RN / CRC / MSW and plan for improvement. <input type="checkbox"/> Review this concern with Mentor <input type="checkbox"/> Review plan for improvement with RN / CRC / MSW and ask for frequent feedback. <input type="checkbox"/> Elective with RN / CRC / MSW to improve skills.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard over the period of this remediation.
SBP 2	Recognizes system error and advocates for system improvement	23 Recognizes potential for system error	<input type="checkbox"/> Attend SEARCHES meetings <input type="checkbox"/> Submit SEARCHES alerts on own cases	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard. <input type="checkbox"/> Future potential errors are submitted to SEARCHES
		24 Feedback about erroneous decisions	<input type="checkbox"/> Attend SEARCHES meetings <input type="checkbox"/> Review SEARCHES feedback with mentor <input type="checkbox"/> Written reflections on SEARCHES results	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard. <input type="checkbox"/> Future potential errors are submitted to SEARCHES
		25 Personal responsibility in addressing medical error	<input type="checkbox"/> Review this area with mentor <input type="checkbox"/> Written reflections on personal responsibility for medical error	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard. <input type="checkbox"/> Future potential errors are submitted to SEARCHES
SBP 3	Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care	26 Cost and patient utilization	<input type="checkbox"/> Chart reviews, including costs of care <input type="checkbox"/> Review this concern with mentor <input type="checkbox"/> Written summary of cost effectiveness of evaluation / treatment options for various problems <input type="checkbox"/> Review cost effectiveness of old M & M cases	<input type="checkbox"/> No further reports of concern in this regard. <input type="checkbox"/> Presentation to peers on this topic.
		27 Considers resources	<input type="checkbox"/> Chart reviews, including resource utilization	<input type="checkbox"/> No further reports of concern in this regard.

			<input type="checkbox"/> Review this concern with mentor <input type="checkbox"/> Review this concern with clinic preceptor <input type="checkbox"/> Written summary of resource utilization options for patients with limited means <input type="checkbox"/> Review resource utilization of old M & M cases	<input type="checkbox"/> Presentation to peers on this topic.
SBP 4	Transitions patients effectively within and across health delivery systems	28 Providing clinical data at time of transition	<input type="checkbox"/> Chart review of signouts, noting extraneous information, omissions, inaccuracies, legibility, etc (Self or Mentor) <input type="checkbox"/> Review with mentor the indications for reporting cross cover issues to the primary team. <input type="checkbox"/> Observed signouts by CMR, PD, or Mentor.	<input type="checkbox"/> Chart review of signouts by Program Director. <input type="checkbox"/> Demonstrate accurate signout and cross cover documentation skills to the Program Director's satisfaction
		29 Coordinating transitions of care		
		30 Communication at transition		

Standardized Letters of Concern and Remediation Contracts: Templates for Program Directors

Peter Moffett, MD
Cedric Lefebvre, MD
Kelly Williamson, MD

ABSTRACT

Background Remediation of the struggling resident is a universal phenomenon, and the majority of program directors will remediate at least 1 resident during their tenure.

Objective The goal of this project was to create a standardized template for program directors to use at all stages of remediation.

Methods Between 2017 and 2018, the Council of Residency Directors in Emergency Medicine (CORD-EM) Remediation Committee searched for best practices in the medical literature and compiled a survey that was e-mailed to the CORD-EM listserv. After reviewing all information, a standardized remediation contract was created, reviewed by legal counsel, and distributed to members.

Results Forty-two percent (110 of 263) of program directors or assistant program directors on the CORD-EM listserv answered the initial survey and provided guidance on current remediation practices. The committee created formal and informal standard remediation contracts as both fillable templates and alterable documents. These were reviewed by CORD-EM general legal counsel and approved by the CORD-EM Board of Directors for distribution. The project took approximately 20 hours to complete over 8 months and involved a cost of \$480 for legal fees.

Conclusions With program director input and legal counsel review, the CORD-EM Remediation Committee produced standardized remediation contracts, which can be used by all emergency medicine programs after comparison to local institutional policy and local legal review. This process was feasible and can be replicated by other specialties.

