Building A Remediation Program

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Building A Remediation Program

• Remediation programs are most effective when they are
  • Centralized
  • Routinely evaluated
  • Clearly defined philosophy, goals and objectives
  • Integrate book learning with practical application
  • Institution wide commitment to remedial learning
Building A Remediation Program

• A remediation program must have the following minimum components
  • A system of identification
  • A remediation team
  • Faculty development
  • Measurable outcomes
  • Financial resources/institutional backing
  • Established policies and procedures
# A System Of Identification

## Table 11.1 Sample Threshold Measures for Determining Need for Remediation

<table>
<thead>
<tr>
<th>Competency</th>
<th>Threshold for Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Knowledge</td>
<td>Multiple choice question test scores &lt;75% or below 2 standard deviations of the mean</td>
</tr>
<tr>
<td>2. Clinical Skills</td>
<td>Clinical exam or simulation scores &lt;75% or below 2 standard deviations of the mean</td>
</tr>
<tr>
<td></td>
<td>An evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>Comments indicating poor skills</td>
</tr>
<tr>
<td></td>
<td>Procedural errors</td>
</tr>
<tr>
<td></td>
<td>Sparse procedure logs</td>
</tr>
<tr>
<td>3. Clinical Reasoning and Judgment</td>
<td>Clinical exam scores &lt;75% or below 2 standard deviations of the mean</td>
</tr>
<tr>
<td></td>
<td>An evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>Comments indicating poor clinical reasoning and judgment</td>
</tr>
<tr>
<td>4. Time Management and Organization</td>
<td>Validating work hours or failing to submit work on time</td>
</tr>
<tr>
<td></td>
<td>Any evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>Comments indicating poor time management and/or organization</td>
</tr>
<tr>
<td>5. Interpersonal Skills</td>
<td>2 or more negative comments with clinical exam scores &lt;75% or below 2 standard deviations of the mean</td>
</tr>
<tr>
<td></td>
<td>An evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>Comments indicating poor skills</td>
</tr>
<tr>
<td>6. Communication</td>
<td>Clinical exam scores &lt;75% or below 2 standard deviations of the mean</td>
</tr>
<tr>
<td></td>
<td>An evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>Comments indicating poor communication</td>
</tr>
</tbody>
</table>

## Table 11.1 Sample Threshold Measures for Determining Need for Remediation (continued)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Threshold for Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Professional</td>
<td>&gt;2 unexcused absences OR &gt;3 absences within 3 months OR &gt;3 absences of &gt;3 hours late</td>
</tr>
<tr>
<td></td>
<td>OR Missing &gt;10 minutes late &gt;2 times OR &gt;3 absences OR &gt;3 absences of &gt;3 hours late</td>
</tr>
<tr>
<td></td>
<td>OR Inability to work or participate in class OR &gt;3 reports of unprofessional behavior in any one course OR Incomplete assignment/assignments OR Reports &gt;3 more than one course OR An aggregate of unprofessional behavior or neglect, such as, failure to seek medical advice, failure to sign in, or poor attendance</td>
</tr>
<tr>
<td>8. Practice-Based Learning and Improvement</td>
<td>An evaluation with a rating below 2 OR Multiple comments indicating lack of independent learning</td>
</tr>
<tr>
<td></td>
<td>OR Multiple comments indicating lack of independent learning OR An evaluation with a rating below 2</td>
</tr>
<tr>
<td></td>
<td>OR Comments indicating poor communication</td>
</tr>
<tr>
<td>9. System-Based Practice</td>
<td>An evaluation with a rating below 2 OR Comments indicating poor communication</td>
</tr>
<tr>
<td>10. Mental Well-being</td>
<td>Inappropriate Performance OR Not demonstrating improvement OR Poor judgement OR Mental health impacting work performance</td>
</tr>
</tbody>
</table>
A Remediation Team

Protocol for Accessing Remediation Services

- Meets Outlined Threshold
- Self-Referral
- Course Failure or Notification by Course Director

Program Director

- Non-clinical Remediation Specialist
- Clinical Remediation Specialist
- Resident Review Committee

Customized Rotation, Individual Tutor, Simulation Lab, Standardized Patient Lab

FIGURE 11.1 Sample Algorithm for Accessing Remediation Services
A Remediation Team

• A remediation letter or letter of the committee’s decisions should outline
  • Change in academic status
  • Specific problematic performances with dates
  • ACGME competency related to the deficiency/problematic performance
  • Goals of remediation
  • Remediation plan
  • If a mental health evaluation/substance abuse testing is required
  • Measurable outcomes for success
  • A time frame to demonstrate improvement
  • Any restrictions
  • The potential outcomes
    • Return to good standing
    • Continued warning or advanced to probation
    • Delays in training, suspension or termination if the learner fails to meet the conditions of the letter, or is an imminent risk to patients, self, or others
A Remediation Team

• Notice that most decisions are made by group consensus
  • Especially if
    • Learner’s status is changed from good academic standing to warning or probation
    • Learner’s schedule is changed
    • Decision will be reflected in learner’s transcript and/or permanent record
  • Protect organizations legally and individuals personally
  • No individual can be targeted as obstructing the learner’s career
Faculty Development

- PD responsibility to provide ongoing education for faculty
- 2 separate audiences for faculty education
  - All faculty need to be notified of
    - The remediation program
    - Its mission and philosophy
    - How to access the program
  - Faculty who are core remediation specialists
    - Educated as all faculty
    - Will need training on the diagnosis of learner deficits and the development of remediation plans
    - Provide support for each other in discussing complicating or challenging cases
      - Learn from each other’s experiences
Measurable Outcomes

- Can be based on learner outcomes
  - Test scores
  - Course grades
  - Graduation rates
  - Successful entry into the next level of training or career
- Can be based on feedback, which should be requested from
  - Learners
  - Teachers
  - Leadership
- Consider a morbidity & mortality (M&M) assessment model for each struggling learner
Measurable Outcomes

• Need to determine how success of your program will be measured
• Success should be based on putting the needs of the learner and patients as your priority
• Success should include documentation about the learner(s)
  • Treated equally and fairly
  • Provided ample opportunities to demonstrate improvement
Financial Resources/Institutional Backing

• Possible costs
  • The remediation program director (FTE 20-50%)
  • Core group of remediation specialists (FTE < 5%)
  • Administrative assistance
  • Additional FTE support for institutional leaders
  • Standardized patients, simulation, and lab fees
  • Video recordings
  • Written examinations/question banks
  • Web-based tools
  • Clinical skills examinations
  • Practice procedural equipment
  • Psychiatric services
  • Additional rotations beyond standard training
  • Research assistance
Financial Resources/Institutional Backing

- Support for faculty development initiatives
- Faculty time to dedicate to cause
## Policies & Procedures

### TABLE 11.2 Considerations for Creating Policies and Procedures

- Review institution’s academic mission and philosophy
- Roles of remediation team members
- Resources to be utilized
- Competency-specific expectations/technical standards
- Identification, remediation, and reassessment methods
- Consequences of successful and failed remediation
- Address confidentiality vs. transparency
- Communication outside of remediation team
- Connection to promotions committee
References

• Guerrasio, J. Remediation of the Struggling Medical Learner, 2nd ed. Irwin, PA: Association for Hospital Medicine. 2018.