**Graduate Medical Education – Formal Remediation Plan**

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| Resident Name: |  | PGY Level: |  |
| Residency Program: |  | Start Date: |  | End Date: |  |

| ***Item*** | ***Description*** | ***Plan*** |
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| Characterization of the lapse or performance improvement needs | *Use Competencies to characterize*  | *Be as specific as possible when completing the form including specific examples or scenarios. Make sure your documentation supports the assertions made. Characterize the deficiency into one of the six ACGME competencies.* |
| Goal(s) | *Describe in terms of specific competency(ies)* | *This section should reflect the expected outcome of the remediation plan. Be specific in the types of behaviors, skills or knowledge that will be the goal following the remediation.* |
| Requirements: *Educate* | *If needed, activity(ies) for learner to study about expected behavior change, why it is important, what behaviors define success* | *In this section describe why the expected goals above are important for their professional development either from a clinical, professional, or other perspective.* |
| Requirements: *Behavior/Performance Change* | *SMART objectives*1. *Specific – Objectives should specify what they want to achieve.*
2. *Measurable – You should be able to measure whether you are meeting the objectives or not.*
3. *Achievable - Are the objectives you set, achievable and attainable?*
4. *Realistic – Can you realistically achieve the objectives with the resources you have?*
5. *Time – When do you want to achieve the set objectives?*
 | *As noted, be specific as possible as to what the tasks, assignments, simulations, or other that are expected to be completed during the remediation. This should be as objective as possible and, if subjective, should have a tool to measure that outcome as well (i.e. evaluation form to be completed by responsible faculty member, etc.). Additionally, a timeframe for completion of each task and when the next reassessment will occur should be included.* |
| Requirements: *Monitoring* | *Who, frequency, expectations for follow-up meetings* | *What follow up meetings will be ongoing during the remediation to ensure the trainee is on the right path. Be specific in who is responsible for setting those meetings up and what documentation should come out of them.* |
| Requirements: *GME* | *Policies or practices that may affect the resident on Formal Academic Remediation* | *May include policy language from GME Policy: Remediation and Corrective Actions.* |
| Consequences for incomplete success | *Incorporate due process* | *If corrective action is included, then should include the statement from GME Policy: Grievances and Appeals, regarding due process.* |
| Consequences for relapse | *Incorporate due process* | *Clear actions that could come out of failure to adhere to or achieve the goals above. Should include possibility for written warning, probation, suspension or termination depending on where learner is in process.*  |

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| **Program Director** |
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| Program Director Signature |  | Print Name |  | Date |
| **Associate Dean/Designated Institutional Official** |
|  |  |  |  |  |
| Associate Dean/DIO Signature |  | Print Name |  | Date |
| **Resident/Fellow**I have read and understood the content and terms of this remediation plan. I understand what is expected of me and what I need to accomplish in order to successfully complete it. |
|  |  |  |  |  |
| Resident/Fellow Signature |  | Print Name |  | Date |