

<b>Hospital-wide Policy</b>	<b>Title: Academic Improvement and Remediation</b>
<b>Issuing Department: Graduate Medical Education Office</b>	<b>Effective Date: October 2021</b>
<b>IMPORTANT NOTICE:</b> The official version of this policy is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.	

**Purpose**

To establish a policy and procedure to address GME trainee performance that fails to meet expected standards.

**Scope**

This policy applies to all residents enrolled in a Tufts Medical Center sponsored graduate medical education program (ACGME accredited and non-accredited).

**Definitions**

**Resident:** any physician in a GME program, including interns, residents and fellows.

**Designated Institutional Official (DIO):** the individual in a sponsoring institution who has the authority and responsibility for all of the sponsored GME programs. At Tufts Medical Center this individual is titled the Associate Chief Medical Officer for Graduate Medical Education.

**Academic Performance** includes the knowledge, skills, and attitudes necessary to achieve competence in the core areas of patient care, medical knowledge, procedural skills, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. For ACGME accredited programs, progression with specialty level Milestones is part of academic performance expectations.

**Academic Deficiency** is determined by the Program Director in consultation with the Clinical Competency Committee, and is identified through the program’s feedback and evaluation system (see Evaluation Standards):

Examples of academic deficiencies include, but are not limited to:

- Issues involving knowledge, skills, job performance or scholarship;
- Failure to achieve acceptable exam scores within the time limits defined by the training program;
- Unprofessional conduct;
- Professional incompetence, including conduct that could prove detrimental to Tufts MC and affiliates’ patients, employees, staff, volunteers, visitors or operations.

## **Policy**

Program Directors are expected to confer with the Clinical Competency Committee and/or the DIO in making determinations as to the existence of Academic Deficiency and the appropriate course of action.

Depending upon the nature of the Academic Deficiency, Disciplinary Action may be indicated, rather than the non-disciplinary, remedial measures set forth below.

Program Directors are encouraged to use the following measures to resolve Academic Deficiencies. These measures are designed to give notice to the resident of the deficiency and to identify strategies to address the deficiency. The Program Director has the discretion to use any of the measures below based on evaluation of all facts and circumstances, and as such measures not need be used in a particular order.

*The remedial actions described within this policy do not constitute disciplinary action as defined in Disciplinary Actions and Procedures Policy, and as such are not subject to review or appeal.*

## **Procedure: Non-disciplinary measures for Academic Improvement**

### **1. Informal Conversation**

An informal conversation may be undertaken by the Program Director to address a resident's Academic Deficiency of a non-serious nature that needs to be remedied or improved. The purpose of an Informal Conversation is to describe the Academic Deficiency ('create awareness') and to recommend actions to rectify the deficiency ('coach to improve'). After the informal conversation the Program Director should summarize the discussion in an email to the resident. The summary should include a succinct description of the Academic Deficiency and the steps recommended to rectify the deficiency.

Failure to achieve immediate and/or sustained improvement may lead to implementation of additional measures as described in this policy or Disciplinary Action and Procedures. Any future action will be determined by the Program Director exercising his/her professional and academic judgment.

Copies of written summaries of Informal Conversations should be maintained in the Resident Training File.

### **2. Individual Educational Plan (IEP)**

An IEP is typically used when a pattern, or potential pattern, of Academic Deficiency emerges. Using the GME IEP template, the program director should describe the nature of the academic deficiency and necessary corrective actions. Program Directors are encouraged to consult with the GME/DIO when drafting an IEP.

The Program Director will review the IEP with the resident. Failure to achieve immediate and/or sustained improvement may lead to a Formal Remediation or a Disciplinary Action. An IEP need not follow or precede an Informal Conversation or Formal Remediation.

Copies of written IEPs should be maintained in the Resident Training File.

### **3. Formal Remediation**

Formal Remediation may be provided to a resident who has demonstrated an Academic Deficiency, the underlying causes for which the Program Director, in her/his professional judgment, believes are amenable to remediation. A Formal Remediation must utilize the standard GME template, and must be in writing.

The purpose of the Formal Remediation plan is to give the resident notice of the Academic Deficiency (ies) identified, and set out specific expectations of how to address deficiencies. Where possible and appropriate, the Program Director will seek the resident's input regarding how to best address the deficiency (ies). The Program Director will review the Formal Remediation plan with the resident.

A Formal Remediation Plan does not constitute a Disciplinary Action (as defined in GME 4), and does not need to follow or precede an Informal Conversation, IEP, or precede a Disciplinary Action. It should be noted however that failure to achieve immediate and/or sustained improvement while on a Formal Remediation may result in Disciplinary Action, and the resident should be informed as such.

The Program Director must alert the GME Office prior to issuance of a Formal Remediation plan to the resident.

A copy of the Formal Remediation plan must be maintained in the Resident Training File and the GME Office. Successful Formal Remediation plans do not need to be referenced on a resident's Final Summative Evaluation Report.

### **Reporting to the ECFMG**

The ECFMG requires that the Program Director submit notification of Exchange Visitor Physician Remediation. As it relates to this policy, notification is required for Formal Remediation of any J-1 or J-2 sponsored trainee.

### **Reporting to BORIM**

Remedial measures and actions set forth above do not need to be reported to BORIM unless there was gross or repeated negligence by the resident which resulted in the harm of a patient. In addition behavior incompatible with the role of a physician including illegal, immoral or unethical behavior must also be reported. The DIO will make required reports to BORIM.

The DIO will consult with the Office of General Counsel in instances where BORIM reporting may be required.

**Resources**

Individual Educational Plan

Remediation Plan

**Policy Enforcement**

The GMEC is responsible for enforcing this policy for all Tufts MC-Sponsored graduate medical education-training programs. Individual program directors are responsible for the consistent application of this policy within a given training program.