UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Surgery

LEARNING PLANS & RESIDENT REMEDIATION IN THE CBME ENVIRONMENT

TOP 10 COUNTDOWN

PA NAC DISCUSSION – NOVEMBER 7, 2019

#10 END GOAL

THE MAJORITY OF LEARNING PLANS/REMEDIATION ARE SUCCESSFUL!

The goal of every remediation/learning plan is to have the resident graduate from your program, successfully.

Developmental vs. Punitive strategy.

There are numerous reasons why a resident may be struggling, many of which could be outside of their control.

#9 CREATE STANDARDS

These standards should be well known to the residents and academic advisors, as laid out by your program director

Example: Residents should have **12 EPA attempts per block** or 1 Narrative Assessment per week

(See UofA SF EPA Expectation Guide)

#8 DEFINE THE ISSUE

A resident is in difficulty, FIRST Determine:

Health or Wellness Issue?: Has anything happened or changed in the resident's life? We can't remediate successfully if the resident is worried about a major life crisis (family loss/divorce, financial concerns) Give support first, then talk about steps for improvement.

Does the resident have an unrecognized health or learning issue? PFSP has extra resources

Magnitude of the problem?: If the resident is behind in EPA Completion – how far behind are they? If they had a lapse in professionalism, is it small or egregious?

Academic issue?: Is the resident not getting enough EPA attempts (because they are not asking? Why aren't they asking?) OR is the resident attempting but not succeeding? Is there a knowledge or skills problem?

****Professionalism**** ***The hardest issue to remediate***** If a resident lacks self-awareness/insight or is a 'reluctant' learner…those will be the most prone to wanting to appeal. Any learning plan should outline areas of professionalism lapses and lay out clear behavioural expectations. Referring to the CanMEDS competencies is ideal.

#7 DOCUMENT, DOCUMENT, DOCUMENT

CBD HAS UNIQUELY INCORPORATED **Direct Observation** & **Documented Feedback**. Preceptors should be encouraged to give the same feedback directly to the learner as they give about the learner

There should be NO secret documents or emails. Residents should be AWARE of any issues and given OPPORTUNITY to fix or address.

****FOIPP AS PART OF APPEAL PROCESS**** Any email or written communication about an individual is subject to FOIPP, and must legally be handed over, if requested. Avoid on-line, casual exchanges pertaining to a resident's situation

#6 BEST PRACTICES: CREATE A TEMPLATE or Guidelines

- Come up with a 'starting point' template or structure for Minor Learning plan.
- Include things like a standard DURATION (Ex. Learning plans should have a 1-2 month length), COMMUNICATION STRATEGY, EPA minimum attempts
- Recommend having PME review, if possible.

LINK TO UofA Surgery Minor Learning Plan template

- UofA "Best Practice" for Major Learning Plan/Remediation: Involve PME Dean

#5 - IDENTIFY RESOURCES/COLLABORATORS

PA administrative assistance is often key in setting up meetings with committees, residents and AA's and/or PD's

Who will be the point person to oversee the plan? AA or PD or both?

Who will WRITE UP document, circulate for signature, save to file? (Likely PA, in part)

It has been identified that it is sometimes best to **WAIT** for the learning plan to be initiated, for the best-setting or best preceptor to be available.

#4 COMMUNICATION IS KEY

How often should the resident be checking in with the point person?

Should there be a mid-point meeting?

Should the PA do a weekly review of EPA activity? (Add to calendar)

Who DO you keep in the loop and who does the follow up at the end date? (Add to calendar)

#3 INCLUDE YOUR POSTGRAD OFFICE EARLY

- Any anticipated extension in training OR appeals situation or will require the involvement of your postgrad office.

"Programs can never call for help too early…but they can call too late"

Major Learning Plans should happen in collaboration and consultation of the PME office

#2 YOU WILL HAVE AN APPEALS HEARING (Or…you should ACT as though you will)

At the first onset of any issue, however minor, you should *act as* though you are likely to be heading into an appeal situation, in the future.

- This does not mean that empathy, advocacy and kindness is not extended to the resident. It **does mean** that paperwork and processes are tight and **defensible**.

#1 BE RUTHLESS IN RESIDENT SELECTION!

CaRMS is approaching and **the best defense against lengthy remediation and appeals** lies in solid selection practices and in deciding who is allowed into the program.

DO NOT take any 'longshot' residents and DO NOT take warm bodies, for the sake of service coverage issues.

TOP 10 COUNTDOWN SUMMARY

#10 SUCCESS IS THE END GOAL

#9 CREATE STANDARDS & GUIDELINES for Residents

#8 DEFINE THE ISSUE

#7DOCUMENT, DOCUMENT, DOCUMENT

#6 BEST PRACTICES for Residents in Difficulty

#5 RESOURCES & COLLABORATORS

#4 COMMUNICATION IS KEY

#3 EARLY INVOLVEMENT OF PME

#2 YOU WILL HAVE AN APPEALS HEARING

#1 RUTHLESS RESIDENT SELECTION

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