

DOCUMENTATION- REMEDICATION

The patterns and quality of our training programs become the patterns and quality of healthcare professionals after training!

1. WHEN DO WE START DOCUMENTING?

- Day 1 of residency

2. THINGS THAT CAN CAUSE A RESIDENT TO BE ON A REMEDIATION PLAN

- Low In-Training Exam Score
- Communication issues observed and documented
- Evaluations from attendings where milestones are not being met
- Anything else outlined in your residency manual

3. IDENTIFY, MAKE A PLAN, REVIEW EXPECTATIONS WITH RESIDENT

- Issue Identified: Is a repeat problem or a one time offense?
- Advisor/Resident meet to discuss ways to improve
 - ILPs, Self-Reflection
- Outline Expectations
 - Progress and goals met equals successful remediation.
 - Relapse or goals not met equals the next step your organization's process.

4. WHAT IS OUR ROLE AS COORDINATORS?

- Set up the required meetings.
- Document minutes from these meetings.
- Monitor and track everything for accountability resident and advisor

5. WHY ARE WE AS COORDINATORS IMPORTANT IN THIS PROCESS AND WHY DO WE DO WHAT WE DO?

- If it is not documented, did it really happen?
- Legal issues? The PD and DIO will come to us for all documentation. We are a vital part of this!

"But,
did you
document
it?"

- AR

RESOURCES:

- AFMA
- ACGME
- HCPRO-Residency Coordinators Handbook.



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