

## CHRISTIANA CARE HEALTH SERVICES

<b>POLICY:</b>	<b>Remediation and Coaching Policy</b>
DEPARTMENT:	Academic Affairs
DATE OF ORIGIN:	January 2000
LAST REVISION DATE:	July 2013
REGULATORY REFERENCE:	None

### ***POLICY:***

Coaching and Remediation are educational tools designed to provide residents with the opportunity to correct deficiencies. A resident/fellow may be subject to coaching or to a Remediation Plan (RP) during his/her graduate medical education program.

### ***DEFINITIONS:***

Coaching is an informal, ongoing process used to address performance deficiencies, including behavior or performance that fails to meet expected competencies. If appropriate, coaching may be initiated before implementation of a Remediation Plan. Coaching must be documented.

Remediation is a formal process used to address performance deficiencies either not corrected by coaching, or deemed by the Program Director to be of sufficient concern that a period of coaching is not warranted.

### ***PURPOSE:***

To define the methods of counseling for resident/fellows with performance deficiencies.

### ***SCOPE:***

All graduate medical education programs at CCHS.

### ***PROCEDURE:***

#### Coaching:

The Program Director or resident's faculty advisor may determine when coaching is appropriate. Coaching may be considered equivalent to formative feedback, given more frequently than required by standard RRC requirements or department education plans.

#### Remediation Plan:

The resident's Departmental Education Committee (DEC)/Clinical Competency Committee (CCC) and Program Director will determine the need to implement a Remediation Plan when the evaluation system identifies deficiencies that cause concern about a resident/fellow's continuation in the program. Resident/fellows will generally be offered the opportunity for remediation before any decision is made as to dismissal for academic reasons; non-renewal of Agreement of Appointment or failure to promote is made. The option of remediation will not be available to a resident/fellow if sufficient grounds exist for summary suspension or summary dismissal, which are defined in the Disciplinary Measures and Procedures Policy. Because remediation is intended as an educational tool to be initiated at the discretion of the DEC/CCC, it is not subject to appeal or fair hearing. Remediation may include a period of time assigned to rotations usually undertaken at a lower PGY level, with the clinical, administrative and supervisory requirements of the lower level of responsibility.

A Remediation Plan (RP) may be implemented for the following reasons.

- Failure to comply with academic standards
- Failure to satisfy clinical, professional, or administrative standards or responsibilities
- Any other conduct or deficiency determined to be grounds for a RP by the resident/fellow's Program Director and/or Departmental Education Committee/CCC.

## **PROCESS:**

When the resident/fellow's Program Director or DEC/CCC decides to implement an RP, the program director or his/her designee will meet with the resident/fellow and inform him/her of the Committee's decision. A copy of the RP, approved by the DEC/CCC, will be given to and reviewed with the resident/fellow. The resident/fellow and program director will sign the original copy of the RP, which will be retained in the resident/fellow's file.

## **THE REMEDIATION PLAN WILL INCLUDE:**

- **Identification of the deficiencies:**

The resident/fellow will be informed of the knowledge, skills, or professional behaviors that are deemed deficient or troublesome. Whenever possible, the deficiencies shall be linked to the six core GME competencies.

- **Requirement to correct the deficiencies:**

The plan will outline specific steps that the resident/fellow must take to correct deficiency (ies).

- **Assignment of an Advisor:**

An advisor will be assigned to meet with the resident/fellow throughout the term of the RP. The RP must set forth the frequency of such meetings and the purpose of the meetings. It may state that the resident/fellow remains ultimately responsible for communicating with the advisor and for setting up and attending the required meetings.

- **Duration of the remediation:**

The length of the RP will be clearly defined and will be determined by the DEC/CCC based on the deficiency. Usual duration of the RP is from one to three months.

- **Effect of remediation on length of training:**

The RP will address the potential need for the resident/fellow to make up additional time at the end of the training program to be eligible for board certification. If remediation can be accomplished in the context of regularly scheduled rotations, the resident/fellow may be able to complete training on time. An RP that requires major alteration in the educational program may extend the training period. Any remediation plan requiring time at a lower PGY level may result in lengthening of the graduate medical education program.

- **Clinical supervision:**

The RP will clearly indicate whether the resident requires greater clinical supervision than is otherwise expected and how that supervision will be provided. A resident's failure to adhere to the clinical supervision requirement will be considered grounds for summary suspension.

- **Conditions of Remediation:**

The RP may set forth specific conditions for the remediation, including the requirement that the resident/fellow's evaluations meet certain minimum standards (e.g., no grades below 5), that the resident/fellow desists from certain actions.

- **Effect of the Remediation Plan:**

The RP may specifically indicate possible actions that may occur if the resident/fellow fails to comply with the plan or that may occur despite compliance with the plan.

Failure to participate in a Remediation Plan will result in summary suspension.

## **CONCLUSION OF THE REMEDIATION PLAN**

The resident is responsible to make arrangements to meet with the program director, associate program director or his/her advisor as required by the RP but at least monthly.

The program director or associate director or their designee will report to the DEC/CCC on the resident/fellow's progress in rectifying his/her deficiency.

Once the resident is determined by the Program Director and the DEC/CCC, the DEC/CCC shall terminate the RP. The program director or associate program director will inform the resident of this decision, and the date of termination will be noted on the original RP document in the resident/fellow's file.

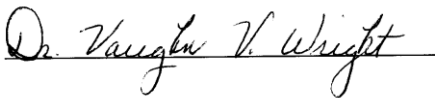
If, during the RP additional deficiencies are identified, or the resident engages in misconduct, the Program Director and DEC/CCC may take actions to modify the RP, extend the RP, or to terminate the RP and impose disciplinary action up to and including termination.

When a resident is unable to remedy his/her deficiency within the time frame indicated in the RP, the program director or his/her designee will meet with the resident for a second time. This meeting will be documented in the resident/fellow's file, indicating the resident's failure to satisfy the terms of the RP. A copy of this documentation will be given to the resident.

At this time, the Program Director will report the status of the RP to the resident's DEC/CCC who may decide among several options: to extend the RP, to initiate a new RP, to consider dismissal for academic reasons, non-renewal of Agreement of Appointment or failure to promote. Continued inability to rectify the deficiency as determined by the resident's DEC/CCC may result in recommendation of dismissal for academic reasons or non-renewal of Agreement of Appointment or failure to promote. Correction of the problem as determined by the DEC/CCC will terminate the RP. The Program Director or associate program director will inform the resident/fellow of this decision, and the date of termination will be noted on the new or extended RP document in the resident's file.

Remediation is designed as an educational tool. Remediation that requires extended time in the graduate medical education program or that result in a resident/fellow's failure however will be noted on the resident/fellow's exit evaluation and may be reported to state licensing board.

### ***SIGNATURES/APPROVALS:***



Reviewed 05/01/2015