

REMEDATION 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- manage 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. Guerrasio 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

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: **A**sk and frequently elicit the learner’s thoughts, **A**ctively listen and reflect the content of the learner’s words, **R**espond with empathy, **T**ell 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

Katherine Mason and Christine Barron

APPD Fellowship Directors’ Executive Committee May 2017

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

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

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

REFERENCES

Accreditation Council for Graduate Medical Education (ACGME) (<http://www.acgme.org>)

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