Remediation: Origin and Definition

**Origin:**

Mederi = to heal (Latin) + re = again

**Definition:** the act of correcting or counteracting; to put right or reform
The Problem
Durning. Acad Med 2011

- Faculty and staff often devote considerable time, effort and resources to strugglers.

- Medical students, residents and practitioners who exhibit poor clinical judgment, knowledge and/or skills may pose a risk of significant harm to the public at large.
The Goal

...if the goal is to help the residents overcome their perceived deficiencies, and not simply eject them from the program, then remediation ...should be viewed as the elevation of feedback and evaluation to a higher level.
LCME and Remediation

- ED 31. Each student should be evaluated early enough during a unit of study to allow time for remediation.
  - It is expected that courses and clerkships provide students with formal feedback during their experiences so that they may understand and remediate deficiencies.
Game Plan

- Case Vignettes
- Analytic v. Synthetic approaches
- Review of Literature
- Specific Examples & Surveys
- Back to Cases
Cases

1. Fellow struggling with a research project.
2. Resident with professionalism issues.
3. Resident identified as clinically unsatisfactory.
4. Student with a knowledge deficit.
Analytic Approach

- Identify area of concern (competency)
- Construct individualized program to remediate
- Implement program and monitor
- Reassess competency
- Further remediation v. mainstream v. dismissal
<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Clinical Skills</th>
<th>Professionalism</th>
<th>PBL</th>
<th>SBP</th>
<th>Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Learner</td>
<td></td>
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<tr>
<td>Fellow</td>
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<td>X</td>
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<tr>
<td>Resident</td>
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<tr>
<td>Student</td>
<td>X</td>
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Remediating Competencies
Brokaw. TLM 2011

- Indiana U. has 9 Core Competencies
  - Communication, clinical skills, scientific approach to medicine, lifelong learning, self-awareness, community context, ethics, problem solving, professionalism
  - Each has defined knowledge/skills/behaviors
  - Assessed at beginning/intermediate/advanced levels
  - Excluded purely knowledge deficits
  - Failures: 29% Professionalism, 28% Clinical Skills
Specific Requirements
Brokaw (cont)

- Warning Letter 6%
- Complete Remedial Program 23%
- Counseling from Director/Faculty 14%
- Complete Delinquent Assignment 5%
- Undergo Med/Psych Evaluation 11%
- Mandated “check-ins” with Dean’s Office 1%
- Learning Contract 5%
Requirements (cont)

- Complete Independent Project
  - Literature review, apology letter, logs
- Special Elective/Training
- Repeat Clerkship (or part)
- Repeat year
- Suspend
- Dismissal or Withdrawal
Synthetic Evaluation

“R.I.M.E.”

Reporter

Interpreter

Manager-Educator

### Analytic versus Synthetic Complimentary Approaches

<table>
<thead>
<tr>
<th>Analytic (domains)</th>
<th>Synthetic (steps)</th>
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</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Reporter</td>
</tr>
<tr>
<td>Skills</td>
<td>Interpreter</td>
</tr>
<tr>
<td>Attitude</td>
<td>Manager/Educator</td>
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</table>
FORMAL EVALUATION SESSIONS: A KEY COMPONENT TO RIME AND REMEDIATION

- Formal meeting with instructors
- Hold regularly during rotations
  - could be end of rotation
- Invite all working with trainee(s)
  - Interns, residents, faculty
FORMAL EVALUATION SESSIONS

FORMAT

- 15 minutes per trainee
- Open-ended and directed questions
- Evaluators recommend “grade”
- Feedback given to teachers
- Develop plan: “Next Step”
RIME and Remediation:

- Determine why learner is not reaching next “level” or RIME stage
- Education Committee to determine grade and remediation plans
  - Clerkship, residency or fellowship director presents findings
  - Direct remediation to deficit(s) identified
  - Regular follow up on progress
Remediation of Physicians: Thematic Literature Review

Hauer. Acad Med. 2009
Background

- Despite widespread endorsement of competency-based assessment of medical trainees and practicing physicians, methods for identifying those not competent and strategies for remediation are not standardized.

