WU/BJH/SLCH Graduate Medical Education Consortium

Program Director Guide to Evaluation, Remediation and Corrective/Disciplinary Action

Program Directors play a key role in the development and support of residents and fellows (Trainees), as well as in upholding the educational and professional standards of GME Consortium training programs. To assist Program Directors with those responsibilities, this document provides guidance with respect to the evaluation, remediation, and discipline of trainees.

Program Directors also should carefully review (1) the ACGME Common Program Requirements For residency and fellowship with respect to, among other things, Program Director responsibilities (section II.A) and trainee evaluation (section V.A); (2) the Consortium's Policy on Disciplinary Action, Suspension, or Termination
(3) the Consortium's Procedure for Review of Formal Disciplinary Decisions Relating to Residents and Clinical Fellows (

A. Evaluation

1. General Principles

At the outset of the residency or fellowship, trainees should be informed about the program's educational and performance standards and expectations. Program Directors should ensure that information and assessments concerning a trainee's performance and progress, including feedback from faculty and others, is sufficiently documented by the Program Director and the Clinical Competency Committee. It is especially important for the Program Director and CCC to document performance issues that could or do result in individualized learning plans, substandard evaluations, delayed promotion or graduation, or disciplinary action. Evaluations must be made accessible to the trainee.

2. Routine Evaluation

Trainees should receive a written evaluation at the completion of assignments and at least every three months. Evaluations are based on input from multiple evaluators and assess the trainee's progress in the ACMGE Competencies and subspecialty Milestones. The Milestones detail the trainee's progress in attaining skill in each competency domain and should be used to identify learning needs.

3. Six-Month Evaluation

Around the mid-point of the academic year, the Program Director (or their designee), with input from the CCC, must meet with trainees to review their performance. It is

recommended that prior to the review meeting, trainees submit a self-assessment of their performance using the Milestones and identifying perceived strengths, weaknesses, and learning goals. The evaluation should document performance in all Competencies and Milestones, along with in-training exam scores, case logs, research, etc. Together with the trainee, the Program Director (or their designee) should develop an individualized learning plan to capitalize on the trainee's strengths and identify areas for growth.

4. Year-End Evaluation

At the conclusion of the academic year, trainees must receive a summative evaluation that assesses their readiness to progress to the next year of the program. The Program Director (or their designee) should review with the trainee all evaluations, in-training exam scores, and Milestone assessments from the academic year. Decisions regarding promotion or graduation must be documented.

5. Final Evaluation

At the completion of the training program, the Program Director, with input from the CCC, must provide a final evaluation assessing the most recent six months of training and verifying that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

B. Remediation

In some instances, a trainee's failure to demonstrate competencies expected by the program can be addressed through informal verbal counseling, which should nonetheless be documented in the trainee's file. Where a trainee displays a more systemic educational deficit and is failing to adequately progress, the Program Director should develop a written, individual remediation plan to address the specific educational deficiencies. The plan may include, for example, a focused study plan; clinical reasoning exercises; practice of technical skills in a simulation suite; communication skill coaching; referral to external or internal resources; schedule adjustments to allow for repeating or extending time in a particular rotation or clinical area; more frequent or direct mentoring, evaluation or feedback sessions; or other appropriate changes to the standard training.

The Program Director should document the trainee's progress under the remediation plan and whether it has been successfully completed. If the remediation plan does not resolve the concern, the Program Director should proceed to corrective or disciplinary action.

At the outset of remediation efforts, Program Directors should advise trainees that if corrective or disciplinary actions become necessary as a result of unsuccessful remediation, those actions may be reportable in the future to state medical boards, credentialing bodies, or training programs.

C. Corrective/Disciplinary Action

If a remediation plan proves unsuccessful, or if otherwise warranted by the persistence or magnitude of the performance or behavioral concerns, the Program Director may initiate corrective or disciplinary actions such as those described below. Although the Consortium generally encourages the use of progressive discipline, the Program Director retains discretion to impose at the outset more severe corrective or disciplinary actions depending on the nature or severity of the problem. Of the actions below, only formal adverse actions are appealable under the Consortium's Procedure for Review of Formal Disciplinary Decisions.

1. Letter of Warning

A letter of warning documents the concern, sets expectations for correction, and conveys that failure to successfully address the problem will lead to further corrective or disciplinary action.

2. Probation

Probation involves a structured, written plan that identifies and describes:

a) the specific deficiencies
b) necessary corrective steps or actions
c) how and when performance will be re-assessed
d) consequences of failure to successfully address the problem, including formal adverse action

Prior to initiating probation, the Program Director must consult with the CCC and the Designated Institutional Official to review documentation and confirm the appropriateness of the action.

3. Formal Adverse Action

As set out in the Policy on Disciplinary Action, Suspension, or Termination formal adverse actions include:

a) suspension, termination, or non-reappointment
b) reduction, limitation, or restriction of the trainee's clinical responsibilities

c) extension of the training program, or denial of academic credit that has the effect of extending the program
d) denial of certification of satisfactory completion of the training program

Prior to implementing a formal adverse action, the Program Director must consult with the CCC and the Designated Institutional Official to review documentation and confirm the appropriateness of the action. Procedures for notification of formal adverse actions are set out in the Policy on Disciplinary Action, Suspension, or Termination

Formal adverse actions may be appealed in accordance with the Procedure for Review of Formal Disciplinary Decisions Relating to Residents and Clinical Fellows (he notice of adverse action should inform the trainee of this right and include a copy of or link to the Procedure document.

Approved by:

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