

Resident Remediation Form

Name: n R1 X R2 R3

Date: Faculty completing form: Sonya J. Dominguez, MD

Concerns:

Medical Knowledge & Patient Care:

- Anchor bias: Tendency to stick to an initial diagnosis, overlooking other possibilities.
- Difficulty synthesizing information into effective treatment plans.
- Ignoring established treatment plans without seeking guidance.
- Has not achieved competency of sign off for independent admissions.
- Per neuropsych testing, XXXX shows some gaps in processing auditory information. This gap increases in complex situations. However, visual processing is within normal limits.

Systems Based Practice:

- Failure to utilize team-based care and rely on senior residents and attendings.

Interpersonal communication skills:

- Direct and abrupt communication style causing team disruption.
- Verbal tone can be misinterpreted as critical and hurtful, with inattention to non-verbal cues.
- Per neuropsych testing, XXX can have trouble identifying others' emotions. This can lead to difficulty accurately assessing how others are reacting to her communication style. This is more likely to occur in complex situations. More colloquially said - XXX can have trouble "reading the room."

Professionalism:

- Omissions in presentations and lack of follow-through, leading to distrust.
- Difficulty expressing concerns and questions.

Remediation Plan:

Medical Knowledge/Patient Care:

- Additional hospitalist rotation experience for observation and practice in admission decision-making.
- Has not achieved competency for independent admissions, therefore all cases must be signed out to the senior resident or supervising attending.
- Requirement to utilize attending or senior physician input when disagreeing with treatment plans.
- Weekly meeting with Dr. Iyengar or Dr. Dominguez and daily check-ins with Medicine Attending while you are on service.
- XXX will use ambient AI (as a teaching tool) during admissions to check the information she gathers and reference this information in conceptualizing the case, developing a treatment plan, and presenting for signout

Interpersonal Communication:

- At least 3 meetings with Dr. Wall for communication improvement, emotional intelligence, and nonverbal cue training.
- Completion of Emotional Intelligence Course modules 1-20, to be discussed with Dr. Wall.
<https://url.us.mimecastprotect.com/s/Pa-iC732PDUVrjEEmhWhvcoWq4Y?domain=coursera.org>
- Additional communication modules as assigned by Dr. Wall based on areas of growth identified during meetings and on her neuropsych testing.

Professionalism:

- Review of ABFM professionalism competencies.
- Use of the Hospital Credentialing sheet as a benchmark for professional development.

X **Competence – Cognitive** (Poor knowledge base, memory problem, poor language or reading skill, etc.)

X **Competence – Noncognitive** (Affective, attitudinal, interpersonal problem, poor organizational skills, chronic tardiness, messy or inadequate charting, etc)

X **Laws & Professional Standards:** employee relationship issues – (Assault, falsifying records, harassment, insubordination, etc.)

X **Performance & Disability:** difficulties a learner has in meeting the program's essential functions/job requirements – (Suspected medical/psychiatric disorder, substance abuse, learning disability, physical disability, etc.)

** Failure to address these issues will lead to progressive action, including probation and dismissal, particularly around professionalism issues.*

Plan discussed and presented with XXXX, Dr. Dominguez, Dr. Largen and Dr. Wall and Dr. Iyengar (advisor) onXXXX

Plan to be completed by: Block 10 and will be longitudinal within Individualized Learning Plan

Policies Provided

Policy Name

X Progressive Discipline

Grievance Resolution

ABFM Professionalism guidelines
provided 4/10/25

Policy Number

15.11 *

15.13 *

Policies received: _____

Resident signature: _____

Resident Self-Reflection

My thoughts about this improvement action plan (i.e., do I think it is accurate? What is my responsibility & how will I work to improve?):

My thoughts after completing the action plan (i.e., what have I learned from this & how will I incorporate what I have learned into my growth as a physician and as a person?)

It is my responsibility to provide my advisor with documentation of my completion of the action plan (attendance at required classes/courses/appointments, etc). I have provided my advisor with this documentation (if applicable).

Resident Signature

Date