An Emergency Medicine Remediation Consult Service: Access to Expert Remediation Advice and Resources

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ABSTRACT

Resident remediation is a complex and common issue in emergency medicine programs and requires a specific knowledge base. The Remediation Task Force (RTF) of the Council of Residency Directors in Emergency Medicine (CORD-EM) was created to identify remediation best practices and to develop tools for program directors. Initially housed on a Wiki page, and now located within the CORD-EM website, the RTF provides resources including accepted universal language for documentation and sample remediation plans. The RTF also created a remediation consult service composed of experienced educators to provide real-time structured feedback and advice to submitted remediation scenarios with consultation outcomes and conclusions uploaded to the website. CORD-EM members now have easy access to online resources and expert advice for remediation queries through the consult service. The combination of online resources and access to real-time expert advice is an innovative approach to improving resident remediation and recognizing best practices.

NEED FOR INNOVATION

Emergency medicine (EM) residency leaders commonly identify residents requiring remediation. A survey of EM programs directors (PDs) demonstrated that the prevalence of remediation was 4.4%, with 90% of PDs reporting at least one resident and 66% reporting multiple residents undergoing remediation in the previous 3 years.¹ Other specialties have demonstrated similar remediation rates in national PD surveys.^{2–4} Additionally, PDs across specialties report residents on remediation frequently have several deficiencies across several core competencies.^{1,5} Successful remediation requires a complex and multifaceted approach to optimize success.⁶ EM PDs report an

8.8% failure rate for remediation efforts, which may lead to prolonged remediation, probation, or even termination.¹ Given these facts, we believed EM PDs could benefit from best practice recommendations and formal consultation with remediation experts. To our knowledge, a national specialty-based consultation service for PDs focused on remediation has not previously been described in the literature.

BACKGROUND

The Council of Residency Directors in Emergency Medicine (CORD-EM) Remediation Task Force (RTF) was developed to provide tools to identify struggling residents

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and to disseminate remediation best practices. Since its inception, RTF members have developed significant expertise in resident remediation, published best practices, lectured on remediation topics, and participated in annual remediation consult workshops at the CORD-EM Academic Assembly.^{1,6-13} The RTF recognized the significant need for remediation resources through involvement in national meetings, inquiries from the CORD-EM membership, and a PD survey conducted in 2016. PDs desired a toolbox providing remediation resources, plans with universally acceptable language, and an opportunity to seek advice. Initially the RTF received ad hoc consultations from CORD-EM members at meetings and through informal contacts. While each remediation situation was unique, common themes were frequently encountered. The RTF thereby determined that CORD-EM members would benefit from sharing experiences and expertise in remediation practices. Wiki pages are uniquely suited to the collaborative collection of resources when academicians are separated by time and distance. In an attempt to streamline and collate resources, the RTF developed a remediation Wiki as a centralized resource.

Examples of consultant services in academic medicine have been published in the literature. The residency assistance program is a consultative service available since 1975 to family practice residency programs specifically geared toward program development and operation.¹⁴ The Society for Academic Emergency Medicine offers consultation services for faculty development, residency program development and maintenance, and ethics.¹⁵ Other specialties have also published remediation tips and guidelines for PDs without demonstration of individualized consultative support.¹⁶⁻²¹ The Department of Medicine at the University of Pennsylvania has shown remediation success through their Early Intervention Remediation Committee, which developed faculty experts in remediation and referred learners to a central committee. In 2 years, they successfully remediated all trainees who were referred to this committee in multiple competencies.²² To our knowledge, there is no published literature that has demonstrated a remote national remediation consultation service for PDs.

OBJECTIVE OF THE INNOVATION

To formalize a process to address ongoing consultation requests from the CORD-EM membership, the RTF launched the remediation consult service (RCS)

in 2016. The RCS would serve as an unbiased, expert resource for PDs struggling with remediation situations and ultimately create a case-based collection of examples for the membership.

DEVELOPMENTAL PROCESS

Utilizing a constructivist framework, incorporating both experiential learning theory and sociocultural learning theory, a task force model was developed.²³ Under the constructivist framework, our task force acknowledged that there are many ways to view a situation, with many truths and meanings to be discovered, each built from the varied perspectives of those involved in the analysis. This framework was the basis for our process, where multiple RTF members would be asked to analyze the problem and would provide both their individual experience to construct a solution for the PD. Within the constructivist framework, the core tenets of experiential learning (that learning exists within a context) and of sociocultural learning (where the interactions of the group create and enhance learning) were considered. Specifically, RTF members were given details of not just of the domain requiring remediation (e.g., medical knowledge), but also of the unique and individual circumstances of each resident that required consideration (the context). Individual suggestions were not viewed in isolation but linked together as group recommendations and were used to construct solutions for PDs.

