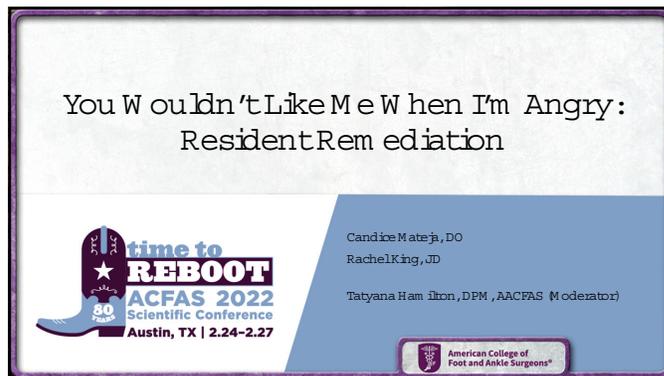




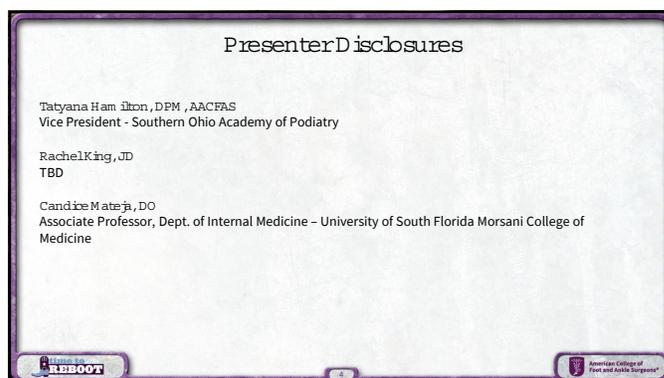
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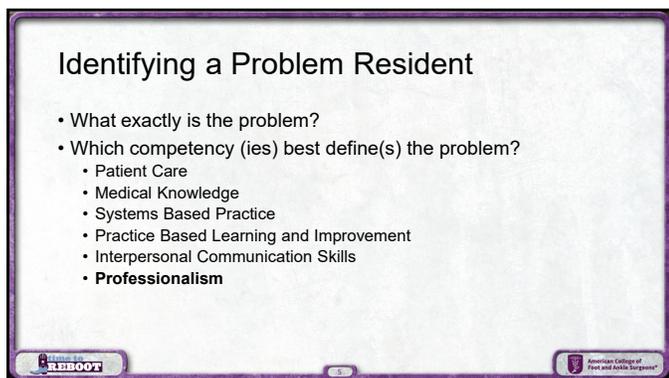
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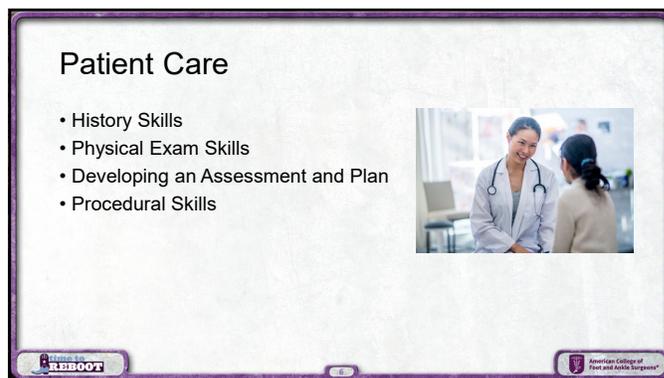
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### How to Remediate in Patient Care

- Direct Observation
- Clinical Reasoning Modules
- Simulation



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### Medical Knowledge

- Is it their knowledge base that is lacking?
- Is it the application of the knowledge?



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### How to remediate Medical Knowledge

- Knowledge Base
  - Exams
  - Assigned Reading
- Application of Knowledge
  - Clinical reasoning modules
  - Direct Observation



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### Systems Based Practice

- Ability to use EMR
- Navigate safe discharges
- Understand roles of interdisciplinary teams
- Understand Patient Safety and QI



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### How to remediate Systems Based Practice

- Modules
- Simulation with EMR (ie EPIC sandbox)
- Direct observation



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### Practice Based Learning and Improvement

- How well do they receive feedback
  - Open minded?
  - Resistant?
- Are they self-reflective?
- Do they learn at the point of care?
- Do they understand Evidence Based Medicine?



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### How to remediate Practice Based Learning and Improvement

- Self Reflection Tools/Exercises
- Self Reflection Essays
- "Thanks for the Feedback" by Douglas Stone and Sheila Heen
- Journal Club



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### Interpersonal Communication Skills

- Communication with patients
- Communication with colleagues
- Communication with interpersonal disciplinary team
- Documentation in medical chart



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### How to remediate Interpersonal Communication Skills

- Direct observation
- Simulation
- Role playing exercises
- Reflection assignments
- Assign a coach
- "Crucial Conversations"
  - By Patterson, et al



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### Professionalism

- Completion of administrative tasks
- Interactions with patients, teammates, interdisciplinary team
- Management of ethical situations
- Honesty in documentation and interactions



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### How to remediate Professionalism

- Is it possible???



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### Remediating Professionalism

- Develop a culture of "Professionalism"
- Set explicit expectations
- Monitor for patterns of behavior



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### Remember well being

- Are the issues at hand related to outside forces?
- Consider resources available at your institution
  - ie Residency Assistance Program vs Employee Assistance
- Learning disability?
- Always advocate for the resident first



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### Examples of past remediations

- The difficult personality resident
- The overwhelmed resident
- The dishonest resident
- The unhappy resident



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### Administrative side of remediation

- Remember "Due Process"
- Individualized learning plan
- Written warning
- Probation
- Termination
- Resignation



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### Things to Consider

- Clinical Competency Committee
- Keep documentation of all discussions
- When considering high level of recourse, have lawyers/GME experts review first



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### When a resident leaves the program

- Honesty is the best policy
  - But details do NOT need to be disclosed
- Milestones will be your best friend!



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### Ready, but not really.....

- What if there are skills still lacking?
  - Consider extending residency training
  - Restructuring last 6 months
  - Milestones may help

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## Difficult case?

- Use your resources
- Use your community
- Remember to keep things confidential for the learner
- Feel free to reach out to me to chat!

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## Legal Considerations

Two sets of "rules" apply to remediation and discipline:

- ACGME requirements for due process (Inst. Req. IV.D.1.b) and non-discrimination (Inst. Req. IV.I.5)
  - In general, due process requires notice and an opportunity to respond
  - Institutional policy may provide additional requirements or guidelines
- Federal and state employment law prohibits discrimination on the basis of "protected characteristics," such as race, gender, sexual orientation, religion, age, national origin, disability, etc.

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## ADA

- Prohibits discrimination on basis of disability or perceived disability.
- Non-medical diagnoses may lead to "perceived" disability
- Residents sometimes raise disability for the first time during remediation.
- Residents must be provided "reasonable accommodations" to allow them to participate in their programs.
- However, accommodations are not required retroactively, but may need to be put in place during remediation

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## Resident not ready for practice but meets graduation requirements



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## Tips

- Document all instances of misconduct
- Don't avoid providing negative feedback or addressing misconduct
- Use objective criteria to ensure consistency
- Avoid non-medical mental health diagnoses
- Follow your institution's policies and processes, including 6-month evaluations and any appeals
- Reach out to HR, legal, other resources

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