GME Resident Remediation Toolkit

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Introduction
The ACGME requires that a Sponsoring Institution, in partnership with program directors, provide a culture of professionalism that supports patient safety and personal accountability. If a trainee is struggling with either clinical or professional behaviors it is the program director’s (PD) responsibility to provide remediation.

The Graduate Medical Education Committee (GMEC) recognizes that not all program directors have experience and education in personnel management and remediation. This toolkit has been developed to provide support for program directors to ensure effective remediation processes for trainees. Program directors can use all or part of this toolkit to assist in the support of a struggling resident.
Event reporting and criteria for remediation

Lapses in trainee performance can occur in any of the six core competencies. These lapses are typically reported to the GME office through the Event Reporting systems at the affiliate hospitals and clinics. These events are reviewed by the GME office and distributed to the Patient Safety/Quality Improvement subcommittee or the Professionalism subcommittee, as appropriate.

Many events that are reported are minor in nature and can be resolved through individual discussion by the PD with the trainee. Occasionally these events are significant enough that the GMEC asks for documentation of resolution of the issue. This is completed through a Qualtrics survey link and is a simple description of any intervention or discussion with the trainee. Program directors can be very effective in providing feedback to trainees and helping with personal growth and practical development. This program level remediation is not communicated to outside bodies.

Occasionally there are trainees that have repeated lapses in clinical or professional behaviors. A cumulative list of reported events is maintained by the GME office during each trainee’s tenure. When a trainee meets a threshold number or severity of events, a review by the appropriate subcommittee will occur. If the subcommittee has concerns regarding the trainee’s behaviors the program director will be asked to develop and implement an Individualized Remediation Plan.

A formalized remediation plan provides both the trainee and program specific and transparent expectations for trainee improvement and a timeline for completion.

Remediation can evolve into Probation, if necessary. Due process must be followed for such a step, and probation requires a discussion between the trainee and Designated Institutional Official (DIO). The trainee also has the GME Ombudsperson as a resource during the probation process. Probation is part of the trainee’s permanent record and must be reported to credentialing bodies.
Template for Individualized Remediation Plan

The Individualized Remediation Plan (IRP) is a tool used to support a trainee making specific improvements in their practice or behavior. The American Association of Medical Colleges (AAMC) has suggested some “key points” when developing an IRP:

- It is important to recognize lapses and intervene early
- Consider key domains of causes of unprofessional behaviors (7 D’s):
  - Distraction: family concerns
  - Sleep Deprivation
  - Depression or other affective disorders
  - Drugs/alcohol
  - Disease (acute or chronic medical illness)
  - Learning Disability
  - Personality Disorder

- Components of IRP
  - Set a specific time line for completion (3-6 months)
  - Choose a mentor for the IRP (PD, Associate Program Director (APD) or other)
  - Schedule routine meetings
  - Consider Behavioral Health assessment/support (available at 314-977-1066)
  - Set specific and measurable goals
  - Recommend self-reflection
  - List consequences of not completing IRP clearly

- Document all meetings with the trainee
- Work to make the IRP more supportive and less punitive, as possible
<table>
<thead>
<tr>
<th>Item: Characterization of lapse or performance issue</th>
<th>Description: Use competencies or Entrustable Professional Activities (EPAs) to characterize</th>
<th>Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal(s)</td>
<td>Use specific goals</td>
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<tr>
<td>Requirements: Education</td>
<td>List activities for trainee to study or review, why change is important, what defines success; include self-reflection</td>
<td></td>
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<tr>
<td>Requirements: Behavior/Performance change</td>
<td>Consider using SMART format for goals: Specific, Measurable, Achievable, Realistic, Timely</td>
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<tr>
<td>Requirements: Monitoring</td>
<td>Who will follow up, how frequently, what are the expectations for meetings</td>
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<tr>
<td>Requirements: GME</td>
<td>Policies of the program that impact residents in remediation</td>
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<tr>
<td>Consequences for incomplete success</td>
<td>Delineate clearly and include due process</td>
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<tr>
<td>Consequences for relapse</td>
<td>Delineate clearly and include due process</td>
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</tbody>
</table>

Program Director/Date

Trainee/Date
### INDIVIDUALIZED REMEDIATION PLAN SAMPLE

<table>
<thead>
<tr>
<th>Resident name: Joe Tardy (Internal Medicine)</th>
<th>PGY: 2</th>
<th>Start date: 1/1/2019</th>
<th>End date: 4/1/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item:</strong> Characterization of lapse or performance issue</td>
<td><strong>Description:</strong> Repeatedly arriving late for night float shift</td>
<td><strong>Plan:</strong> Sign out for night float begins at 5:30. Joe has arrived by 5:30 only 3 of the last 7 shifts, sometimes not arriving until 5:50 some nights. This delays sign-out or compromises team communication and is impacting his co-residents. Relevant Milestones include SBP1, PBLI3, PROF1, PROF2 and PROF4.</td>
<td></td>
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</tbody>
</table>

