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      [https://www.acgme.org/Portals/0/PDFs/Milestones/PediatricsMilestones.pdf](https://www.acgme.org/Portals/0/PDFs/Milestones/PediatricsMilestones.pdf)
    - Pediatric Emergency Medicine Fellowship:
      [https://www.acgme.org/Portals/0/PDFs/Milestones/PediatricEmergencyMedicineMilestones.pdf](https://www.acgme.org/Portals/0/PDFs/Milestones/PediatricEmergencyMedicineMilestones.pdf)
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    - [https://www.ada.gov/2010_regs.htm](https://www.ada.gov/2010_regs.htm)
  - ECFMG
    - [http://www.ecfmg.org/](http://www.ecfmg.org/)
Appendix A:

Probation in the Competency of Professionalism for Dr. ________________

Background:

On ________________. Dr. _________ was given a written warning in the competency of professionalism based on the information below:

- The residency program spoke to Dr. ___________ regarding complaints made about their lack of ability to communicate effectively with peers and nursing staff while on some of the resident’s in-patient rotations during his/her internship. These discussions took place on ________________.

- The residency program noted that his/her continuity preceptor felt that he/she was not professional about the comments she made in regards to ACH staff.

- Based on the above, Dr. ___________’s academic advisor was notified on ___________ and has been working with Dr. ___________ since that time in regards to these issues. Dr. ___________ was also told she had to meet with the Employee Assistance Program to get some tips on how to communicate more effectively and professionally interact with members of the health care staff. Dr. ___________ delayed doing so until reminded multiple times by members of the residency administration.

- The Pediatric chief residents reported that a Pediatric resident and an APD contacted them on ________________ and complained that Dr. ___________ did not treat them with respect and was demeaning to them front of other members of the health care team.

- The ___________ service noted that Dr. _______________ had poor impulse control when under stress and often acted aggressively towards other members of the health care team. During one incident, he/she caused a health care professional to cry. At that time it was noted on Dr. ___________ written warning in Professionalism that Dr. _______________ will be placed on probation, if the Clinical Competency Committee (CCC) is in agreement after a special meeting is held, if any of the following occur:

  - Receives “needs improvement” or “failure” in the area of professionalism in any evaluation
  - Receives any written complaints after ________________ from faculty, other health care provides, or patients/families, in the area of professionalism or interpersonal and communication skills

**On ___________: Written complaint from the nursing staff on the in-patient service:** The nursing staff noted that Dr. _______________ acted inappropriately by yelling at the nursing staff when they asked him/her to see a patient they felt had clinically deteriorated. The nursing staff also forwarded a written complaint by a patient’s parent that Dr. _______________ had acted rudely to her when she asked for clarification of her child’s management plan.

**On ___________:** There was a special meeting of the CCC. The CCC met and voted by majority to place Dr. ___________ on probation due to the written complaints from the nursing staff and family as noted above. The Committee expressed concern that there has been a pattern of Dr. _______________ acting as a disruptive physician and creating a hostile work environment. The Committee noted that he/she was not competent in the competency of Professionalism.

Remediation Plan for Dr. ________________ in the Competency of Professionalism:
Dr. ___________ will be referred to the institution’s Employee Assistance Program. The Pediatric Residency program will follow the recommendations of the Employee Assistance Program to help Dr. ___________ receive any services that they may need.

Dr. ___________ must meet with his/her academic advisor on a monthly basis regarding communications skills and professional behavior.

Dr. ________________ must complete two courses on Taleo titled Conflict Management and Teamwork: The Fundamentals by ___________________. Dr. __________ must provide documentation that he/she completed these courses to the Pediatric Residency coordinator by ____________.

Dr. ________________ must complete the Conflict Management course sponsored by Akron University in the __________ unless the course is cancelled or would interfere with Dr. _______________ clinical duties. Dr. ________________ must provide documentation to the Pediatric residency coordinator that he/she completed this course by ____________.

