



# IMPAIRMENT

## Text Button B

### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES)

Programs should explore the policies/procedures in their institutions. These are frequently found in the sponsoring institution's bylaws and human resources policies. Some programs use the term "probation"; others prefer "corrective action" (or a term other than probation). Terms such as "corrective action" or "remediation" may be less pejorative than "probation." Some programs deem that residents are in an educational program and are not expected to be perfect or to know it all. Avoiding the use of the word probation may allow programs not to report to entities such as the National Practitioner Data Bank, and may allow trainees to respond truthfully to future inquiries: "No, I have never been placed on probation" (many licensing bodies and future hospital staffs frequently inquire about prior probationary episodes). It may not be best for trainees to have to admit to having been on probation, especially after having successfully completed corrective action.

Programs are advised to check with their own legal experts to make sure they are using appropriate language.

Provide sufficient notification for any termination or non renewal of contract. The American Council for Graduate Medical Education states that (usually) a resident must be given 4 months notice before termination of his/her contract.

Finally, in some states, probation must be reported to the Medical Board or to the National Practitioner Data Bank.

After identifying suboptimal performance or behavior, programs should work with their resources (occupational health unit, legal department, human resources) to develop a plan, taking into account their own institutional/programmatic bylaws.

The following typify letters to a resident outlining poor performance and/or unacceptable behavior:



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### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES) (CONT'D)

[Date]  
S. Smith, MD\*  
Department X  
University Hospital X

Dear Dr. Smith:

This letter is to inform you that, effective today, you are being placed on corrective action until [date]. The reason for the corrective action is that, based on its review of your performance (including an assessment of your evaluations) the Program Education Committee has determined that you fail to meet the expectations of a first-year resident in our field:

1. Basic examination techniques—you have not mastered techniques such as [name several]; you have not completed the basic [field] skills examination sheet and signed it with Dr. Jones\*; you continue to miss key findings on patient examinations.
2. Fund of knowledge (Note: Make certain your residency review committee program requirements allow you to use in-service training examination scores for promotion and program completion; some specifically disallow the use of such scores in this way)—your knowledge base is below that expected at your level of training; your in-service training examination score is [17]% (below the [40] percentile we require of our residents). You need to read more and demonstrate your knowledge in conferences and clinic. Work with your advisor to take one practice test per month [dates, e.g., February–April] and hand it in to your advisor to be graded. You must score higher than [90]% on these practice tests
3. Not completing assignments—per your last two rotation evaluations, you have not followed through with specific instructions from attendings. These include failure to order detailed diagnostic and/or therapeutic plans they discussed explicitly with you.
4. Clinic flow—you have not been able to maintain a reasonable flow of patients in your clinic; per your 360 evaluations, patients are left waiting longer than our clinic average (several patients left the clinic without being seen; four patients wrote letters to complain of waiting times).
5. Presentations—your presentations lack sufficient preparation; for example, you could not summarize the patient's history during a particular conference on [date].



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### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES) (CONT'D)

Dr. Casey\* has agreed to be your mentor. The Education Committee of the faculty will meet every 4 weeks to assess your progress and will review the documentation made available by you, Dr. Casey, your rotations, and your monthly multiple choice test. A 360 evaluation will be repeated in two months. The specifics of remediation are included in your remediation plan (attached).

You will be given formal written feedback each time the Education Committee meets. If you have not made satisfactory progress in 4 months, the program will notify you that it will not renew your contract at the end of this academic year. If you have made satisfactory progress, the corrective action will end, and you will be expected to perform on par with your peer residents. If you make substantial progress, but have not completely remedied these issues, the corrective action will be extended and may be modified to reflect your progress.

Sincerely,

J. Doe, MD\*  
Residency Program Director

I have received the above, and I have read and understand the expectations.

(Signed) S. Smith, MD

\*None of the names in this document refer to actual people

It is recommended you add your institution-specific peer-review language to this document, e.g.: "This evaluation is confidential and is intended only for the program's use and that of the trainee. The information contained herein may be confidential under the attorney/client privilege and/or the quality-assurance and peer-review privilege."

Some programs might give resident the option to resign.

It is advisable to put in writing for the trainee what the final summary of the program will be, e.g.: "This confirms that Dr. [name] entered the [field, e.g., obstetrics] residency program [date] and [appropriate terminology, e.g., "resigned" or "his/her contract was not renewed"]. Dr. [name] successfully completed [number] months of training, specifically in [fields]."

"An assessment of his/her competencies indicates [key items in assessment]. The [field] Board was notified of this [date]."



