

“I’m Really Enjoying These Remediation Meetings, When Can We Meet Again?”

Putting a Positive Spin On Remediation

APPD Enhanced Learning Session, Spring Meeting 2018

I’m Really Enjoying These Remediation Meetings!: Creating your Action Plan

Why are you here? What do you hope to get out of this workshop?	
What are the steps in remediation at your institution?	
What are some examples of unsuccessful remediation, and why do you think they were unsuccessful?	What are some examples of successful remediation, and why do you think they were successful?
Reflect on your own experience:	
Can you think of a case you had that was similar to the unsuccessful remediation? What was similar? What aspects of that case reflected a fixed mindset?	Can you think of a case you had that was similar to the successful remediation? What was similar? What went right? What aspects of that case reflected a growth mindset?
Action plan: Any next steps to take home?	
What changes can you implement at your own institutions to promote more effective and enjoyable remediations with residents?	

Steps in Remediation – Baystate Residencies

Individualize Learning Plan- ILP: (Required by the ACGME – the program must create and document an individualized learning plan at least annually.)

1. This encompasses goals created in the area of the six ACGME competencies, and additional domains as determined by the program, that *every resident* must develop for themselves and review with their program director.
2. These are written by the resident in a SMART goal format and discussed and refined with the resident's program leadership.
3. These are documented in New Innovations and reviewed regularly.

Corrective Academic Plan- CAP: (Required by the program when a resident has been noted to have deficiencies that require a structured approach to improve and get the resident to the level at which their peers are performing)

1. This is a plan designed to address specific deficiencies noted in the resident's performance which are hindering the resident's performance and ability to care for patients or progress through residency.
2. These deficiencies will arise from the resident evaluations or correspondence that the program leadership has had with faculty and staff in the program.
3. This CAP will be developed by the program director and the resident together. The program director will clarify the behaviors which have been noted to be deficient, the resident will propose ways to address these behaviors, and the program leadership will review and revise these with the resident.
4. There will be an expectation that the deficiencies will be corrected by a particular time and a clear definition of what success will look like will be articulated in the plan.
5. The CAP will specify that if the deficiencies are not corrected within the expected timeframe, a formal remediation plan will be instituted.
6. Both the resident and the program director will sign the CAP.
7. The resident and someone from program leadership will meet regularly to review the resident's progress.
8. The CAP will remain in the resident file during the residency. If all deficiencies are corrected, it will be removed from the file at graduation. A CAP does not need to be reported to the Board of Registration in Medicine (BORM.)

Remediation Plan: (A formal plan that is invoked when a resident is at risk for having their training prolonged, not having their contract renewed, or being terminated.)

1. This plan is the result of egregious behavior or is recommended by the Clinical Competency Committee when a resident's deficiencies are not being improved by a CAP or when the deficiencies are so severe that they warrant this immediate level of concern.
2. These deficiencies will arise from the resident evaluations or correspondence that the program leadership has had with faculty and staff in the program.
3. The need for a remediation plan will be recommended by the Clinical Competency Committee.
4. The plan will be developed by the program director and the resident with input from Human Resources and other experts in education in the institution.
5. There will be clearly stated deficient behaviors in the ACGME Competency Domains, with clear examples listed, and precisely stated goals of what the desired behavior needs to be by a set time.
6. The resident will be involved in developing a plan to get to the desired goals.

7. The Remediation Plan will state clearly what the consequences are if the deficiencies are not corrected.
8. The resident will meet with someone from program leadership regularly to review the resident progress and the Clinical Competency Committee will be apprised of the resident's progress. The remediation plan will be considered a "living document" with progress reports added to the plan after each meeting with the resident.

The Remediation Plan will become a permanent part of the resident file –available after graduation or termination. A formal remediation plan may require reporting to the Board of Registration in Medicine

This Remediation Plan is being developed to help _____ correct deficiencies noted in his performance as a ____ year resident in the Baystate Pediatric Residency Program. Important things to know about the Remediation Plan are:

9. This plan is the result of egregious behavior or is recommended by the Clinical Competency Committee when a resident's deficiencies are not being improved by a CAP or when the deficiencies are so severe that they warrant this immediate level of concern.
10. These deficiencies will arise from the resident evaluations or correspondence that the program leadership has had with faculty and staff in the program.
11. The need for a remediation plan will be recommended by the Clinical Competency Committee.
12. The plan will be developed by the program director and the resident with input from Human Resources and other experts in education in the institution.
13. There will be clearly stated deficient behaviors in the ACGME Competency Domains, with clear examples listed, and precisely stated goals of what the desired behavior needs to be by a set time.
14. The resident will be involved in developing a plan to get to the desired goals.
15. The Remediation Plan will state clearly what the consequences are if the deficiencies are not corrected.
16. The resident will meet with someone from program leadership regularly to review the resident progress and the Clinical Competency Committee will be apprised of the resident's progress. The remediation plan will be considered a "living document" with progress reports added to the plan after each meeting with the resident.
17. The Remediation Plan will become a permanent part of the resident file –available after graduation or termination. A formal remediation plan may require reporting to the Board of Registration in Medicine (BORM).