| **Goal(s):** Joe will be on time for sign-out consistently |

| **Requirements: Education** | |
| 1. Discuss tardiness with mentor | 1. Joe will meet with assigned mentor to discuss his tardiness and professional lapses |
| 2. Complete a self-reflection on professionalism issues | 2. Joe will complete a self-reflection on the drivers of why he is late, how his tardiness impacts his team and patient care. |
| 3. Review the importance of safe patient handoff | 3. Joe will complete the GME CEP module on Patient Handoffs in the AMA curriculum. |
| 4. Review the principles of professionalism. | 4. Joe will review the Professionalism Curriculum from the APPD |

| **Requirements: Behavior/Performance change** | |
| 1. Joe will complete his educational requirements by 10 days from today’s date. | 1. Joe will meet with his mentor twice during the next 10 days to discuss progress and review educational activities. |
| 2. Joe will be present for sign out at 5:30 every night of his night float shift for the remainder of this rotation and the next rotation. | 2. Joe will record time in hospital and submit record to mentor for next 2 night-float rotations. |

| **Requirements: Monitoring** | |
| 1. Joe will meet with his mentor twice during the next 10 days to discuss progress and review educational activities. | |
| 2. Joe will record time in hospital and submit record to mentor for next 2 night-float rotations. | |

| **Requirements: GME** | |
| Joe is prohibited from moonlighting while in Remediation. | |

| **Consequences for incomplete success** | |
| 1. Failure to complete this remediation process completely will result in a referral to the Office of Professionalism and placement on Institutional Probation. Probationary status will be reported to the ACGME and the ABIM. | |
| 2. Joe can appeal this plan and process to the GME Ombudsperson or DIO for mediation. | |

| **Consequences for relapse** | |
| Delineate clearly and include due process | 1. Relapse of unprofessional behaviors will result in a referral to the Office of Professionalism and a revision of the remediation plan. |
| 2. Failure to remediate will result in probationary status and will be reported to the ACGME and the American Board of Internal Medicine (ABIM). | 2. Joe can appeal this plan and process to the GME Ombudsperson or DIO for mediation. |
| 3. Joe can appeal this plan and process to the GME Ombudsperson or DIO for mediation. |
Resources for trainee support

**Behavioral Health Referral**
University Health Plan, Behavioral Health Program
Schwitalla Hall, Room M205
314-977-1066
Office Hours: Tuesdays 7 a.m. – 3 p.m. and Wednesdays 11 a.m. – 7 p.m.

**Off-campus locations:**
1129 Macklind Ave., St. Louis, MO 63110
16216 Baxter Rd., Chesterfield, MO 63017

**Effective Communication Course**
4 X 1 hour; 1:1 skill building sessions
Behavioral Medicine Institute, University Health Plan
Schwitalla Hall, Room M205
314-977-1066

**Student Success Coaching**
Assisting with study skills, time management, learning styles, goal-setting, executive functions, etc.
Email Kelly Herbolich at kelly.herbolich@slu.edu.

**Web-based educational resources:**
AMA GME Competency Education Program
https://cme.ama-assn.org/gme-competency
You must obtain a user ID and password from the GME office and enroll your resident to use.

**Learning Coach: Study Skills, Testing Strategies, and Time Management**
Sara Barnett, PhD
Office of Multi-Cultural Affairs-L 103A; 314-977-9149

**Javelin Learning Solutions**
Communications Video Coaching
https://javelinlearningsolutions.com
Contact the GME Office for further information: 314-977-9851

**Office of Professional Oversight:**
Lisa Israel, Director
Can provide 1:1 coaching and assistance to residents
314-577-8933
Saint Louis University Hospital, 6th Floor, T6417
SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
Code of Professional Conduct for Residents and Fellows

(https://sites.google.com/a/slu.edu/graduate-medical-education-policies-and-procedures/code-of-professional-conduct-for-residents-and-fellows)

Due process for trainees
Procedures for Investigating and Taking Action to Remedy Code Violations

The School of Medicine has a responsibility to ensure a professional environment and to provide equity for all parties involved in a breach of professional conduct. Therefore, the School has adopted procedures to respond to infractions of the Professional Conduct Code. Individuals reporting an infraction of the Code can first speak with offenders about the infraction and remind them of their professional conduct. However, if the circumstances do not allow the claimant to approach the offender, or the claimant believes the alleged infraction requires further action, the allegation may be referred to the GME Ombudsman.

The Ombudsman helps faculty, students, and staff resolve University related conflicts. The Ombudsman seeks to ensure that all members of the School of Medicine community receive fair and equitable treatment. The Ombudsman's concern is to bring to the attention of responsible administrators those problems which persist and which should be corrected. The Ombudsman functions independently and is neutral, impartial, and confidential.

Allegations not resolved by the Ombudsman, or of sufficient seriousness, may be referred by the Ombudsman or complainant to the Graduate Medical Education Professional Conduct Council, after consultation with the Associate Dean for Graduate Medical Education.

