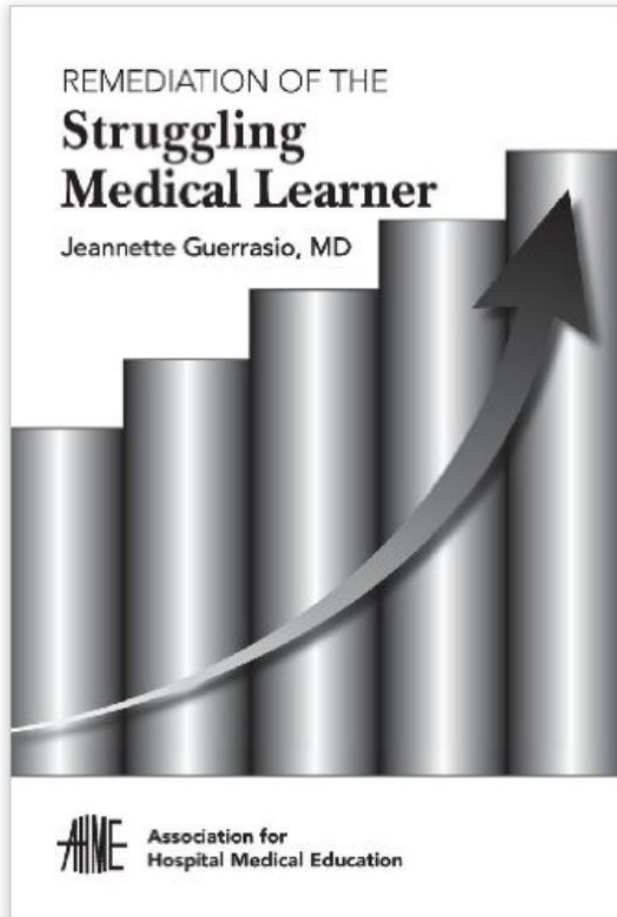


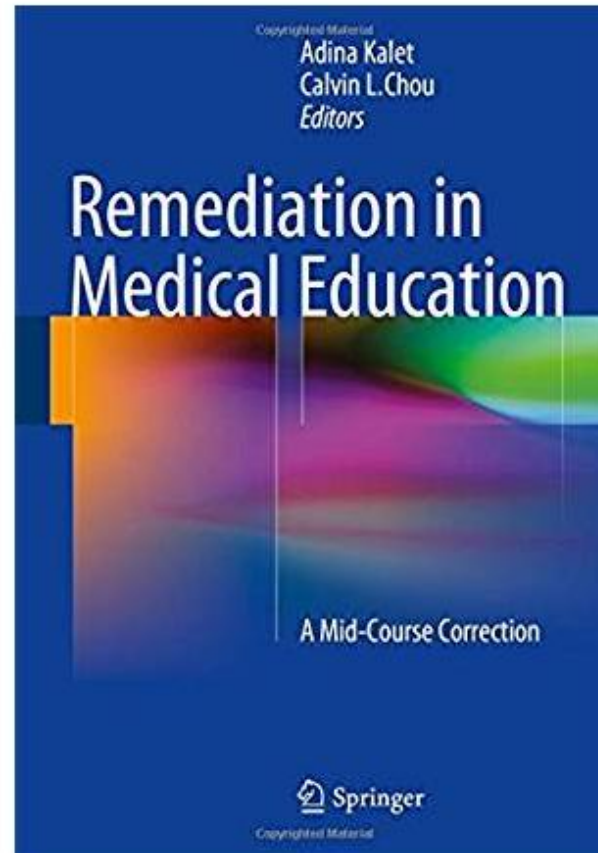
# Unsuccessful Remediation


Christine E. Barron, MD

J. Guerrasion Chapter 20: “The Prognosis is Poor”: When to Give up in Kalet, Adina, and Calvin L. Chou. *Remediation in Medical Education: A Mid-course Correction*. New York: Springer, 2014:323-338



## Recommended Textbooks



- 
- ▶ Goal is for successful remediation
    - ▶ Demonstrated sustainable improvement(s) to meet at least minimum competency
  - ▶ Will not always reach this goal