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### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES) (CONT'D)

[Date]  
S. Smith, MD\*  
Department X  
University Hospital X

Dear Dr. Smith:

This letter details our previous discussion on [date]. As you were informed, and effective immediately, you have been placed on corrective action. The reasons for the corrective action and the plan for remediation are outlined below. You can appeal this decision by writing to [name] within 14 days of receipt of this letter. I have enclosed the pertinent pages from [name of document] that fully describe the appeals process [or direct the resident to XXX Manual or Web site for a description of the appeals process].

The reason[s] for the corrective action are as follows:

(The following are examples, i.e., episodes describing deficient or unprofessional behavior that can occur either with patients, peers, or staff; document in the resident's file any specific deficiency or behavior).

- Lack of sufficient didactic knowledge and organizational skills required to manage patients with illnesses typical of our specialty, as judged by [provide name of evaluating method, e.g., faculty evaluations; in-service training examination; other testing such as Objective Structured Clinical Examination]. Specific examples of these deficits have been documented and placed in your file
- (Note: Make certain your residency review committee program requirements allow you to use in-service training examination scores for promotion and program completion; some specifically disallow the use of such scores in this way) Your scores on the national in-service training examination fall short of the [number] percentile, required for [event—e.g., promotion, graduation, continuation in our program]. Your scores have not improved (or have declined) despite a specific educational plan put in place after last year's examination results. In fact, they are so low this year that it is unlikely you will be able to pass the written certifying examination in another year
- Compromise of patient safety (or dereliction of duty to patients), specifically the following episode(s): [examples]
- Failure to achieve the minimum level of competency for professionalism expected by our program as detailed in [specify—e.g. residency manual]. We note specifically [example/s], which occurred in spite of the following earlier remediation plan [details of plan]
- Failure to achieve the minimum level of competency for interpersonal communication as demonstrated by failure to adequately communicate in a timely fashion with supervisors, through dictations, etc.



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### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES) (CONT'D)

The specific expectations for and monitoring of your improvement are as follows:

- Your behavior with patients and staff will be professional at all times. Your advisor, Dr. [name] will:
  - \* Elicit monthly the opinions of all supervisors and staff with whom you have been in contact, and monitor the survey opinions that come in from patients under your care during these rotations
  - \* Meet with you monthly to discuss this information and give you feedback on your progress
  - \* Provide you with a written summary of this feedback; a copy will be retained for your file
- Your didactic and organizational skills must improve substantially
  - \* This will be judged by either a weekly meeting with the ward attending to go over all your histories and physicals and your management plans, or a random audit of one-fourth of them for that week
  - \* You will be expected to be able to justify—on the basis of evidence from the medical literature—the management plans you selected
  - \* We expect you to achieve a minimum level of [number] percentile national score for your training year at the time of the in-service examination on [date], as expected of all of our trainees and as outlined in [source—e.g., residency manual, promotion criteria outline, etc.]

Additionally, you will:

- \* Complete the suggested reading list during the next 4 months
- \* Meet with the faculty member noted for each section to discuss the topics covered by the reading list
- \* Complete weekly practice tests, taken from prior in-service training examinations
- You will be expected to demonstrate professional responsibilities that enhance patient safety:
  - \* Carry out all assigned duties, including night, weekend, and holiday call assignments
  - \* Answer all pages within a reasonable period of time unless engaged in urgent care of a patient
  - \* Report to your advisor, Dr. [name], who will meet with you monthly to discuss your progress and the timeliness of your attention to assigned duties, as monitored and reported on by the chief residents and the ward attending



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### NOTIFICATION OF CORRECTIVE ACTION (EXAMPLES) (CONT'D)

The duration of probation/corrective action will be [number] months, or until approximately [date]. At that time, the decision will be made either for your return to active status, or for further continuation of the corrective action for an additional period of time, or for non-renewal (termination) of your contract for the next training year.

The events of the last [time frame] have obviously been very stressful for you. I strongly encourage you to consider counseling. Please recall that you can obtain confidential counseling through [institutional/hospital/community resources]. A list of other resources external to the program/institution is also available should you prefer.

If you wish to review your file please let me know and I will ask [name] to retrieve it for you.

I speak for our entire faculty in expressing hopes that you will be able to correct your deficiencies and achieve success in our program.

Sincerely,

J. Doe, MD\*  
Residency Program Director

cc: GME office  
[resident/fellow's name] file

I have read the above statement and understand the terms of my remediation.

(Signed) S. Smith, MD

\*None of the names in this document refer to actual people.

Make certain any evaluation such as this is consistent with your institution's policies and procedures. In some cases, it may be possible to appeal a routine remediation plan; in other cases appeal might be only at the prerogative of the program director and faculty.

Consider a program evaluation council so that any issue of suboptimal performance behavior is considered by a group of faculty and not just the individual program director. This may help the program director function to some extent as an advocate, communicating the decision of the faculty group, rather than setting up a one-on-one adversarial relationship between the program director and the trainee.



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