- A copy of this document will be sent to your academic advisor.

**Required Documentation to the American Board of Pediatrics:**

Dr. ________________ will remain on probation until graduation. If any of the following occur prior to graduation, Dr. ________________ will be considered not to have successfully remediated the competency of Professionalism & will receive a mark of unsatisfactory for his/her PL-__ year for the competency of Professionalism on the ABP Completion of Residency document:

- receives any “needs improvement” or lower mark in the professionalism competency in any evaluation
- receives any written complaints, deemed to be valid after investigation, from faculty, Akron Children’s Hospital’s staff, or patients/families, in the area of professionalism. This includes any written complaints that indicate Dr. ___________ has created a hostile work environment.

The American Board of Pediatrics notes that, “Residents must receive a satisfactory rating in each of the components of clinical competence during the final year in training. Ratings for professionalism must be either satisfactory or unsatisfactory. If any unsatisfactory evaluation is given for professionalism, the resident must repeat the year of training or, at the discretion of the ABP and recommendation by the program director, complete a period of observation. A resident who receives an unsatisfactory evaluation for professionalism receives no credit for that year of training unless the program director provides evidence as to why a period of observation rather than a repeat year of training should be completed. “

**Dr. has been notified that when placed on probation in the area of professionalism, the residency program is required to report this on all of Dr. accreditation and verification forms.**

The Clinical Competency Committee noted that Dr. ___________ will be dismissed from the Pediatric residency program at any point should Dr. ___________ continue to demonstrate lack of professionalism. As noted in the statement below regarding the policy on the non-promotion of residents, this document serves as notice that Dr. ____________ may not be promoted to the next level, which is graduation from the Pediatric Residency program. In order to graduate from the Pediatric Residency program, the CCC will decide whether Dr. ____________ has successfully met the requirements laid out in this document.
If at any time before graduation Dr. ___________ either threatens or carries out retribution, either verbal or nonverbal, active or passive to any employee at Akron Children’s Hospital, to a patient or family member, or to any health care staff associated with Akron Children’s Hospital, Dr. ___________ will be immediately dismissed from the Pediatric residency program upon approval of the CCC and Human Resources.

The Pediatric Residency follows ACGME’s policy on the non-renewal of appointment or non-promotion of residents.

When it has been determined that the resident’s contract will not be renewed, or when a resident will not be promoted to the next level of training, Akron Children’s Hospital will provide the resident with a written notice of intent no later than four months prior to the end of the resident’s current contract. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, Akron Children’s Hospital will provide the resident with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement. The resident will be allowed to implement Akron Children’s Hospital grievance procedure and house office due process procedures if they receive a written notice either of intent not to renew their contract or of intent to renew their contract but not to promote them to the next level of training.

I acknowledge that I have read and received a copy of this document:

Dr. _________________: Date:

Pediatric Program Director: Date

Chair of the Clinical Competency Committee: Date
Appendix B:

Verbal Remediation in the Competency of Medical Knowledge for Dr.___________

Background:
- Failure of USMLE or COMLEX part 3 on your first attempt, although you passed the exam on your second attempt.
- Sub-par performance on your PL 1 & PL 2 In-service exams.
- Sub-par performance on the MK 1 milestone on trainee evaluations

Remediation Plan:
In order to remediate the competency of Medical Knowledge you must do the following by __________: 
1. Complete and review all of 2016 PREP SA questions with your academic advisor 
2. Complete a detailed board study calendar 
3. Meet on a monthly basis with your academic advisor to go over your board study plan and progress

Because of these deficiencies, you are receiving a verbal remediation plan (warning-optional) in the competency of Medical Knowledge. If you fail to follow the remediation plan noted above or perform below the national and program mean on your PL 3 in-service exam, your performance will be reviewed by a special meeting of the CCC. After a special meeting of the CCC, you will likely receive a written remediation plan and warning in the competency of Medical Knowledge. If you receive a written warning in Medical Knowledge, documentation of the written warning will be placed in your file until you graduate successfully from the training program.

