REMEDICATION FOR MEDICAL LEARNERS:

I. **Set Clear Expectations**
   a. Goals and Objectives

II. **Assessment**
   a. Faculty Development
      i. How to set clear expectations based on milestones
      ii. Assessing all competencies
      iii. **Documentation**
      iv. Feedback
   b. Identifying area(s) of difficulty
      i. Early
      ii. Accurate
      iii. Specific

III. **Diagnosing the problem**
   i. Core Competencies
   ii. Review available information
   iii. Identify necessary additional information

IV. **Remediation Team**
   a. Faculty and resources at your institution
   b. Active participation of the learner
   c. Additional members based upon specific concern

V. **Remediation Strategies**
   a. Individualized remediation plan-
      i. fair, comprehensive, timely with clear understanding of expectations
      ii. Deliberate Practice, Feedback and Reflection

VI. **Reassessment**
   a. Monitoring

VII. **Documentation**
   a. Evaluations
   b. CCC summaries
   c. Focused Learning Plan→Probation→Nonrenewal

VIII. **Nonrenewal of Contract**
   a. Decision
   b. Documentation
   c. Legal considerations
COMPETENCY BASED REMEDIATION TIPS

Use the milestones for setting clear expectations, early recognition of concerns and documentation of focused learning plans/remediation plans/probation and non-renewal of contract.

ACGME: Milestones and Entrustable Professional Activities (EPAs): Provide a descriptive roadmap for training • Increased transparency of performance requirements • Encourage informed self-assessment and self-directed learning • Facilitate better feedback to trainee • Encourage self-directed feedback seeking behaviors. Milestones identify progression of fellow’s knowledge, skills and attitudes. (http://www.acgme.org)

Recognition: Early recognition of specific areas of concern for all medical learners is important. Faculty development is crucial to establish clear expectations, provide accurate and specific assessments, with verbal and written feedback to create the foundation for early recognition and interventions to improve opportunities for successful remediation.

Assessment: Multisource assessments are used for each competency

- Direct Observation
- Formative Evaluations
- In-service Examinations
- Objective Structured Clinical Exam (OSCE)
- SIM Center
- Interactive didactics
- Self-assessments
- Others- please see additional items under each competency
MEDICAL KNOWLEDGE:

- **MK Milestone:** Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems

**ASSESSMENTS:** Foundational Knowledge and Functional Knowledge

Evaluations that identify “Need to read more” are not specific enough to identify if the area of concern is actual fund of knowledge, the application of knowledge within a clinical setting, or misdiagnosing the learner’s actual deficit (learning disability, anxious test taker, poor time management with studying).

**Dreyfus model of skill acquisition:** Novice, Advanced, Competent, Proficient, Experienced

**Nonexpert, Deliberate Expert**

**Reporter-Interpreter-Manager-Educator (RIME):**

- **Reporter-** Collects and reports all information
- **Interpreter-** using information to create differentials and identify appropriate testing
- **Manager-** mange and propose testing and plans related to specifics of each patient
- **Educator-** in academic and clinical environments

**SMART GOALS** - set up SMART Goals for specific deficiencies

**Remediation Strategies:** Based upon the individual

- Study Skills Coaching
- Test taking strategies
- Time management
- Adult learning theories
- Neuropsychological testing
- Small group teaching sessions
- Assigned reading plan
- Verbal and written testing of Medical Knowledge
PATIENT CARE:

PC milestones:
- Provides transfer of care that ensures seamless transitions
- Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
- Develops and carries out management plans
- Provides appropriate role modeling

ASSESSMENTS: Clinical skills, clinical reasoning and judgment, time management, organization skills

Evaluations that identify “needs to improve clinical skills” are not specific enough to identify which components of patient care require intervention. (Guerrasio p 19)

SNAPPS: used to assess clinical reasoning and judgment skills, and can be used as a remediation strategy as well (J. Guerrasion p29, Kelet p 95)
Summarize history and findings
Narrow the differential to 2-3 most likely
Analyze the differential by comparing and contrasting
Plan treatment and further workup
Probe the preceptor about uncertainties and alternatives
Select an issue related to the case for self-directed learning