# Unsuccessful Remediation

- ▶ Remediation is not appropriate
  - ▶ Crime
  - ▶ Serious patient care risk
- ▶ Unsuccessful remediation
  - ▶ Continued or recurrent unprofessional behavior
  - ▶ Poor insight
  - ▶ No evidence of improvement
  - ▶ Refusal to participate in remediation

# Institutions

- ▶ Policies:
  - ▶ Criteria for promotion to next year of training,
  - ▶ Due process (suspension, non-renewal, non-promotion or dismissal),
  - ▶ Grievances
  
- ▶ CCC:
  - ▶ Should have a systematic process for the evaluation of all learners with more time dedicated to the struggling learner(s)
  - ▶ advise the Fellowship Director regarding fellows progress, including promotion, remediation and dismissal
  - ▶ Not one individual's decision

# Legal Concerns

- ▶ Learners may file a legal response
- ▶ Know that IF due process policies have been followed without discrimination, the courts have repeatedly upheld decisions made by medical school faculty
- ▶ Legal Principles: Courts will not reverse an academic decision if there was a review of entire record, is a reasoned academic decision, and no evidence of arbitrary and capricious action (not following logic or proper procedure).
- ▶ It is the burden of the learner to prove that the decision was irrational and unreasonable.

# DOCUMENTATION

- ▶ So important!
- ▶ Document: Summary review of entire record, specific deficiencies, remediation plan, reassessment(s) and any changes in learner's academic status.
- ▶ Document: dates, ideal to have another person present during discussions, e-mail summary of discussions.
- ▶ Important to document compliance with all institutional policies. Can reference this in your documentation instead of re-writing this information.
- ▶ Documentation will protect you and your institution

# Important to know

- ▶ Focused reviews vs disciplinary action or academic probation (have different reporting requirements).
- ▶ Learners cannot sue for libel as courts have already determined that negative evaluations are not defamatory.



# Legal Notifications

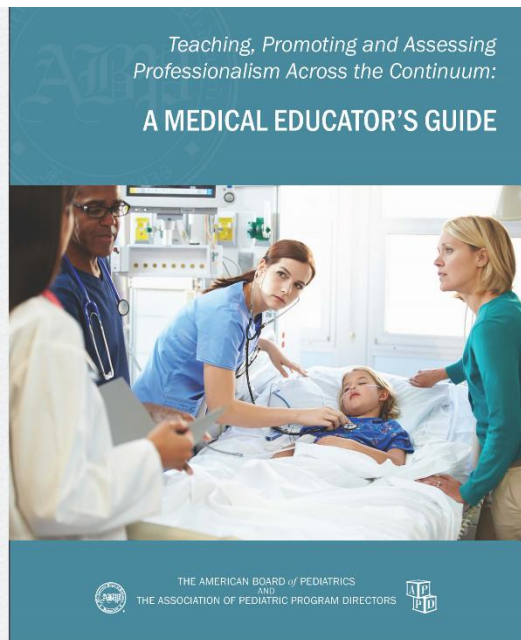
- ▶ Do not panic!
- ▶ Notify your institutions risk management and legal department
- ▶ Review your documentation
- ▶ If you have to testify- be pleasant, make sure you understand the questions, answer only the questions asked, explain medical information

# ABP

## ► Professionalism

- <https://www.abp.org/professionalism-guide/chapter-9/not-meeting-expectations>

## ► Evaluation and Tracking



PROGRAM RATINGS OF CLINICAL COMPETENCE		
	PL-1 and PL-2 Fellowship years 1-2	PL-3 / Final year of fellowship
OVERALL CLINICAL COMPETENCE*		
Satisfactory	Full Credit	Full Credit
Marginal	Full credit for 1 marginal year. Repeat the latter year if both years are marginal.	Not applicable
Unsatisfactory	No credit / repeat year	No credit / repeat year
PROFESSIONALISM		
Satisfactory	Full Credit	Full Credit
Unsatisfactory	Repeat year, or at the ABP's discretion, a period of observation will be required.	Repeat year, or at the ABP's discretion, a period of observation will be required.
* Includes patient care and procedural skills, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.		

<https://www.abp.org/content/residents-fellows-evaluation-tracking>