

SAUSHEC Non-Adverse Remediation Template

Personal Data

Resident:	Date:
Program:	Program Year level:
Action Proposed:	
<input type="checkbox"/> Program Level Remediation	[see Non-Adverse Policy, paragraph VI]
<input type="checkbox"/> Dean's Administrative Remediation	[see Non-Adverse Policy, paragraph VII]
<input type="checkbox"/> Step 3 Issue	
<input type="checkbox"/> Licensure Issue	
<input type="checkbox"/> Other Issue	

History

Mark as applicable	Date(s)
Written Counseling	
Program Level Remediation	

Competency Issues

Goals and Objectives or standards not being achieved (see Annex A)	Brief description with example(s)	Evaluation Tools used
Medical Knowledge		
Patient Care		
Interpersonal and Communication Skills		
Professionalism		
* Pro/Administrative Item		
Practice Based Learning and Improvement		
Systems Based Practice		

Assessment of relevant program issues (see Annex B):

Assessment of resident's current training capabilities (see Annex B):

Assessment of factors impacting resident's training capabilities (see Annex B)
Extrinsic factors:

Intrinsic factors:

Remediation Plan

Resident:

Timeline

Dates of Proposed Action:

Program Education Committee Final report on:

Remediation plan summary for each competency not being met

Competency	Remediation Plan	Evaluation Tool and Endpoints
Medical Knowledge		
Patient Care		
Professionalism		
Interpersonal and Communication Skills		
Practice Based Learning and Improvement		
Systems Based Practice		

Plan for other remediation issues

Resident mentor assigned	
Mental Health support	
Plan for other factors limiting GME capabilities	

Program Director signature and date:

Resident verification

I have reviewed and discussed the contents of this form with my program director and understand that further academic action such as probation, extension, and termination could be recommended to the GMEC/GAHE at any time during the period covered above if I am unable to meet defined endpoints. I know how to contact a SAUSHEC Ombudsman at ombuds@us.af.mil or via pager as listed on their flyer.

Resident signature and date:

SAUSHEC Non-Adverse Remediation Template Annex A

MEDICAL KNOWLEDGE: Residents must demonstrate knowledge about established & evolving biomedical, clinical, & cognate (e.g. epidemiological & social-behavioral) sciences & application of this knowledge to patient care. Residents are expected to:

1. know & apply basic & clinically supportive sciences which are appropriate to their discipline
2. demonstrate an investigatory & analytic thinking approach to clinical situations

PATIENT CARE: Residents must provide patient care that is compassionate, appropriate & effective for treatment of health problems & promotion of health. Residents are expected to:

1. communicate effectively & demonstrate caring & respectful behaviors when interacting with patients and their families
2. gather essential & accurate information about their patients
3. make informed decisions about diagnostic & therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, & clinical judgment
4. develop & carry out patient management plans counsel & educate patients & their families
5. use information technology to support patient care decisions & patient education
6. perform competently all medical & invasive procedures considered essential for area of practice
7. provide health care services aimed at preventing health problems or maintaining health
8. work with health care professionals, including those from other disciplines, to provide patient-focused care

INTERPERSONAL & COMMUNICATION SKILLS: Residents must demonstrate interpersonal & communication skills that result in effective information exchange & teaming with patients, patients families, & professional associates. Residents are expected to:

1. create & sustain a therapeutic & ethically sound relationship with patients
2. use effective listening skills & elicit & provide information using effective nonverbal, explanatory, questioning & writing skills
3. work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM: Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, & sensitivity to a diverse patient population. Residents are expected to:

1. demonstrate respect, compassion, & integrity; a responsiveness to needs of patients & society that supersedes self-interest; accountability to patients, society, & the profession; & a commitment to excellence & on-going professional development
2. demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
3. demonstrate sensitivity & responsiveness to patients' culture, age, gender, & disabilities

SAUSHEC Non-Adverse Remediation Template Annex A

PRACTICE -BASED LEARNING & IMPROVEMENT: Residents must be able to investigate & evaluate their patient care practices, appraise & assimilate scientific evidence, & improve their patient care practices. Residents are expected to:

1. analyze practice experience & perform practice-based improvement activities using a systematic methodology
2. locate, appraise, & assimilate evidence from scientific studies related to their patients' health problems
3. apply knowledge of study designs & statistical methods to appraisal of clinical studies & other information on diagnostic & therapeutic effectiveness
4. obtain & use information about their own population of patients & the larger population from which their patients are drawn
5. use information technology to manage information, access on-line medical information, & support their own education
6. facilitate teaching of students & other health care professionals

SYSTEMS BASED PRACTICE: Residents must demonstrate awareness of & responsiveness to larger context & system of Health Care & ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. know how types of medical practice & delivery systems differ from one another, including methods of controlling health care costs & allocating resources
2. understand how their patient care & other professional practices affect other health care professionals, the health care organization & the larger society & how these elements of the system affect their own practice
3. practice cost-effective health care & resource allocation that does not compromise quality of care
4. advocate for quality patient care & assist patients in dealing with system complexities
5. know how to partner with health care managers & health care providers to assess, coordinate & improve health care & know how these activities can affect system performance

SAUSHEC Non-Adverse Remediation Template Annex B

Program Issues that can affect resident performance

1. Leadership
2. Morale
3. Program Processes
G&Os defined, reasonable & accepted by faculty & residents; Effective evaluation & feedback system; Effective supervision system; Communication/Chain of command systems in program
4. Program work environment
5. Scheduling system fair; Duty hour standards; Support systems; Harassment issues
6. Faculty
7. Numbers, specialty mix, availability, skills (teaching, feedback etc)
8. Patient material
Too much; Too little; Wrong mix

GME Capability Domains

1. Intellectual capabilities
2. Acquisition of Medical knowledge &/or Application of Medical knowledge
3. Psychomotor skill capabilities
4. Organizational skills capabilities
5. Social skills capabilities
6. Coping/Adapting skills capabilities
7. Work effort capabilities
8. Teaching skills capabilities

Extrinsic factors that can affect residents training capabilities

1. Prior preparation for residency/fellowship in medical school &/or previous GME
2. Personal life issues
3. Social; Support system; Financial
4. Fit between resident & program
5. Cultural conflicts
6. Drugs, Alcohol & other temptations

Intrinsic factors that can affect residents training capabilities

1. Medical conditions affecting the resident
2. Mental Health conditions affecting the Resident
3. Learning disorder; Depression; Stress/burnout; Personality disorders; Poor insight; Immaturity/delayed adolescence; Performance anxiety
4. Attitude of the resident
5. Doubts about choice of profession; Work ethic; Professional ethics; Hippocratic oath (patient above self); Commitment to lifelong learning & self improvement; Intellectual honesty with patients, colleagues & self; Other professional ethical standards