SAUSHEC Academic Action Template for ADVERSE ACTIONS

Personal Data

Resident:	Date:
Program:	Program Year level:
Action Proposed:	
Probation	[see Due Process Policy, paragraph V]
Extension in Training with Probation	[see Due Process Policy, paragraph VI]
Termination	[see Due Process Policy, paragraph VII]

History

Mark as applicable	Date(s)
Written Counseling	
Program Level Remediation	
Probation	
Extension in Training	

Due Process Procedures

	Date
Resident informed of proposed action	
Resident provided input	
Resident signed notification letter	
Projected date of GMEC action	

Competency Issues

Goals and Objectives or standards not being achieved	Brief description with example(s)	Evaluation Tools used
(see Annex A)		
Medical Knowledge		
Patient Care		
Interpersonal and Communication Skills		
Professionalism		
Practice Based Learning and Improvement		
Systems Based Practice		

Assessment of relevant program issues (see Annex B):

Assessment of resident's current GME capabilities (see Annex B):

Assessment of factors impacting resident's GME capabilities (see Annex B)

Extrinsic factors: Prior preparation for residency/fellowship in medical school and/or previous GME

Intrinsic factors:

Remediation Plan

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Timeline

Dates of Proposed Action:

IEC Progress report(s) on:

IEC Final report on:

Remediation plan summary for each competency not being met

Competency	Remediation Plan	Evaluation Tool and Endpoints
Medical Knowledge		
Patient Care		
Professionalism		
Interpersonal and Communication Skills		
Practice Based Learning and Improvement		
Systems Based Practice		

Plan for other remediation issues

Resident mentor assigned	
Mental Health support	
Plan for other factors limiting GME capabilities	

Program Director signature and date:

Resident verification: I have reviewed and discussed the contents of this form with my program director and understand that further academic action such as probation, extension, and termination could be recommended to the IEC at any time during the period covered above if I am unable to meet defined endpoints. I know where to get a copy of the SAUSHEC Due Process Policy from the SAUSHEC web site (http://www.bamc.amedd.army.mil/saushec/). I know how to contact a SAUSHEC Ombudsman via pager, phone or email as listed on their flyer on the SAUSHEC web site.

Resident signature and date:

Type Resident's Name

Date

SAUSHEC Academic Action Template Annex A

MEDICAL KNOWLEDGE: Residents must demonstrate knowledge about established & evolving biomedical, clinical, & cognate (e.g. epidemiological & social-behavioral) sciences & application of this knowledge to patient care. Residents are expected to:

- 1. know & apply basic & clinically supportive sciences which are appropriate to their discipline
- 2. demonstrate an investigatory & analytic thinking approach to clinical situations

PATIENT CARE: Residents must provide patient care that is compassionate, appropriate & effective for treatment of health problems & promotion of health. Residents are expected to:

- 1. communicate effectively & demonstrate caring & respectful behaviors when interacting with patients and their families
- 2. gather essential & accurate information about their patients
- 3. make informed decisions about diagnostic & therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, & clinical judgment
- 4. develop & carry out patient management plans counsel & educate patients & their families
- 5. use information technology to support patient care decisions & patient education
- 6. perform competently all medical & invasive procedures considered essential for area of practice
- 7. provide health care services aimed at preventing health problems or maintaining health
- 8. work with health care professionals, including those from other disciplines, to provide patient-focused care

INTERPERSONAL & COMMUNICATION SKILLS: Residents must demonstrate interpersonal & communication skills that result in effective information exchange & teaming with patients, patients families, & professional associates. Residents are expected to:

- 1. create & sustain a therapeutic & ethically sound relationship with patients
- 2. use effective listening skills & elicit & provide information using effective nonverbal, explanatory, questioning & writing skills
- 3. work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM: Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, & sensitivity to a diverse patient population. Residents are expected to:

1. Demonstrate respect, compassion, & integrity; a responsiveness to needs of patients & society that supersedes self-interest; accountability to patients, society, & the profession; & a commitment to excellence & on-going professional development

- 2. Demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- 3. Demonstrate sensitivity & responsiveness to patients' culture, age, gender, & disabilities

PRACTICE -BASED LEARNING and IMPROVEMENT: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- 1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology
- 2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- 3. Apply knowledge of study designs and statistical methods to appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- 4. Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- 5. Use information technology to manage information, access on-line medical information, and support their own education
- 6. Facilitate teaching of students and other health care professionals

SYSTEMS BASED PRACTICE: Residents must demonstrate awareness of and responsiveness to larger context and system of Health Care and ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- 1. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- 2. Understand how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society and how these elements of the system affect their own practice
- 3. Practice cost-effective health care and resource allocation that does not compromise quality of care
- 4. Advocate for quality patient care and assist patients in dealing with system complexities
- 5. Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance

SAUSHEC Academic Action Template Annex B

Program Issues that can affect resident performance

- 1. Leadership
- 2. Morale
- 3. Program Processes

G and Os defined, reasonable and accepted by faculty and residents; Effective evaluation and feedback system; Effective supervision system; Communication/Chain of command systems in program

- 4. Program work environment
- 5. Scheduling system fair; Duty hour standards; Support systems; Harassment issues
- 6. Faculty
- 7. Numbers, specialty mix, availability, GME skills (teaching, feedback etc)
- 8. Patient material Too much; too little; wrong mix

GME Capability Domains

- 1. Intellectual capabilities
- 2. Acquisition of Medical knowledge and/or Application of Medical knowledge
- 3. Psychomotor skill capabilities
- 4. Organizational skills capabilities
- 5. Social skills capabilities
- 6. Coping/Adapting skills capabilities
- 7. Work effort capabilities
- 8. Teaching skills capabilities

Extrinsic factors that can affect residents GME capabilities

- 1. Prior preparation for residency/fellowship in medical school and/or previous GME
- 2. Personal life issues
- 3. Social; Support system; Financial
- 4. Fit between resident and program
- 5. Cultural conflicts
- 6. Drugs, Alcohol and other temptations

Intrinsic factors that can affect residents GME capabilities

- 1. Medical conditions affecting the resident
- 2. Mental Health conditions affecting the Resident
- 3. Learning disorder; Depression; Stress/burnout; Personality disorders; Poor insight; Immaturity/delayed adolescence; Performance anxiety
- 4. Attitude of the resident Doubts about choice of profession: Work ethic:

Doubts about choice of profession; Work ethic; Professional ethics; Hippocratic oath (patient above self); Commitment to lifelong learning and self improvement; Intellectual honesty with patients, colleagues and self; Other professional ethical standards