Introduction

Resident remediation is a universal phenomenon, and program directors will likely remediate at least 1 resident during their tenure. One study estimated that 31% of general surgery residents will undergo remediation,¹ and a survey of emergency medicine program directors showed that in the last 3 years approximately 90% of programs had at least 1 resident on remediation.²

There are a variety of terms used for the spectrum of remediation, including less formal stages such as *letters of concern* or *professional development plans*, and the more formally recognized *remediation* and *probation*.³ A recent effort has been made to standardize the terminology of remediation with phases progressing from informal remediation (typical warning stage with only program-level involvement), formal remediation (involving the graduate medical education [GME] institutional level), probation, and termination.⁴ Regardless of the phase, documentation is important and demonstrates due process.^{5–8} There are a variety of elements that have

been suggested as best practice to include in the letters, such as a statement of the issue, direct observation, detailed plan for remedy, timeline for completion, measurable outcomes, and statement of consequences.^{5,6,8} There are also elements that may have legal ramifications, including a statement indicating the possibility of reporting to medical boards as well as ensuring adherence to institutional due process.⁷ With more than 11 000 Accreditation Council for Graduate Medical Education (ACGME) accredited programs in the 2018–2019 academic year, the creation of standardized templates may be useful to new program directors.⁹

The goal of this project was to create not only a standardized template for use at all stages of remediation available to emergency medicine program directors, but also one generalizable to program directors across specialties.

Methods

The CORD-EM Remediation Committee was directed to investigate current best practices in remediation contracts. Themes from a literature search were compiled and a survey was created to examine which themes were expressed in practice by the respondents (provided as online supplemental material). The survey asked for terminology used during informal

DOI: <http://dx.doi.org/10.4300/JGME-D-19-00065.1>

Editor's Note: The online version of this article contains the survey used in the study.

TABLE
Survey Results Utilized in Template Creation

Survey Element	No. (%)	95% CI
Terminology used for informal remediation (N = 110)		
Letter of concern ^a	34 (31)	23–40
Corrective action plan ^a	25 (23)	16–32
Professional development plan	22 (20)	14–29
Pre-remediation plan	7 (6)	3–13
Other	22 (20)	14–29
Essential elements for remediation letters (N = 109)		
Statement of the issue ^b	108 (99)	95–100
Observations/evaluations supporting the issue ^b	94 (86)	78–92
Detailed action plan to remedy the issue ^b	102 (94)	87–97
Timeline for completion of activities ^b	104 (95)	89–98
Measurable outcomes ^b	96 (88)	81–93
Statement of the consequences of not remediating ^b	105 (96)	91–99
Reference to due process policy of institution ^c	N/A	N/A
Acknowledgment that observations are expert opinions of educators ^c	N/A	N/A
Disposition of informal remediation letters (N = 110)		
Remains in local file and progresses to GME if needed for formal remediation ^a	69 (63)	53–71
Remains in local file and then destroyed (never goes to GME) ^a	28 (26)	18–34
Immediately forwarded to GME	3 (3)	1–8
Other	10 (9)	5–16

Abbreviations: CI, confidence interval; N/A, not applicable; GME, graduate medical education.

^a Included in templates (top 2 answers).

^b Included in templates (> 75% selected).

^c Included in templates (free text entry that 100% of committee agreed was relevant).

stages of remediation and disposition of these documents once that phase of remediation was complete. Respondents also selected which elements should be incorporated into all letters (choices included a statement of the issue, observations supporting the issue, detailed plan for remediation, timeline for completion, measurable outcomes, and statement of consequences). Besides free text comment boxes for all questions, there was an option for respondents to upload sample remediation contracts that were analyzed similarly to the free text comments. The inclusion plan for the responses was as follows: the top 2 responses (absolute count) for multiple-choice questions, any answer choice selected > 75% of the time for multiple selection questions, and any free text comments that all survey authors agreed warranted inclusion in the final template. The survey was created by the authors, tested for clarity among the committee members, and modified. The survey included 5 multiple-choice questions, 1 multiple selection question, and 1 free text question (provided as online supplemental material).

This project was considered exempt by the Virginia Commonwealth University Institutional Review Board.

Results

In the fall of 2017, this survey was sent to all members of the CORD-EM listserv via e-mail. The survey was completed by 110 program directors or assistant program directors in emergency medicine (42%, 110 of 263 listserv members) with most having been involved in informal improvement plans (94%, 103 of 110) and formal remediation experiences (80%, 88 of 110). Terminology varied for informal stages of remediation with the most common responses being letter of concern (31%, 34 of 110), corrective action plan (23%, 25 of 110), and professional development plan (20%, 22 of 110; TABLE). Sixty-three percent of respondents (69 of 110) kept informal contracts in files at the program level and forwarded to GME if the resident went on to formal remediation, while 25% (28 of 110) reportedly never sent them to GME. Using our previously defined inclusion plan, a list of required elements in all remediation contracts was identified (TABLE).

