# Remediation GME Program Director Series

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May 1, 2018

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# Remediation Experience

# Recognition

- Early identification
  - Mid/end rotation feedback
  - Timely and accurate completion of MedHub evaluations
  - Process for ongoing evaluation review
  - Core faculty communication
  - Communicating with “outside” rotation attendings
  - Faculty advisor meetings

# Diagnosis

- Which competencies?
- WHY can't they master the competency?
- Resources:
  - Direct observation
  - Education specialists at VTC and VT
  - Neuropsychiatric testing
  - PCP, mental health provider, EAP
  - Resident Progress Committee

# Resident Progress Committee

- Exists to intervene with residents who have or might develop an educational problem, in order to prevent the need for remediation
- Also used to monitor the progress of residents on remediation, and in a "consultant" role with residents in our board prep program

# Resident Progress Committee

- Consists of the APD, Behavioral Psychologist (residency faculty), Program Coordinator, and two other core faculty
- Meets with one resident/session; sessions are 45-60 minutes in length
- Documents all discussions, recommendations for resources, resident input and progress

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# Treatment

- Directed by the underlying "diagnosis"
- Involve the DIO; utilize the GME remediation from
- Must include a plan to assist the learner in improvement
- Create a timeline and stick to it
- Use a surveillance team (PD, APD, faculty advisor, Resident Progress Committee)

# Lessons Learned

- Without timely evaluations and documentation, remediation is difficult to justify
- Develop a system for review of evaluations in between CCC meetings
- Utilization of a Resident Progress Committee assists in early diagnosis, development of resources and ongoing monitoring of progress

# Lessons Learned

- Emphasize determining an underlying "diagnosis"
- Link your remediation to the underlying diagnosis
- Develop a surveillance team to assure regular monitoring of the resident's performance

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