

## Notice of Remediation

Dear Dr. \_\_\_\_\_,

As you are aware, a performance problem was noted during your training period. You were counseled regarding this on \_ by myself, your Program Director. A document regarding this counseling was placed in your training file per policy HS18 2.1.

After CCC review on \_, it was determined that you did not adequately correct your performance problem. Therefore, you are being placed on remediation. Please note, you may request to speak to the CCC directly if desired regarding this performance problem.

This document outlines the remediation plan to include the below as detailed in Policy HS18 2.3.1-HS18 2.3.6.

Statement of the grounds for the remediation, including ACGME core competency (i.e. Professionalism, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems Based Practice) that is not currently achieved and specific identified deficiencies or problem behaviors (please complete below table for further details):

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Duration of the remediation (ordinarily at least three months, but may be extended to six months; please complete below table for further details):

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Plan for remediation and criteria by which successful remediation will be judged (please complete below table for further details):

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<u>Competency Domain/ Essential Components</u>	<u>Problem Behaviors</u>	<u>Expectations for Acceptable Performance</u>	<u>Trainee's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Timeframe for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

Per Policy HS18 2.4, you have been assigned a faculty member to serve as your mentor during this remediation period: Dr. \_\_\_\_\_. You are expected to work closely with this mentor and meet with them at least once per month or as determined by the mentor and yourself to discuss your progress. The mentor will keep me informed of your progress and may serve as your advocate if needed.

It is the Program's responsibility to closely supervise residents/fellows including yourself at all times while on remediation to prevent any patient safety or quality care issues.

Please note that failure to meet the conditions of the academic remediation as noted above could result in extension of the training program period, extension of remediation to include potential modification of the remediation plan, probation, non-renewal, or dismissal from the Program during or at the conclusion of the remediation period.

If the Program is considering probation, non-renewal, or dismissal, the Program must first contact GME for review of plan. If the decision is made to not renew your contract or dismiss you from the training Program, you have the opportunity to appeal the adverse decision as outlined in policy HS13.0.

If that were to occur, it would be the responsibility of myself as the Program Director to notify the ECFMG (if applicable). Moreover, I must notify the Georgia Composite Medical Board as per policy HS18 2.7.

Please sign below indicating a written acknowledgement of receipt of this remediation document.

A copy of this remediation document may be forwarded to the Senior Associate Dean for Graduate Medical Education.

House Officer Signature and Date \_\_\_\_\_

Program Director Signature and Date \_\_\_\_\_