



IMPAIRMENT

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LETTER: FEEDBACK DURING CORRECTIVE ACTION PROCESS

[Date]

S. Smith, MD*

Department X

University Hospital X

Dear Dr. Smith:

The Program Education Committee of the faculty met on [date] and discussed your progress in the residency program. This letter is to provide you with formal feedback from that discussion.

Previously identified areas of deficiency were:

1. Basic examination techniques—you have made progress; however, you continue to miss key findings on patient examinations.
2. Fund of knowledge—your knowledge has improved; your application of that knowledge to patient care is lacking.

Additional areas of deficiency:

3. Completeness of history and physical—you often fail to take a complete history or to perform the examination necessary to make the correct diagnosis.
4. Clinical judgment—you frequently fail to take into account the important historical facts and examination findings that would enable you to develop a logical problem list, differential diagnosis, overall assessment, and management plan.
5. Practice examinations—you have returned each of the practice examinations on schedule, with a current average of 89% on the examinations.
6. Clinic flow—you seem able to see the five patients assigned to you in a timely fashion, so they do not have a long wait time. However, your notes are not always as comprehensive as those of your peers.
7. Participation at conferences—it is difficult to judge your participation at conferences. You are quiet, and when you do speak, the faculty report that you are barely audible.



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LETTER: FEEDBACK DURING CORRECTIVE ACTION PROCESS (CONT'D)

The Program Education Committee believes your performance has improved, although you are still not performing on a par with your peers. Because there has been some improvement, and you have been working hard, the committee is extending your corrective action for an additional 2 months. During this time, you are expected to:

1. Take an oral examination given by me on [date and time] on the contents of your assigned reading.
2. Complete all the book assignments before that examination.
3. Study all the attachments; use these as a guide for all patient encounters. One chart will be selected at random after each clinic session for an audit to determine if your notes follow this guide.
4. Work closely under the supervision of Drs. Jones*, Casey*, Dervavich*, and Sheehan* beginning [date]. Present all patients in your comprehensive clinic to the supervising attending physicians.
5. Speak loudly and clearly at conferences and grand rounds so that all participants can hear you.

The Program Education Committee of the faculty will meet in 4 weeks and in 8 weeks to assess your progress. You will be given formal written feedback each time the faculty meets.

The faculty expects that by [date] you will have made sufficient progress to be able to function as a second-year resident beginning [date]. You must demonstrate the knowledge, judgment, and ability to care for patients at a level expected of a second-year resident and to supervise incoming first-year residents. If satisfactory progress has not been achieved, your contract will not be renewed. You will be notified before any dismissal action and will be given a copy of the hospital's appeals mechanism.

Sincerely,
J. Doe, MD*
Residency Program Director

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

(Signed) S. Smith, MD*



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LETTER: FEEDBACK DURING CORRECTIVE ACTION PROCESS (CONT'D)

*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].”