The deficiencies noted in _____'s performance are:

- A. A
- B. B
- C. C

In discussing these problems with _____, he noted that:

- A. A
- B. B
- C. C

The Remediation Plan for _____

Area of Concern	Deficiency to be Corrected	Actions to Correct Deficiency	Successful Behavior
Patient Care			
Medical Knowledge			
Interpersonal and Communication Skills			
Professionalism			

Practice-Based Learning and Improvement			
Systems-Based Practice			

This action plan will be implemented as of _____ and will remain in place until _____. During this time period, Dr. Hoar and _____ will meet on a weekly basis to discuss progress and modify the Remediation Plan as needed. Drs. _____, Hoar, and Koenigs will meet to assess progress by _____ and as needed for the duration of the Remediation Plan. On _____, Drs. _____, Hoar, and Koenigs will meet to determine if Dr. _____ has satisfactorily completed the Remediation Plan. If the Remediation Plan is determined not to have been satisfactorily completed at that point, Dr. _____ will be terminated or not offered a contract for the next academic year.

Resident, PGY

Date

Laura Koenigs, MD Program Director

Date

Harry Hoar, MD Associate Program Director

Date

This Corrective Academic Plan (CAP) is being developed to help _____ correct deficiencies noted in his performance as a first year resident in the Baystate Pediatric Residency Program. Important things to know about the CAP are:

1. The CAP is a plan designed to address specific deficiencies noted in the resident's performance which are hindering the resident's performance and ability to care for patients or progress through residency.
2. The deficient behavior(s) necessitating a CAP are taken from resident evaluations or brought to program leadership from faculty and/or staff.
3. This CAP will be developed by the program director, and/or the associate program director, and the resident together. The program director will clarify the behaviors which have been noted to be deficient, the resident will propose ways to address these behaviors, and the program leadership will review and revise these with the resident.
4. A definition of successful correction along with a specific timeframe for completion will be clearly stated.
5. The CAP will specify that if the deficiencies are not corrected within the expected timeframe, a Formal Remediation Plan will be instituted.
6. The resident and the program director and/or the associate program director will sign the CAP.
7. The resident and a designated member from program leadership will meet at specified intervals to review the resident's progress.
8. The CAP will remain in the resident file during the residency. If all deficiencies are corrected, it will be removed from the file at graduation. A CAP does not need to be reported to the Board of Registration in Medicine (BORM.)

The deficiencies noted in _____'s performance are:

1. *A lack of organization* in his presentations of patients and his written notes. This lack of organization has caused delays in patient care (delayed discharges on the inpatient wards for example) important labs not noticed or acted upon, information lacking from his notes, and being confused about which patients go with which story. His notes are often incomplete as important information is missing.
2. This lack of organization has made it *difficult for him to formulate an accurate and thorough differential diagnosis* for patients.
3. *Difficulty staying awake* in lectures.

In discussing these problems with _____, he noted that:

1. He has difficulty organizing his thinking about a patient or problem and the details that go with it unless he has an overarching picture of what is happening with the patient or problem.
2. He does not have a good scaffold for approaching patients and needs a more efficient way to keep track of all of the information he needs to have for a patient
3. He needs a system to ensure that all of the tasks necessary for each patient are completed.
4. He feels that verbal feedback and evaluations from different evaluators and/or different rotations is variable and does not give him a clear picture of his deficiencies. For example, in the outpatient setting he has been told to shorten his differential and in the outpatient setting he has been told to expand his differentials.
5. He has had difficulty with sleep for a while which makes him very sleepy the next day when he has to get up early.