SMART GOALS- set up SMART Goals for specific deficiencies

Remediation Strategies:
Systems approach to examination
Provide template for history, PE and presentation
Feedback using SNAPPS
Review learner’s assessments, differential diagnosis and diagnostic plans
Time management skills and planning (check box to do list)
Organizational skills and planning

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INTERPERSONAL SKILLS AND COMMUNICATION

IPC Milestones:
- Communicates effectively with physicians, other health professionals and health related agencies
- Works effectively as a member or leader of a health care team or other professional group
- Acts in a consultative role to other physicians and health professionals

Assessment: Communication and interactions with others.
Use models for teaching and assessing interpersonal communication skills

Evaluations that identify “poor communication skills” are not specific enough to identify the actual deficits in interpersonal and communication skills (knowledge, attitude, skills, psychiatric, diversity)

SEGUE (Kalet p 57)
Set the Stage
Elicit information
Give Information
Understand the patient’s perspective
End the encounter

3 Function model: (Kalet p 57)
Establish rapport
Obtain Information
Inform and education the patient

SMART GOALS- set up SMART Goals for specific deficiencies

Remediation Strategies:
AART- An iterative and interactive approach focusing on: Ask and frequently elicit the learner’s thoughts, Actively listen and reflect the content of the learner’s words, Respond with empathy, Tell new insights (Kalet p 59)
Role Modeling
Reflective practice
Simulated patient with checklist of communication skills and debriefing
Conflict resolution and communication courses
Observed transitions of care with feedback
Employee Assistance Program

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PROFESSIONALISM

Prof Milestones:

- Demonstrates high standards of ethical behavior which includes maintaining appropriate professional boundaries
- Demonstrates trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- Provides leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients
- Recognizes that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty

Assessment: Professionalism within the four subdomains identified by ACGME:
1. Professionalization, or the development of a professional identity, accountability, optimal behaviors in face of ambiguity
2.) Professional Conduct (Includes maintaining honesty, respect, ethical behavior, sublimating self-interest for best practices in patient care)
3.) Humanism, (Empathy, altruism, understanding
4.) Cultural Competence

Evaluations that identify vague statements of “unprofessional” are not specific enough to identify the specific concerns.

SMART GOALS- set up SMART Goals for specific deficiencies

Remediation Strategies:
Identify and address additional factors (burn out, personal stressors, depression, alcohol and substance abuse)
Reflective practice
Role modeling
Motivational interventions
Monitor adherence to requirements (e.g. notes, duty hours, other assignments)
Observed performance using a checklist with timely feedback
Specific behavioral plans

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**PRACTICE-BASED LEARNING AND IMPROVEMENT**

**PBLI Milestones:**
- Identifies strengths, deficiencies, and limits in one's knowledge and expertise
- Systematically analyses practice using quality improvement methods with the goal of practice improvement
- Uses information technology to optimize learning and care delivery
- Participates in the education of patients, families, students, residents and other health professionals

**ASSESSMENTS:** Inability to accept feedback and self-directed learning

Evaluations that identify “poor insight” are not specific enough to identify which components of patient care require intervention

**SMART GOALS**- set up SMART Goals for specific deficiencies

**Remediation Strategies:**
Self-assessment
Learner’s self-assessment of milestones versus CCC completed milestones
Reflective practice
Didactics regarding providing and accepting feedback
Simulated activities (providing and accepting feedback)
Structured self-directed learning (with preceptor and learner identifying specific assignments)
Observe educational discussions with check list and feedback
Mentoring of QI project and small group presentations of QI projects

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SYSTEMS-BASED PRACTICE

**SBP Milestones:**
- Works effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinates patient care within the health system relevant to the clinical specialty
- Incorporates considerations of cost awareness and risk benefit analysis in patient and/or populations based care as appropriate
- Works in inter-professional teams to enhance patient safety and improve patient quality care
- Participates in identifying system errors and implementing potential system solutions

**ASSESSMENTS:** Understanding health care system including limitations, respect for contribution of all member of the inter-professional teams

Evaluations that identify vague information limits the ability to create a meaningful and successful remediation plan

**SMART GOALS:** set up SMART Goals for specific deficiencies

**Remediation Strategies:**
- Mentorship and shadowing opportunities with inter-professional team members
- Participation in reported system errors, Root Cause Analysis and system solutions
- Chart review cost analysis (testing and treatment plans) with alternative options
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