A template was created that allows programs to customize aspects of the contract without altering the essential elements (FIGURE). Utilizing our previously described cutoffs, the template included the top 2

Dr. RESIDENT NAME,

On behalf of the PROGRAM NAME Clinical Competency Committee, and PROGRAM DIRECTOR NAME of the RESIDENCY PROGRAM NAME, this letter is to inform you that you (have received a letter of concern/are placed on a corrective action plan/are placed on remediation/are placed on probation) 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 DATE to DATE.

This decision is based on (among other things) (SOURCES OF INFORMATION) and constitutes our expert opinion as educators in the RESIDENCY PROGRAM NAME.

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

Competency	Subcompetency/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

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

This plan has been formulated in accordance with the residency program's policies, INSTITUTION/SCHOOL NAME policies, and has been a reviewed by the Clinical Competency Committee, among others.

If each of the above issues are successfully remediated, this letter will (Remain in the local residency file until graduation and then be destroyed/remain in the local residency file unless additional remediation is warranted and in that case will be forwarded to the GME office/be maintained by both the residency and GME).

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 significant 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 NAME AND NUMBER OF GOVERNING INSTITUTIONAL 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

FIGURE
Letter Template

answers for preferred terminology of informal remediation (letter of concern and corrective action plan), and since the letter was designed for formal remediation or probation, these options were included in the template as well. Similarly, the disposition of the letter was built to allow selection between the top 2 choices (kept locally and destroyed if no further action *or* kept locally and sent to GME if remediation progressed). Free text entries were built into the letter for areas requiring resident-specific information (statements of issue, observations, and remediation activities). These contracts were reviewed by CORD-EM general counsel and edited. Current versions of these contracts in both template and freely alterable forms are available on the CORD-EM website (www.cordem.org). Ongoing assessment of the letters continues with a feedback section on the website.

The overall process involved approximately 20 hours of time, including survey generation, results analysis, generation of the sample letters, and committee review. The cost of the project was \$480 billed for general counsel document review and telephone conferencing. The CORD-EM website is supported by administrative staff who were able to load all of the letters onto a preformatted website. The project spanned 20 hours over 8 months.

Discussion

More than 90% of responding emergency medicine program directors have participated in informal or formal remediation activities. Using input from these program directors and a consensus approach by the committee, flexible online templates for informal and formal remediation, reviewed by CORD-EM legal counsel, were developed and disseminated over an 8-month period.

Program directors across specialties struggle with remediation. In 2008, Ratan and colleagues¹⁰ published an approach to remediation as well as a suggested remediation letter for use by obstetrics and gynecology programs. The approach includes elements of our current work such as inclusion of specific observations, measurable outcomes, and a statement of potential repercussions. Since remediation is a continuum from the informal stages all the way up through probation and termination, we included check box options for the consequences of failed progression at all stages. This allows the resident to look ahead and realize that while termination may not be selected as an outcome from the first informal remediation, it is a possibility for later stages and helps to ensure earlier stages of remediation are taken seriously while advertising

repercussions residents may never anticipate (reporting to licensing authorities).

There are certain elements of remediation that have legal ramifications. A reference to the due process policy of the sponsoring institution helps to conform with the ACGME requirement to ensure due process.¹¹ Ratan and colleagues¹⁰ also included reference to due process and institutional policies and suggested involvement in legal counsel early in the process. A similar theme is noted in the radiology literature where Wu and colleagues¹² described a comprehensive remediation approach with institutional and legal involvement. Our letters mirror these suggestions with reference to the institutional due process policy and a statement (when the template is downloaded) that refers users to consult with their own legal counsel. A statement that the observations are the “expert opinion of educators” may be useful in legal disputes. Lefebvre and colleagues⁷ suggested this theme, and it was confirmed as a free text response in our survey where 1 respondent had successfully defended a libel suit brought by a resident.

A project of this scope would be feasible for other organizations to recreate. The only cost associated with the project was for legal review and this was paid by CORD-EM (a national organization with membership dues). Other specialty societies would likely have similar resources. For individual GME offices and program directors there may be a cost associated with local legal review unless in-house counsel is provided by the institution. By starting with the current work and editing only for conflicts with local policy or laws, it seems reasonable to believe the cost would be similar or less than our initial legal fees.