- A copy of this document will be sent to your academic advisor.

PD                          Date:

APD                         Date:

Trainee                     Date:
Appendix C:

Verbal Warning and Remediaiton Plan in the Competency of Patient Care for Dr. _________

Background
-On _________ Dr. _________ contacted Dr.________, the Associate Program Director for Ambulatory Medicine with
carences about your performance in continuity clinic. Dr.________ stated that she had discussed these concerns with
you on _______________.

-She noted that you have excellent interpersonal skills and communicate effectively with the multidisciplinary health care
team and always act professionally.

-Based on her milestone evaluations, you are not performing at the level expected of a PL 2 resident in continuity clinic in
the competency of patient care.

- Your presentations are disorganized. Often you present the PE before completing the ROS and family history. You frequently forget to ask about important symptoms in the HPI. You acknowledged to your clinic preceptor that presenting patients during rounds has been a problem for you on the inpatient services.

-You are having some problems diagnosing AOM. Your preceptor realizes that you are an engaged learner, but
you are still missing bulging of the TM and purulent material behind the TM. You are also having problems
diagnosing common pediatric rashes such as pyrrettasis rosea.

-You are only able to see an average of 4 patients in a 4 hour clinic session and are not getting faster as the
academic year progresses. Your preceptor is spending more time in the patient rooms on the days you are in the
office with her.

Remediation Plan

-Use a template that the training program will provide you when taking histories from patients.

-Your continuity preceptor will give you 5 minutes to prepare before presenting every patient to her for 2 months so you
have time to prepare an organized verbal presentation of your patient.

-Your preceptor will help you examine ears on all of the patients you see during the next 2 months.

-Your preceptor will notify you whenever a patient with chief complaint of a rash presents to the clinic so that you may
view the rash.

-The residency program will loan you a Pediatric Dermatology book so you can learn about common dermatologic
conditions seen in Pediatrics.

Evaluation

-Your continuity preceptor will repeat the continuity clinic milestone evaluation in 2 months.
- The APD for ambulatory medicine will observe you during a clinic session in 2 months and also complete the continuity clinic milestone evaluation

- A copy of this document will be sent to your academic advisor.

- If you fail to follow the remediation plan noted above or perform below the expected level on your continuity clinic milestone evaluations in 2 months, your performance will be reviewed by a special meeting of the CCC. After a special meeting of the CCC, you will likely receive a **written remediation plan and warning in the competency of Patient Care**. If you receive a written warning in Patient Care, documentation of the written warning will be placed in your file until you graduate successfully from the training program.

Program Director: Date:

Associate Program Director: Date:

Resident: Date:
Appendix D:

Verbal Warning in the Competency of Professionalism for Late Completion of Program/Institutional Requirements for Dr. __________

Background:

According to the residency program’s records you did not complete the following requirements in a prompt manner during the ____________ academic year:
- Completion of discharge summaries
- Obtaining your influenza vaccine by the institution’s deadline
- Completion of the hospital’s mandatory EMR modules by the institution’s deadline

Remediation plan:
- Meet with your academic advisor on a monthly basis, during the __________ academic year, in order to assess your progress in this area
- Submit a type written time management/organizational plan to the residency program director by ________

- A copy of this document will be sent to your academic advisor and to the Clinical Competency Committee.

- If you fail to follow the remediation plan noted above or perform below the expected level on your continuity clinic milestone evaluations in __ months, your performance will be reviewed by a special meeting of the CCC. After a special meeting of the CCC, you will likely receive a written remediation plan and warning in the competency of Professionalism. If you receive a written warning in Professionalism, documentation of the written warning will be placed in your file until you graduate successfully from the training program.

