

# Building A Remediation Program

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**Brian P Edwards, MD**

*Program Director of Internal Medicine/Psychiatry*

*Associate Program Director/ Assistant Professor of Internal Medicine*

Texas Tech University Health Sciences Center El Paso

# Building A Remediation Program

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- 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

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- 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

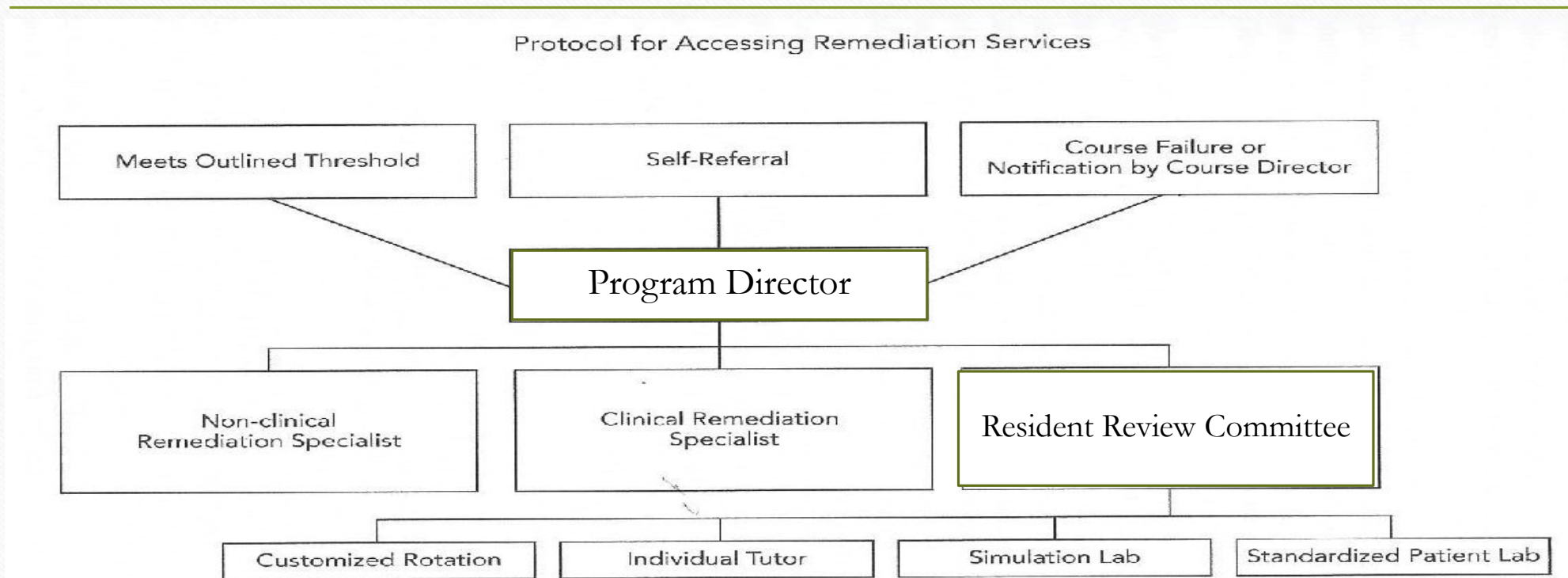
**TABLE 11.1 Sample Threshold Measures for Determining Need for Remediation**

Competency	Threshold for Identification
1. Medical Knowledge	Multiple choice question test score <75% or below 2 standard deviations of the mean
2. Clinical Skills	Clinical exam or simulation scores <70% or below 2 standard deviations of the mean OR An evaluation with a rating below 2 OR Comment indicating poor skills OR Procedural error OR Sparse procedure logs
3. Clinical Reasoning and Judgment	Clinical exam scores <70% or below 2 standard deviations of the mean OR An evaluation with a rating below 2 OR Comment indicating poor clinical reasoning and judgment OR Clinical incident
4. Time Management and Organization	Violating work hours OR Not completing work on time OR An evaluation with a rating below 2 OR Comment indicating poor time management and/or organization
5. Interpersonal Skills	2 or more reported conflicts OR An evaluation with a rating below 2 OR Comment indicating poor skills
6. Communication	Clinical exam scores <70% or below 2 standard deviations of the mean OR An evaluation with a rating below 2 OR Comment indicating poor communication

**TABLE 11.1 Sample Threshold Measures for Determining Need for Remediation (continued)**

Competency	Threshold for Identification
7. Professionalism	>2 unexcused absences OR Arriving >10 minutes late >2 times OR Leaving early >3 times OR >2 reports of unprofessional behavior in any one course OR Incomplete assignment/requirements OR Reports in more than one course OR An egregious act of unprofessional behavior or illegal action, i.e. assault, falsification of records, sexual harassment
8. Practice-Based Learning and Improvement	Patient safety concern, not seeking help when needed OR An evaluation with a rating below 2 OR Multiple comments indicating resistance to feedback OR Multiple comments indicating lack of independent learning
9. Systems-Based Practice	An evaluation with a rating below 2 OR Comment indicating poor communication
10. Mental Well-being	Inconsistent Performance OR Not demonstrating improvement/not teachable OR Mental health impairing work performance

# A Remediation Team



**FIGURE 11.1** Sample Algorithm for Accessing Remediation Services

# A Remediation Team

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- Guerrasio, J. Remediation of the Struggling Medical Learner, 2<sup>nd</sup> ed. Irwin, PA: Association for Hospital Medicine. 2018.
- Kalet, A., Guerrasio, J., and Chou, C. “Twelve tips for developing and maintaining a remediation program in medical education.” *Medical Teacher* (2016): Vol. 8, No. 38: 787-792.