The RTF created subcommittees mirroring the six ACGME core competencies (medical knowledge, patient care, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement [i.e. the core competency should be practice-based learning and improvement]). Subcommittee chairs were all members of residency leadership teams with extensive remediation experience and longitudinal membership on the RTF. Each had an identified area of interest for his/her core competency and worked to develop materials for the RTF's centralized resources and Wiki. As a result, subcommittee chairs became experts in content related to remediation in their designated competencies. These chairs would function as content experts for the new RCS conceptualized by the RTF chairs.

IMPLEMENTATION PHASE

After the 2016 CORD-EM Academic Assembly, the RTF notified members of the new RCS through

Figure 1. Core competencies assessed in each consultation.

electronic notification on both the CORD-EM newsletter and the national CORD-EM e-mail listserv. The RCS is accessible through a centralized e-mail address (rtfconsult@cordem.org) that autoforwards to the RTF Chair.

Consult requests were distributed to the appropriate subcommittee chair(s) based on the identified core competencies requiring remediation determined after screening by the RTF Chair. Identifiable information about the person requesting the consult or the specific resident was blinded for the consult team. Feedback from subcommittee members was collated and shared with the requestor. This feedback included type of problem identified, potential remediation resources, suggested interventions, as well as guidance on documentation, inclusion of key institution and departmental stakeholders, progress tracking, and follow-up consideration. After the consultation was complete, the RCS recommendations were uploaded to the remediation Wiki as a resource for the general CORD membership.

The remediation Wiki contained resources including examples of remediation contracts, recently published remediation literature, guidelines for remediation based on core competencies, and individual consults and responses from the RTF consult service. In June 2018, CORD moved the remediation Wiki to its own webpage for easy access to the members: <http://www.cordem.org/resources/residency-management/remediation-resources/>. The RCS continues to post completed consultations with unique content to the new webpage for member review through the CORD-EM administrative staff who manages the site. Management of the RCS and updated literature content is maintained by the chair of the RTF.

OUTCOMES

Since its beginning, the RCS has performed 15 consultations for EM programs around the country. Nine consultations included deficiencies across multiple core competencies (Figure 1). The remediation Wiki logged an average of 53 unique page hits per month in its original domain. While the nature of this type of interventions does not easily lend itself to reassessment of the specific case outcomes, there has been informal and anecdotal evidence that the RCS has been invaluable to the PDs who requested consults. Qualitative feedback obtained as a follow-up to consults includes: “The resident is scheduled for graduation this year, on time” and “After three months of remediation, the remediation was closed as the resident completed all assignments and demonstrated a shift in his actions/perspective.” Moving forward, the RTF plans to identify a standardized follow-up mechanism through which potential long-term outcomes and success of remediation plans can be tracked as a result of utilization of this consult service.

REFLECTIVE DISCUSSION

We report the successful development of a centralized repository of pooled electronic resources for residency leaders in EM. In addition to eliminating the need for PDs to reinvent material when needed, the RTF now provides streamlined access to expert opinion through the RCS year-round, rather than just in-person consultations held each year at the CORD-EM Academic Assembly. The RCS, modeled on constructivist principles, has the additional benefit of objective, nonbiased, and blinded advice constructed from experts in remediation. For some

PDs, the addition of an outside resource may lend additional credibility to a remediation plan for a learner as well as offer the support of a larger community as program leaders work through complex and sometimes unfamiliar challenges with trainees. Further, the RCS now has pooled experiences of the RTF members and previous consultations to administer creative and useful advice to those requesting formal consultation. To provide support and sustainability of the work described, CORD-EM has made the RTF a formal committee of the organization, thus ensuring resources and accountability of the leadership for the service it is providing. While institutions may provide local resources to medical educators, the RCS provides a model in the literature for other specialties to adopt and modify for their own PDs.

In its original design, the RCS did not collect full demographic information on the trainees. Additionally, outcome measures were not collected prospectively, which is a limitation of the initial service. Moving forward, we plan to institute a follow-up assessment of the consults completed to better quantify the outcomes of the remediation and obtain feedback on the process to add validity to the service.

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