Area of Concern	Deficiency to be Corrected	Actions to Correct Deficiency	Successful Behavior
Patient Care	Incomplete compilation of patient history/complaints/physical findings	_____ will do brief pre-reading whenever possible before seeing a patient to help clarify the important differential diagnostic considerations and the important history and exam findings that help differentiate between diagnoses on the differential.	Evaluations from attendings and supervising residents will reflect that the history & physical examinations are complete for each patient seen.
Patient Care	Disorganized and incomplete presentations and notes	<ul style="list-style-type: none"> - _____ will develop a brief feedback form for his presentations that he will ask attendings to complete after he presents a case to them. - _____ will develop a brief note feedback form that he will ask attendings to complete after he submits a note to them - _____ will send Dr. Hoar a list of the patients that he admits during the current block so that Dr. Hoar may review them and provide feedback 	Evaluations from attendings and supervising residents will reflect that the presentations and notes on each patient seen are well organized and complete.
Patient Care	Inadequate differentials- varies by rotation and evaluator	Dr. Hoar and _____ will review his evaluations in detail to determine if there is a discrepancy between different sites of care. Based on this, we will clarify the expectations for differentials so that _____ will have a clearer understanding of expectations. Once clarified, we will develop a systematic method for _____ to follow when generating a differential.	Evaluations from attendings and supervising residents will reflect that his differentials are appropriate, relevant, and adequately prioritized
Patient Care	Disorganized task lists	_____ will design and use a categorized and prioritized list of tasks for each patient	Evaluations from attendings, staff, and supervising residents will not mention any missed tasks or delays

			in treatment for patients because of disorganization.
Professionalism	Ability to stay alert & engaged throughout the whole day at work.	No specific action items	The chief resident and program leadership will not see _____ unduly sleeping in conferences nor will he be late for early morning conferences.

This action plan will be implemented as of November 30, 2016 and will remain in place until the end of block 7- February 5, 2017. During this time period, Dr. Hoar and Dr. _____ will meet on a weekly basis to discuss progress and modify the CAP as needed. Drs. _____, Hoar, and Koenigs will meet to assess progress by December 16, 2016 and as needed for the duration of the CAP. At the conclusion of block 7 (once evaluations have been submitted), Drs. _____, Hoar, and Koenigs will meet to determine if _____ has satisfactorily completed the Corrective Academic Plan. If the CAP is determined not to have been satisfactorily completed at that point, a formal Remediation Plan will be implemented.

Resident PGY1

Date

Laura Koenigs, MD Program Director

Date

Harry Hoar, MD Associate Program Director

Date

Template for an initial meeting with a resident about remediation

Vision of Success:

Imagine it is the night of your graduation from residency. You have accomplished everything you wanted to accomplish during residency, you are poised and ready for the next step in your career. What does that look like? How will you know your residency has been a success? For residents who have trouble coming up with this vision: Who do you most admire? Who inspires you? What do they do that is so impressive?

Career goals: *Ask about their career plans: fellowship, type of practice, location, setting, full-time or part-time. Imagine yourself as a [PCP, cardiologist, etc.], a patient that you have just seen is telling a family member about you. What kinds of things do you hope they will be saying about you as their doctor?*

Personal background: *Tell me about your life to this point. Where did you grow up? What do you like to do? How did you decide to go into medicine? How did you decide you wanted to be a pediatrician?*

Academic background: *Tell me about your education to this point, what was college like for you, what was medical school like?*

Learning style: *In order to have made it all the way to residency, you must have done well in college and medical school. How have you done that? How did you study? What can you tell me about how you learn best, your "learning style."*

Self-identified strengths: *What are your strengths, what are you good at? (This is an opportune time to tell the resident what strengths have been identified by the program during their residency thus far as well)*

Strengths-based coaching inquiry: *Thinking back to your vision of the perfect conclusion of your residency, how can you use your strengths to reach that perfect ending? Be as specific as possible.*

Self-identified weaknesses: *What are you working on, in what ways are you looking to improve? (This is NOT the time to discuss the programs concerns yet).*

Strengths-based coaching inquiry: *How can you best use your strengths to help you improve in those areas that you are working on? Be as specific as possible.*

Wellness: *How are you doing? What parts of your daily work bring you joy? What are the sources of stress in your life? What are your coping mechanisms, how do you relax? Who are the people in your life that you can talk to about your problems? Have you been able to continue to do things that you enjoy? Have you been able to find the time to exercise? Are you getting enough sleep, do you feel rested? Do you drink alcohol, how often? Do you use recreational drugs? Have you ever had a problem with alcohol or drugs?*

Elicit resident's understanding of the program's concerns: *What is your understanding of why we are meeting today?*

Program/CCC concerns: *We are meeting today because there have been some concerns raised about your performance, I'd like to talk with you about those now. The concerns that have been raised are: 1,2,3...*