1. Graduate Medical Education Professional Conduct Council

The Graduate Medical Education Professional Conduct Council (GMEPCC) is empowered to investigate violations of the Code of Professional Conduct and to recommend sanctions or remediation.

The GMEPCC will consist of a departmental chairperson, a program director, four residents (from year two or beyond their residency), two faculty members, and one member of the Dean's staff. The chairperson of the committee will not be a resident member. All members are appointed by the Dean of the School of Medicine. Resident terms begin in Year 2 and terminate at the end of their residency. Faculty, administrative staff, and the chairperson will serve for four years and may be renewed. To convene a GMEPCC proceeding, at least 5 members must be present, including at least 3 non-resident members and at least 2 resident members. In the event that a resident leaves the Council, a vacancy would be filled with a temporary appointee by the Dean. In an emergency event where the designated resident members cannot be gathered at a specific time, the position(s) may be filled by alternates named by the Dean. In the absence of the chairperson, meetings shall be chaired by a vice-chairperson appointed by the Dean among non-resident members. A vacant faculty or administrative position may be filled at the discretion of the Dean of the School of Medicine. In the event a vacancy is only temporary, it is understood that the member appointed to the GMEPCC shall be bound by the same charges of confidentiality as the other members of GMEPCC. If a temporary member has been appointed, this member will remain on the GMEPCC until the review has been completed. In the event that any of the members of the Council are also members of the accused resident's department, that member will temporarily be replaced until resolution of the
proceedings. Confidential minutes will be kept of all deliberations, and are the responsibility of the chairperson or designee.

2. Procedure to Investigate an Infraction by the Graduate Medical Education Professional Conduct Council.

1. Residents, students, faculty, staff, or patients making an allegation should do so to the GME Ombudsman who will make every effort to resolve all issue(s) at an informal level within ten working days. If it is determined that the allegation cannot be resolved at an informal level, the matter shall be formally referred to the Associate Dean for Graduate Medical Education, who may take direct action and contact the chairperson of the Council.

Should a complaint suggest a threat to the safety and welfare of patients or other members of the School of Medicine's community, at the discretion of the Associate Dean for Graduate Medical Education, the accused resident may be placed on an interim suspension from clinical activities until a full investigation is complete. A resident accused of violating local, state, or federal laws may be referred to law enforcement authorities for appropriate action including arrest. The School reserves the right to pursue disciplinary action pursuant to the Code, regardless of where the conduct occurred, and independent of any civil or criminal proceedings.

2. If in ten working days a mutually agreeable solution is not reached between the complainant and the Associate Dean for Graduate Medical Education, the Associate Dean will ask the chairperson of the GMEPCC to proceed with convening a meeting within ten working days.

3. The Associate Dean for Graduate Medical Education will present a confidential written report to the GMEPCC including the following:

   - a description of the complaint with pertinent documentation, if any;
   - channels already pursued to resolve the issue(s);
   - results of previous discussion/action.

4. The GMEPCC will review the information received and interview pertinent individuals, including the accused resident. Should the resident accused of a violation fail to appear, the GMEPCC will make its decision based on the information presented.

Residents may have an advisor present to assist them in proceedings before the GMEPCC. The advisor's participation is limited to consulting with the resident. Since the proceedings before the GMEPCC are not legal proceedings, a resident will not be allowed to have legal counsel serve as an advisor unless criminal charges arising out of the same conduct are currently pending. Under no circumstances, may University Counsel be contacted by residents or their advisors.

5. After all testimony has been received, the GMEPCC will proceed in private for the purpose of deliberation.

6. The GMEPCC will determine whether it is more likely than not that the accused violated the Code. The GMEPCC will make this determination by a majority vote of the members present. The GMEPCC will consider at least the following recommendations:

   - written censure by the GMEPCC maintained in a confidential file in the Program Director's file as well as the Registrar's office in a separate file from the resident/fellow's permanent file;
   - recommendation of required restitution action;
   - placement of a letter concerning the incident in the resident/fellow's permanent file;
   - suspension or dismissal from the School of Medicine's residency program;
• notification of the appropriate licensing and regulatory agencies;

7. If a recommendation for dismissal is not unanimous, a minority report will also be submitted.

8. The recommended course of action will be communicated in writing to the resident/fellow and the Associate Dean for Graduate Medical Education, who will implement the GMEPCC recommendations. If dismissal is recommended for the resident/fellow, the School of Medicine Policy and Procedure for resident dismissal will apply. A resident/fellow who is dismissed from the School of Medicine's residency training program may appeal that decision through the process outlined in the School's Graduate Medical Education Committee Procedure Guide.

9. A resident's failure to comply with the sanctions imposed under the Code may result in further disciplinary action up to and including dismissal.

10. These proceedings both informal and formal shall take place outside of the accused resident's Program and Department. They shall involve the resident's Program Director and/or Department only in so far as necessary for appropriate investigation or as required actions affect clinical duties and/or academic progress in the residency or fellowship.