- i.e. we all do it, but do we know what we are doing?
Narrative Literature Review of Remediation

Study criteria

1. Deficiencies in an individual’s performance identified through an assessment process
2. Attempt is made to provide remedial education
3. Reassessment after remediation
Results – not a lot!

- Literature review – 13 published studies of remediation
  - mostly small, single institution
  - UME/GME: knowledge or clinical skills
  - CME: practice performance
# Published Remediation Strategies

<table>
<thead>
<tr>
<th>Deficit</th>
<th>Identification</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>UME</td>
<td>Knowledge, clinical skills</td>
<td>Written or SP exam</td>
<td>Faculty video review, SP practice tutorials</td>
</tr>
<tr>
<td>GME</td>
<td>Knowledge</td>
<td>In-training exam</td>
<td>Individual study plan, mentor, clinical rotations</td>
</tr>
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Costs of Remediation

- **Resource intensive interventions for a small number of learners**
  - Special expertise required

- **Creating efficiencies**
  - “referral centers” – collaborative across institutions
  - span UME/GME/CME
  - promote learner self-assessment
Using the Learning Sciences to Guide Remediation

<table>
<thead>
<tr>
<th>Knowledge deficit</th>
<th>Help build strong knowledge structures and representations (schema, scripts, exemplars, prototypes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill deficits</td>
<td>deliberate, (conscious and focused) practice with feedback</td>
</tr>
<tr>
<td>Professionalism</td>
<td>explicit instruction, guided practice, mentored reflection, observation and interaction with role models</td>
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</table>
Competence Assessment: Multi-modal Assessment

Mentoring and Coaching

Diagnosis of Deficiency and Development of Individualized Learning Plan

Instruction/Remediation Activities with Deliberate Practice, Feedback and Reflection

Focused Reassessment and Certification of Competence
Conclusion: More Work Needed

- Little evidence guides “best practices” for remediation

- Key elements
  - Multiple tools to identify deficits
  - Individualized instruction, deliberate practice

- Multi-institutional, outcomes-based research needed, with long term follow up
Data from Surveys
Remediating Students’ Clinical Skills
Saxena. Acad Med. 2009

- Surveyed 53 medical schools
- Comprehensive (post clerkship) clinical assessments
Remediation Activities
Saxena (continued)

2.0 Clinical (preceptorships within clerkship, special rotations)
2.6 Independent Study (web modules, reading, review video)
3.4 Review video (with preceptor)
2.9 Organized activities (SP sessions, workshops, seminars)

1 = never, 5 = always
Confidence Remediating
Saxena (continued)

I am confident in remediating:

H&P  3.8
Communication  3.6
Reasoning  3.3
Knowledge  3.2
Professionalism  2.9
Overall process  3.5
(in exam scores)  4.2

1 = disagree, 5 = always agree
Managing Unprofessional Residents

Surveyed 41 PDs (58%)
How manage?
  Themselves 46%
  Dept. Ed Comm. 16%
  with Chair 11%
  another faculty member 10%
  DIO/GME 11%
Mechanisms: Remediating Professinalism

Meet resident, expect improvement 95%
Psychological counseling 68%
Probation 59%
Educational activity 41%
Dismissal 30%
Success Remediating Professionalism

Highly 15%

Somewhat 59%

Not especially 21%

Not at all 3%
Remediating Surgery Residents

Surveyed 89/253 (35%) PDs
Similar issues, methods, personnel as OBGYN
Most comfortable: knowledge, patient care
Least comfortable: professionalism, communication
Lacking Methods: SBP, PBL&I
Case Vignettes & Outcomes

1. Fellow struggling with a research project

2. Resident with professionalism issues.

3. Resident identified as clinically unsatisfactory.

4. Student with a knowledge deficit.
Conclusions

- This is hard, and there is no single recipe.
- Be as specific as possible in diagnosing, establishing processes and setting expectations.
- Reassess after remediation.
- Realize not all learners are salvageable, but we should try.