

## Preventing Resident Remediation

David Hile, MD  
Yale-New Haven Hospital  
Jason Bothwell, MD  
Madigan Army Medical Center

*All medical learners struggle at some point along their educational journey. While the type and degree of struggle varies, it is our role as teachers to help all learners reach their maximum potential*

– Guerrasio “Remediation of the Struggling Medical Learner”

- I. Overview:
  - a. Terminology
  - b. Scope of problem
  - c. Barriers to remediation
    - i. Resident & Faculty
  - d. Most common deficiencies
  - e. Importance of early identification
    - i. Greater chances for success
    - ii. Fewer resources
- II. Foundations of prevention
  - a. Recruitment
  - b. Orientation
    - i. Performance expectations & sanctions
      1. Automatic cutoffs (quizzes, evals, ITE, etc)
      2. Code of conduct
    - ii. Learning how to learn as a resident
      1. Winning habits from top seniors
    - iii. EM boot camp
  - c. Division of labor
    - i. APD’s by class
    - ii. Early resident/faculty mentors
  - d. Demystification of remediation / FLP
    - i. If everyone expects something, less defensive when happens
- III. Early identification
  - a. Initial / early assessments
    - i. Medical knowledge-based
    - ii. Milestones-based
      1. Which Milestones?
    - iii. Use of Simulation
  - b. Use of class ranking / bell curve techniques
    - i. Competencies, quiz scores, patients/shift, comm. skills, etc.
- IV. Intervention best practices

- a. Dedicated “Director of Resident Mentoring”
  - b. Self-identification
  - c. The Focused (or Individualized) Learning Plan
    - i. Identification of underlying cause
    - ii. Increased supervision
    - iii. Defined goals & duration
    - iv. Documentation
  - d. Professionalism & communication interventions
  - e. Forming an educational alliance, obtaining buy-in
- V. Summary recommendations
- a. An ounce of prevention...
  - b. Early identification and intervention better for everyone