Resident response to program's concerns: *I'd like to hear your perspective on these concerns, clear up any misunderstandings, and answer any questions you may have about them. Tell me your thoughts about [concern #1] etc.*

Resident's Plan for addressing these concerns: *I'd like you to take some time to think about this and come up with a plan for improvement- You know yourself and how you learn better than anyone, so I'm really interested in hearing about how you think you can best use your strengths to address these areas of concern. Next time we meet, we'll talk about it. I'd like your plan to be in WOOP format: **Wish**- What is your wish/goal for each area of concern? **Outcome**- How will you reach the desired outcome (what's the plan)? **Obstacle**- What might get in the way of achieving this outcome? **Plan**- What's your plan for overcoming this obstacle?*

SUMMARY REPORT: During the meeting, the coach should be taking notes so that they can document responses to the above questions. Then, as soon after the meeting as feasible, the coach should record his/her thoughts (much like an assessment and plan in a clinical note).

Potential contributing factors to underperformance: *What factors seem to be contributing to the resident's difficulties (think of this as a "problem list"):*

- Wellness/psychosocial factors (including the possibility of psychiatric illness, alcohol and/or drug abuse)
- Cultural/background/and personality factors
- Cognitive factors
- Communication factors
- Professionalism factors
- Organizational/time management issues

Impression: *What is your overall assessment of this learner's difficulties and the factors contributing to them?*

Recommendations: *What approaches may help this resident improve their performance? (think of this as a "treatment plan")* Be cognizant of addressing only 1 or 2 issues at a time, starting with those issues that are most likely impacting their overall performance and need to be addressed first. Generally, problems should be addressed in the following order as appropriate:

- 1) Wellness issues (including stress management, sleep, alcohol and substance abuse)
- 2) Professionalism issues
- 3) Medical knowledge issues (in many cases, apparent problems with communication, organization, time management, and even professionalism may be rooted in medical knowledge deficits and will improve when the medical knowledge improves).
- 4) Other issues

Template for follow-up meetings

Setting the stage for the meeting: *Tell me a story about something that's happened since we last met that you are particularly proud of. How does this story highlight one (or more) of your strengths?*

Check-in on the remediation plan:

Resident's perspective: *Let's review your remediation plan- how have you been doing with it? What's working, what's not working, what do we need to modify in the plan?*

Program's perspective: *Here's the feedback we've received since our last meeting.* Be sure to highlight and recognize any successes before addressing comments of concern.

Vision for the next week/month/rotation: *What do you have coming up for your next rotation? Imagine that your next rotation has gone perfectly. What does that look like, how will you know the rotation was a success?*

Strengths-based coaching inquiry: *How can you best use your strengths to achieve that vision of success? Be as specific as possible.*

Addressing obstacles: *What obstacles might come up that might prevent you from being as successful as you want to be?*

Strengths-based coaching inquiry: *How can you best use your strengths to help you overcome those obstacles?*

Big picture view: *Let's look at your remediation plan again in light of your upcoming rotation. Do we need to temporarily modify the expectations to account for the demands of your next rotation?* For example, less study questions per week during a call month, more questions per week during an easy elective, does the resident have a vacation or other life event coming up, etc.

Follow-up: Set a date and time for the next meeting.

Make sure you document everything!

Role Play - Resident Coaching using Mindset Approach

Case of Sal:

Sal is a PL-2 who has just finished his first month as ward senior. He was a strong intern –motivated, detail-oriented and efficient. You were therefore surprised that his evaluations from this first rotation as a senior outlined several areas of concern. Per the hospitalist attendings, he seemed unable to prioritize issues for the floor. He missed details, such as following up on lab results and consultants' recommendations, which impacted patient care. At the same time he seemed overconfident, and didn't ask for help or feedback appropriately. His interns perceived him as stressed and overbearing, though they appreciated his confidence. Milestones were at the same level or lower than they had been for his intern year.

Sal is upset by his evaluations and comes to speak with you.

You: Sal, what is on your mind?

Sally: Well, I am upset by these evaluations from the wards. I was frankly shocked by them – I never expected to do so badly. I feel like I failed. In fact, I am worried that this is going to impact my future – I was planning to go into hospitalist medicine, and now I feel like it's not even an option. I've never done this badly before in my life – I've always been at the top of my game.

- *Fixed mindset – experiences this as failure. Misalignment with perceptions of others and her self-perception. Focusing on the "grade." Expects perfection.*

You: I can imagine that if you were not expecting evals like this you might be surprised. But perhaps we can try to figure out together what happened during the month. What was your perception of how the month went?

