

Performance Timelines to Improve the Remediation Pathway

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Diligently utilize a timeline document

Introduction

“..the giving of remedial teaching
therapy.”

Oxford Languages

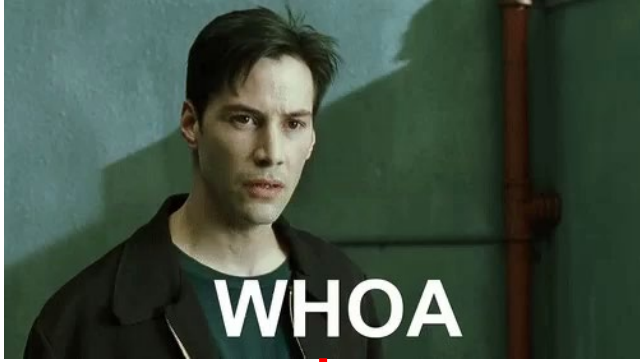


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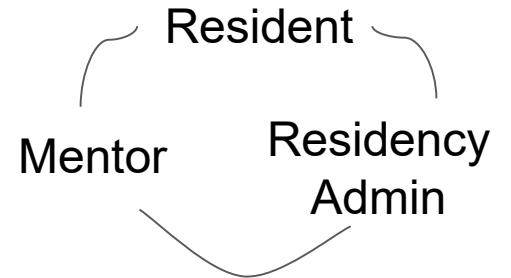


Considerable.com





Usual
Pathway



“Methods”



[Go to files example](#)

“Methods”



“Methods”



Resident X [Residency Timeline](#)

Created 1/2/20

Timeline:

2017	Interviewed with program
2018	Matched to program
7/1/18	Begins residency. Assigned to Mark McIntosh for mentoring.
Sept 2018	CCC meeting. Comments: “Having issues. Needs careful handling and correction. Would like to see mentor sheet. May need to do group intervention.”
Fall, 2018	Meets with McIntosh for first mentoring meeting.
Dec 2018	CCC meeting. Comments: “Keep working, focus. Below peers.”
12/27/2018	Resident X has an interaction with a hospitalist that raised concern from Resident X’s side regarding professionalism of the consultant. Dr. Kunisaki corroborates.
12/31/18	First semester evaluation. Competency evals with Needs Improvement grades in 2 core competencies, below peer average. Referred to meet with Dr. McIntosh for discussion.
Jan 2019	Email concerns – Pereira with EMS requirements (1/12/19), follow up on Topp feedback from concerns about attitude (1/24/19)
Mar 2019	CCC meeting. Comments: “Working hard, need to develop situational awareness, reduce pace.”
Apr 2019	Senior resident feedback concerns – Miller. Email on 4/6/19.
Apr 2019	In-training exam results return, with Resident X at 5 th percentile nationally. Focused academic plan put into place with Med Ed team and Dr. McIntosh.
June 2019	Below-average evaluation from Peds EM rotation received. Dr. Fishe gives directed feedback to Resident X about examples of performance concerns (6/12/19, 6/17/19 emails).
6/30/19	Annual evaluation. Competency evals with Needs Improvement grades in Interpersonal skills and communication. Conference attendance 70%. In-training exam score 5 th %ile.
7/31/2019	CCC meeting feedback specifically raising areas that need improvement. See email.
8/7/2019	Focused academic plan created with Dr. McIntosh, which includes referral to CHAMP center for coaching.
8/15/2019	2 hour meeting – DC, McIntosh and Resident X. Identifies Mannix as faculty who gives good, direct feedback.

“Results”

Past 10 years:

1. 6 residents with extensions of training due to remediation.
2. Each time the (informal) resident timeline was a critical feature of the planning.
3. Resident timeline creation required, on average, approximately 1-2 full days of time to comprehensively include data.

Past year:

1. Use of Cloud-based timeline to facilitate timeline creation.
2. All meetings (Mentoring, CCC, planning, etc) summarized and included.
3. Residency admin and mentors with shared access.

Discussion



Diligent timeline documentation allows for:

- **Accountability**
- **Reminders** to trainee, mentors, and admin of what's been done to date
- **Immediate review** of progress to date
- **Clear documentation** of amount of contact and time investment
- **Concise summary** for dean's office to follow



Diligently utilize a timeline document

References

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1. Katz ED, Dahms R, Sadosty AT, Stahmer SA, Goyal D, CORD-EM Remediation Task Force. **Guiding principles for resident remediation: recommendations of the CORD remediation task force.** *Acad Emerg Med.* 2010;17 Suppl 2:S95-S103.
1. **Remediation** - ACGMEPDGuideResidency.pdf.
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1. Lefebvre C, Williamson K, Moffett P, et al. **Legal Considerations in the Remediation and Dismissal of Graduate Medical Trainees.** *J Grad Med Educ.* 2018;10(3):253-257.