Program Director: Date:

Associate Program Director: Date:

Resident: Date:

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Appendix E:

Written Warning and Remediation Plan in the Competency of Professionalism for Dr. __________

Background:

The residency program gave Dr. a verbal warning in professionalism on __________ because s/he was delinquent in meeting the program requirements as noted below. Dr. ___________ has not completed the remediation plan discussed with him/her when they were given a verbal warning and remediation plan by the program director on ___________. Specifically Dr. __________ failed to ……

New Written Remediation Plan

- Must meet with your Academic Advisor on a monthly basis to discuss progress in this area. It is Dr. _________’s responsibility to schedule these meetings on a monthly basis with his/her academic advisor.

- Meet with the institution’s Employee Assistance Program to assist you with time management skills

- Dr. ___________ is required, as are all residents, to meet all the residency/institution’s deadlines in the area of documentation

A copy of this document will be sent to your academic advisor and to the Clinical Competency Committee.

If any of the following occur as listed below, while Dr. __________ is still in the residency program, Dr. __________ will have to appear before a special meeting of the General Pediatric Residency’s Clinical Competency Committee. If the Clinical Competency Committee decides to place Dr. ___________ on probation in the competency of professionalism, this would mean that the General Pediatric residency program would give Dr. __________ an unsatisfactory mark in professionalism at the end of the academic year. This may require an extension of Dr. __________’s residency training as noted below per the American Board of Pediatrics as noted below.

Dr. ___________ has been notified via this document that if they are placed on probation in the area of professionalism, the residency program is required to report this on all of Dr. ____________’s accreditation and verification forms. The program will report this information to the American Board of Pediatrics.

- Failure to follow the remediation plan noted above.

- Failure of any rotation in the competency of professionalism during any of his/her rotations at Akron Children’s Hospital.

- Failure to meet with his Academic Advisor on a monthly basis. It is Dr. ___________’s responsibility to schedule these meetings on a monthly basis with their academic advisor.

- Failure to complete the program’s requirements covered under the area of professionalism as noted in the Trainee Policy and Procedure Manual.

- Failure to notify program of any absences on rotations or at Continuity Clinic
Failure to appropriately meet all the residency deadlines in the area of documentation

<table>
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<th>PL-1 and PL-2 Fellowship years 1-2</th>
<th>PL-3 / Final year of fellowship</th>
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<td>Full Credit</td>
<td>Full Credit</td>
</tr>
<tr>
<td>Marginal</td>
<td>Full credit for 1 marginal year. Repeat the latter year if both years are marginal.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>No credit / repeat year</td>
<td>No credit / repeat year</td>
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**OVERALL CLINICAL COMPETENCE**

**PROFESSIONALISM**

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<th>Full Credit</th>
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</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>Repeat year, or at the ABP's discretion, a period of observation will be required.</td>
<td>Repeat year, or at the ABP's discretion, a period of observation will be required.</td>
</tr>
</tbody>
</table>

* Includes patient care and procedural skills, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.

Program Director: Date:

Associate Program Director: Date:

Resident: Date:
Appendix F

Dr. Trainee Written Warning, Season/Month Year Evaluation
____________________________ Competencies

Concerns noted by the Fellowship Program:

A. The Fellowship Program Director spoke to Dr. Trainee on Date regarding complaints made about the following events:

   1. Example 1:

       List Date, example of behavior or incident (eg: failed to demonstrate effective communication strategies during a resuscitation by walking out of the room during a code blue, difficulty with receiving feedback and lack of professionalism by using profanities, lack of professionalism due to delay in charting, etc.). Action taken, including relevant documentation (after this incident, the Program Director met with Dr. Trainee on Date and discussed effective communication strategies, perception regarding response to feedback, timeliness of chart completion, etc.).