- *Get Sal's point of view, rather than just explaining things to her.*

Sal: Well, it was a very busy month, but I like being busy. I think I did a good job of staying on top of the interns – I remember back to when I was an intern and it was so easy to lose track of details.

You: The hospitalist eval mentions that you missed certain details throughout the day – what do you think about that?

- *Need to foster self-reflection*

Sal: Well, it is hard as a senior, to manage a whole floor. I remember having an easy time as an intern with 5 – 6 patients. 15 – 20 is harder.

- *Starts to identify an issue –he is still trying to be an intern – doesn't recognize the difference between intern and senior*

You: It sounds like you were trying to be super intern. How do you think your role as a senior should be different than your role was as an intern?

Sal: Well I really don't know, actually. I hadn't thought about that.

- *This is good! Identifies an area of need.*

You: Can you think of seniors you worked with when you were an intern who you thought were particularly effective? What did they do?

Sal: I guess they were able to prioritize better than I did. I feel like I got lost in all the details. I was missing the forest for the trees.

You: I think you've identified an important issue! That's the first step in making positive change. How do you think you could do it differently next time you are floor senior?

- *Guides him to make a plan to address the deficiencies*

Sal: Maybe I could write down only the most important things and leave some of the details to the interns. They are pretty good, after all – and they probably didn't need me double checking every little detail. Then I'd have more time to focus on the medical management and the big picture.

You: I think that's an excellent plan. Sal, I am curious why you told me initially that you felt like you had failed? It seems that this feedback actually gave you a lot to think about and a lot of good ideas for the future.

- *Identifies the growth vs fixed mindset state*

Sal: Well, I think I've always been a perfectionist, and I've always been good at everything I do. I guess this was the first time I felt like I was bad at something.

- *Identifies his fixed mindset tendency*

You: Do you still feel like you're bad at it?

Sal: Well, I wish I had done better, but I can see where the comments were coming from and I don't feel like such a failure now. I wish I could go back and redo it right away!

- *This is a growth mindset! Wanting to try again!*

You: Well, you will have plenty more time on the floor – don't worry! One last suggestion I would make – don't be afraid to ask for help as you go, to ask for feedback or suggestions. No one will see you as a failure for wanting to learn as you go.

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Guerrasio et al. *Association of Characteristics, Deficits, and Outcomes of Residents Placed on Probation at One Institution, 2002-2012*. **Academic Medicine** 2016.

- For those interested in the epidemiology of learners requiring remediation and their outcomes

Guerrasio, Garrity, Aagard. *Learner Deficits and Academic Outcomes of Medical Students, Residents, Fellows, and Attending Physicians Referred to a Remediation Program, 2006-2012*. **Academic Medicine** 2014

- For those interested in a model of an institution-wide formalized remediation program and some advice on developing remediation plans

Kalet et al. *Twelve Tips For Developing and Maintaining a Remediation Program in Medical Education*. **Medical Teacher** 2016;30(8) 782-792.

- The tips are provided within 3 domains: 1) developing a vision and structure for a remediation program, 2) the role of faculty and faculty development in remediation, 3) accountability of learners and programs in the outcomes of remediation.

Palamara et al. *Promoting Success: A Professional Development Coaching Program for Interns in Medicine*. **JGME**, December 2015 (630-637)

- For those interested in the universal application of a strengths-based coaching approach in residency

Rumack et al. *Academic Remediation: Why Early Identification and Intervention Matters*. **Academic Radiology** 2017;24:730-733

- Provides suggestions for identifying learners who are likely to struggle early on and tips for creating remediation plans

Bierer, Dannefer, Tetzlaff. *Time to Loosen the Apron Strings: Cohort-based Evaluation of a Learner-driven Remediation Model at One Medical School*. **JGIM** 30(9) 2015

- For this interested in the effectiveness of remediation plans that learners have developed for themselves (warning: the learners in this study are all medical students)

Kalet, Chou eds. **Remediation in Medical Education: A Mid-course Correction**. Springer Science and Business Media New York 2014. Chapter 16: "A Five Step Model of Appreciative Coaching: A Positive Process for Remediation."

- A detailed description of a coaching approach for remediation

Carol Dweck's Mindset Online Self-assessment: <https://mindsetonline.com/testyourmindset/step1.php>

Carol Dweck TED talk: https://www.ted.com/talks/carol_dweck_the_power_of_believing_that_you_can_improve

Dr. Stephen Chew, Cognitive Psychologist, Samford University - video series helpful for residents in studying (series of 6 videos) <https://www.samford.edu/departments/academic-success-center/how-to-study>