The work is limited in that it represents consensus opinion from a single specialty; however, with similar themes noted across specialties, it seems reasonable to believe this represents a starting point. Because the survey from which the final templates were derived had no evidence of validity, respondents may not have interpreted questions as intended, which could result in omission of key elements. Results of using the templates, including acceptability (to faculty and residents) and remediation success, are not yet clear.

Future efforts should evaluate utilization of templates and feedback from users to maximize the value of standardized letters of concern and remediation contracts to GME leaders.

Conclusions

The CORD-EM Remediation Committee has created standardized remediation contracts as an aid for program directors, based on background research, consensus practice, and legal review.

References

1. Yaghoubian A, Galante J, Kaji A, Reeves M, Melcher M, Salim A, et al. General surgery resident remediation and attrition: a multi-institutional study. *Arch Surg*. 2012;147(9):829–833. doi:10.1001/archsurg.2012.1676.
2. Silverberg M, Weizberg M, Murano T, Smith JL, Burkhardt JC, Santen SA. What is the prevalence and success of remediation of emergency medicine residents? *West J Emerg Med*. 2015;16(6):839–844. doi:10.5811/westjem.2015.9.27357.
3. Weizberg M, Smith JL, Murano T, Silverberg M, Santen SA. What does remediation and probation status mean? A survey of emergency medicine residency program directors. *Acad Emerg Med*. 2015;22(1):113–116. doi:10.1111/acem.12559.
4. Smith JL, Lypson M, Silverberg M, Weizberg M, Murano T, Lukela M, et al. Defining uniform processes for remediation, probation and termination in residency training. *West J Emerg Med*. 2017;18(1):110–113. doi:10.5811/westjem.2016.10.31483.
5. Katz ED, Dahms R, Sadosty AT, Stahmer SA, Goyal D. Guiding principles for resident remediation: recommendations of the CORD remediation task force. *Acad Emerg Med*. 2010;17(2 suppl):95–103. doi:10.1111/j.1553-2712.2010.00881.x.
6. Domen RE. Resident remediation, probation, and dismissal basic considerations for program directors. *Am J Clin Pathol*. 2014;141(6):784–790. doi:10.1309/AJCPSPAP5R5NHUS.
7. Lefebvre C, Williamson K, Moffett P, Cummings A, Gianopoulos B, Winters E, et al. Legal considerations in the remediation and dismissal of graduate medical trainees. *J Grad Med Educ*. 2018;10(3):253–257. doi:10.4300/JGME-D-17-00813.1.
8. Schenarts PJ, Langenfeld S. The fundamentals of resident dismissal. *Am Surg*. 2017;83(2):119–126.
9. Accreditation Council for Graduate Medical Education. List of newly accredited programs. <https://apps.acgme.org/ads/Public/Reports/Report/8>. Accessed July 23, 2019.
10. Ratan RB, Pica AG, Berkowitz RL. A model for instituting a comprehensive program of remediation for at-risk residents. *Obstet Gynecol*. 2008;112(5):1155–1159. doi:10.1097/AOG.0b013e31818a6d61.
11. Accreditation Council for Graduate Medical Education. Common Program Requirements. <https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>. Accessed June 27, 2019.
12. Wu JS, Siewert B, Boiselle PM. Resident evaluation and remediation: a comprehensive approach. *J Grad Med Educ*. 2010;2(2):242–245. doi:10.4300/JGME-D-10-00031.1.



Peter Moffett, MD, is Associate Professor, Department of Emergency Medicine, Virginia Commonwealth University; **Cedric Lefebvre, MD**, is Associate Professor, Department of Emergency Medicine, Wake Forest School of Medicine; and **Kelly Williamson, MD**, is Associate Professor, Department of Emergency Medicine, University of Illinois at Chicago, Advocate Christ Medical Center.

Funding: The authors report no external funding source for this study.

Conflict of interest: The authors declare they have no competing interests.

Corresponding author: Peter Moffett, MD, Virginia Commonwealth University Medical Center Main Hospital, 1250 East Marshall Street, 2nd Floor, Suite 2-500, PO Box 980401, Richmond, VA 23298, 609.304.3504, peter.moffett@vcuhealth.org

Received January 23, 2019; revisions received May 21, 2019, and June 14, 2019; accepted June 19, 2019.