       ***Please note***

       Incidents should include the following:

       A. Be as specific as possible
           a. Date
           b. Time
           c. Who reported it (if this is not confidential)
           d. How it was reported (written, verbal)

       B. Steps taken to address issue
           a. Vehicle of notification (meeting, email, written letter)
           b. Date and time of notification
           c. Intervention (if applicable)
           d. Outcome of intervention (if applicable)

       C. Attached documentation of all incidents when possible
           a. Emails
           b. Evaluations
           c. Incident Reports
           d. Applicable Objective Performance Summaries (with class comparisons/averages)
              i. Chart Completion Rate
              ii. SITE Exam scores
              iii. Attendance Percentages

Based on the above events, Dr. Trainee has not met the competencies required in the categories of List Specific Milestones (Medical Knowledge (MK1), Patient Care (PC5), Professionalism (PROF1,2,3,4), and Interpersonal & Communication Skills (ICS1,2)). Please see attached, applicable milestones for detailed information (Milestone evaluations).
Remediation Plan for the Competencies in Professionalism, Medical Knowledge, Patient Care, and Interpersonal & Communication Skills:

1. **Intervention 1:** To address the competencies of LIST COMPETENCIES, Dr. Trainee will do the following:
   a. Include (this can be an attachment):
      i. **Goals and objectives** (simulation, case reviews, practice tests, evaluations, etc.)
      ii. Faculty involved
      iii. Resources Provided
      iv. Expected timeline (completed by date)

2. **Intervention for Professionalism/Behavior**
   a. **Meeting with Employee Health, Employee Assistance Program (EAP) or comparable hospital program**
      i. Include information/description regarding program
      ii. **Indications** (address concerns of fatigue, communication, self-reported behaviors, impairment, etc.)
      iii. Meeting initiated by Dr. Trainee
      iv. Number of sessions determined by Program
   b. Stipulations if Dr. Trainee is already seeking assistance through a licensed counselor or psychiatrist
      i. If Dr. Trainee is already seeing a licensed counselor; he/she will need to provide this information to Employee Health/EAP. They will determine if this is adequate participation.
      ii. If adequate participation, number of sessions they will need to attend is determined by the EAP.
   c. Ensure Privacy
      i. The CCC would require documentation that these meetings occurred but not the details of the content of the meetings.
   d. Expectations
      i. Timeline
      ii. Failure to comply with consequences

3. **Meeting with Academic Advisor:**
   a. Expectation of all Trainees during remediation
   b. Who
   c. Timeline
      i. How often meetings need to occur
      ii. Initiation date
      iii. Who schedules meeting
   d. Privacy
      i. The CCC will require documentation that a meeting occurred, but not the contents of the meeting.

**Conclusion:**

A. Remediation is in addition to ongoing trainee responsibilities. No reduction in clinical, didactic or research time provided in order to complete the above requirements.

B. **Timeline of Completion**
   a. Conclusion Date
   b. If any open ended meetings, deadline for scheduling and notifying program of the schedule

C. **Failure of completion**
   a. What is considered failure of completion

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D. Review of Remediation Completion
   a. Who (CCC, PD, etc.)
   b. When
   c. Outcomes
      i. If Successful
         1. What happens to the written warnings, remediation, graduation
      ii. If Failure
         1. Who determines next steps
         2. Possible outcomes (probation, permanent record, release from program, report to ABP, etc.)
            a. Include reportability to ABP for probation
            b. Include marks of unsatisfactory and consequences of extending training
         3. Ability to Invoke Due Process at any time

I acknowledge that I have read the document above, agree with the content and accept the remediation program that has been described.

Signature: ________________________________  Date: ________________________________
Dr. Trainee
Signature: ________________________________  Date: ________________________________
Program Director
Signature: ________________________________  Date: ________________________________
Associate Program Director
## Appendix G: Remediation Plan Building Tool

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### Competencies Affected:

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### Specific Goals and Objectives:

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| Problem 1: |
| Problem 2: |
| Problem 3: |
| Problem 4: |

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### Trainee Signature:

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#### 1. Identify Problem

#### 2. Build Remediation Plan

#### 3. Follow Outcomes

*Note: Have you considered HR involvement?*