

Resident Dashboard

OB-Gyn PGY-3 (Example)

Jul-Dec 2017 Averages

Competency	Resident Score	Expected for PGY3
Patient Care:		
-Evaluation score average (8 evals)	3.8	3.0
-Procedures :		
-Procedure A #	23	30
-Procedure B #	7	5
-Procedure C #	15	12
-Procedure D #	6	4
-Procedure E #	14	15
-Box-trainer modules completed	9	15
-Simulation exercise scores	90%	80%
-D/C summary review score	82%	80%
Medical Knowledge:		
-Evaluation score average (8 evals)	3.6	3.0
-Hopkins modules completed	1	12
-ITE score	450	420
Systems-Based Practice:		
-Evaluation score average (8 evals)	3.1	3.0
-Inpt case nurse survey (IDRs)	2.8	3.0
-Q&S integration (documented)	0	2
Problem-Based Learning & Improvement:		
-Evaluation score average (8 evals)	3.7	3.0
-QI/ Research project	0	1
-M&M presentations	4	2
Professionalism:		
-Evaluation score average (8 evals)	3.4	3.0
-Conference attendance	56%	70%
-Pt survey score (professionalism)	3.3	3.0
-MA & front staff survey score	2.1	3.0
-Ave time for clinic note completion	8.2hr	4.0hr
-# of call-in days this yr	6	1
Interpersonal Communication and Skills:		
-Evaluation score average (8 evals)	3.5	3.0
-Communication CEX score	3.4	3.0
-Pt survey score (communication)	2.2	3.0



PD-Faculty End-of-Year Review

Annual Checklist

- Prepares and delivers Lectures to core residents: 4/year
- Clinical Competence Committee Meetings: pre-screen set of residents, and participate in committee discussions.
- Program Evaluation Committee: participate in picking the top-3 program focus areas for the academic year.
- Name listed on the ACGME website as Core Faculty: update scholarly activity and board certification each year, through program coordinator.
- Mentor a resident QI or Research project: every 2 years.
- Attend 1 Faculty Development seminar per year (academic-based, non-clinical): SEMCME, GME Leaders, MSUCOM, national PD meeting for specialty.
- Participate on 1 hospital committee: represent the residency program and the department.
- Complete all personal faculty Healthstream Modules: by July each year.
- Receive annual feedback on teaching skills from Program Director: teaching eval averages, identify areas for improvement.
- Mentor 1 resident with improvement needs: formal remediation plan or program concerns.
- Consider: complete Institute of Healthcare Improvement (IHI) Patient Safety modules within 1 year of becoming a key-core faculty member, for CME credit.
- Review high-value of faculty member to the program:
As a faculty member, what is most important to you?
What can the program do to help retain you?



Remediation Template

Resident: _____ Date: _____
Program Director: _____ Program: _____

Areas of Deficiency

The following deficiencies have been defined and documented through the performance evaluation procedures approved by the Graduate Medical Education Committee and utilized by the program, (categorize by **Competency**):

Remediation Plan

The following actions are planned to address the deficiencies (list **specific behaviors** for resident to perform):

Evaluation

The following **measurable** procedures will be used to determine if improvement necessary to correct deficiencies has been achieved and documented, (e.g., exam scores, direct observation evaluations, performance evaluations from faculty or senior residents, performance reports from other staff, and other forms of measurable evaluation):

Follow-up

Resident should demonstrate improvement in correcting defined deficiencies by: _____ (Date).
At this time, the remediation plan will require extension of the training program by: _____ wks.
The next meeting between the resident and the program director will be on: _____ (Date).

Appeal & Resident Resources

As per the GME Grievance & Due Process Policy, this remediation plan is subject to GME appeal **only if it results in adverse action** for the resident, (ex: termination, non-renewal of contract, training extension, or formal written warning).

*GME Resident Coach (confidential) - Anne Dohrenwend, PhD: 734-555-5555

*Employee Assistance Program (confidential & 24/7) - Carebridge: 800-555-5555

Resident Additional Comments (written):

Verification

I have reviewed and discussed the contents of this document:

Resident: _____ Date: _____ Refused Signature

Program Director: _____ Date: _____

Director of Medical Education: _____ Date: _____

Professionalism Remediation

Options

Area of Deficiency: Professionalism, noted by:

1. Patient safety reporting system complaints
2. Nurse verbal complaints
3. Patient complaints
4. Emails to the program director from core faculty members
5. Monthly performance evaluations
6. 360-evaluations by staff members
7. Professionalism Milestone score below expected

Remediation Plan

1. Program obtains targeted 360 evaluations of resident's professionalism from other residents, patients, clinic staff members, case workers and floor nurses. Resident reviews collated feedback with mentor.
2. Resident reviews specialty's Milestones (level 4). Highlights Milestones focusing on graduated responsibility, self-reflection, response to feedback, shared decision making, and collaborative care. Debrief with mentor.
3. Resident participates in Sim Center case focusing on Communication, Professionalism, & Shared Decision-Making. Review performance checklist and debrief with participants.
4. Resident reviews hospital policies on professionalism and impairment. Debriefs with mentor.
5. Program pulls monthly data on resident's conference attendance, sick days called in, duty-hours documentation, procedure log documentation, & clinic tardiness. Resident reviews with mentor.
6. Resident reviews with mentor: ways to improve punctuality, professional appearance, or wellness. Resident identifies personal barriers.
7. Resident shadows a chaplain to gain varied patient perspectives. Writes a reflection describing the personal impact.
8. Program sponsors a group discussion with residents from multiple cultures. Each resident identifies how background culture influences him/her as a doctor. Resident participates and debriefs with mentor.
9. Resident participates in physician wellness seminar. Summarizes and develops a specialty-specific didactic on wellness.
10. Resident reflects on a recent "difficult patient." Develops a care plan that provides optimal care without bias.

Evaluation

1. Direct observation by PD and core faculty members, with monthly rotation evaluations.
2. 360 Evaluations by other residents, patients, clinic staff members, floor case workers and nurses.
3. Clinical Competency Committee decision on Milestone progression.
4. Validated Patient Safety Reporting System complaints from this day forward.
5. Emails or calls to PD about unprofessional behavior, from any clinical staff member or patient, from this day forward.
6. Timely attendance at academic conferences, patient care duties, surgeries, residency clinic, committee meetings.
7. Timely completion of academic requirements: online modules, Sims, QI projects, presentations.