

## Background

- **Remediation:** Additional goal-directed training, supervision, or assistance imposed on a learner beyond what is typically required by a specialty
- Prior survey: up to 12% of pediatric residents have required remediation
- Remediation requires significant time/energy/resource investment by PDs and programs
- Unsuccessful remediation has potential long-standing consequences
- Currently, pediatrics lacks best practices in remediation

## Objective

**Describe how pediatric residency programs approach and manage remediation, including identification, support systems, and tracking**

## Methods

- National survey of pediatric residency programs
- Data were collected from Dec 2021 to Feb 2022
- Disseminated by APPD's Research and Scholarship Learning Community
- Survey developed through review of literature on remediation across all specialties
- **Quantitative analysis:** multiple-choice questions focused on identification of the struggling resident, responsibility for plan development and oversight, plan details (most common competencies remediated, duration)

## Results

### Criteria used to identify residents who need remediation

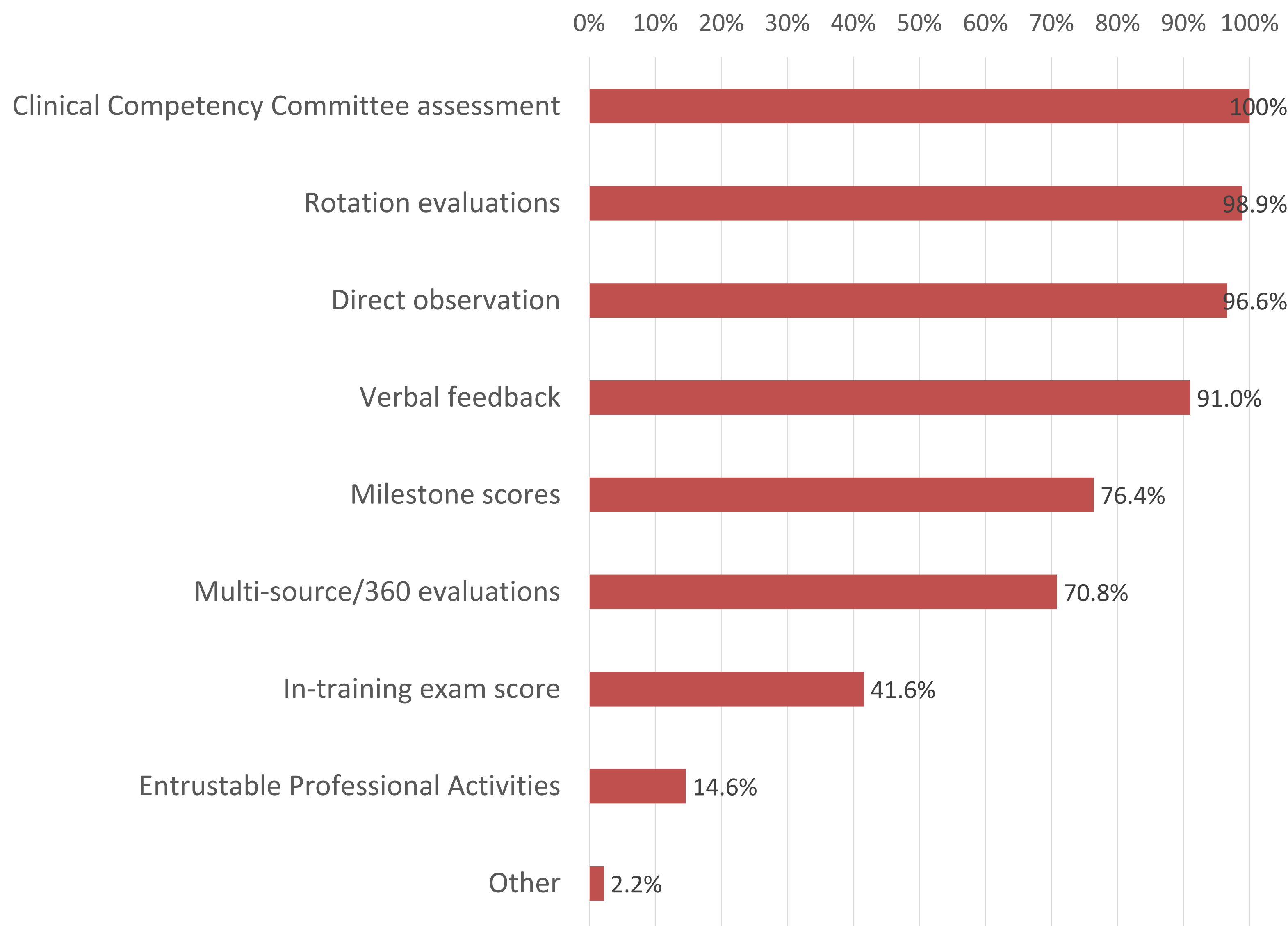


Figure 1: Criteria used in determining remediation

### Key Findings

- Response rate: 50.8% (99/199)
  - 95 were program directors and 4 were associate program directors
- Respondents were similar to non-respondents with regards to program size, program setting, and region
- 89.9% (89/99) programs have remediated at least 1 resident in the last 5 years
- For programs that have remediated residents in the last 5 years, 81% remediated PL-1s, 79% remediated PL-2s, and 35% remediated PL-3s
- Most programs rely on CCC, direct observation, and rotation evaluations to identify struggling residents
- The most effective methods for remediation vary by core competency
- The most commonly used methods across competencies include:
  - Direct observation
  - Coaching program
  - Rotation evaluations
  - Pairing with faculty mentor
  - Pairing with peer coach/senior resident
  - Referral to mental health resources/counseling

Table 1: Documentation and oversight

Remediation plan documentation, duration, and progress review	
How does your program document resident progress on their remediation plan? (n=89)	
Improvement plan	88% (79)
Letter from PD	48.3% (43)
Letter from CCC	29.2% (26)
Letter from GME dean/office	2.2% (2)
Does your program apply a standard duration to remediation plans? (n=89)	
Yes	41.6% (37)
No	58.4% (52)
What is the standard duration your program uses? (n=37)	
1-2 months	5.4% (2)
3 months	81.1% (30)
4-5 months	2.7% (1)
6 months	10.8% (4)
On average, how often does the person responsible for oversight of the plan meet with the resident? (n=89)	
Daily	1.1% (1)
Weekly	24.7% (22)
Every other week	23.6% (21)
Monthly	32.6% (29)
Every two months	3.3% (3)
Every three months	1.1% (1)
Other	13.5% (12)

Table 2: Remediation by competency

In the last 5 years have you remediated a resident in... (n=89)	Yes
Patient care	89.9% (80)
Professionalism	73.03% (65)
Medical knowledge	67.4% (60)
Interpersonal and communication skills	64.04% (57)
Problem-based learning and improvement	21.34% (19)
Systems-based practice	6.74% (6)

Table 3: Satisfaction with remediation

How satisfied are you with your program's remediation process? (n=89)	
Very satisfied	14.6% (13)
Satisfied	41.6% (37)
Somewhat satisfied	37.1% (33)
Somewhat unsatisfied	1.1% (1)
Unsatisfied	2.4% (3)
Very unsatisfied	2.2% (2)

Table 4: Efficacy of remediation

How effective is your program's remediation process? (n=89)	
Very effective	19.1% (17)
Effective	47.2% (42)
Somewhat effective	29.2% (26)
Somewhat ineffective	1.1% (1)
Ineffective	2.2% (2)
Very ineffective	1.1% (1)

### Components included in remediation plans

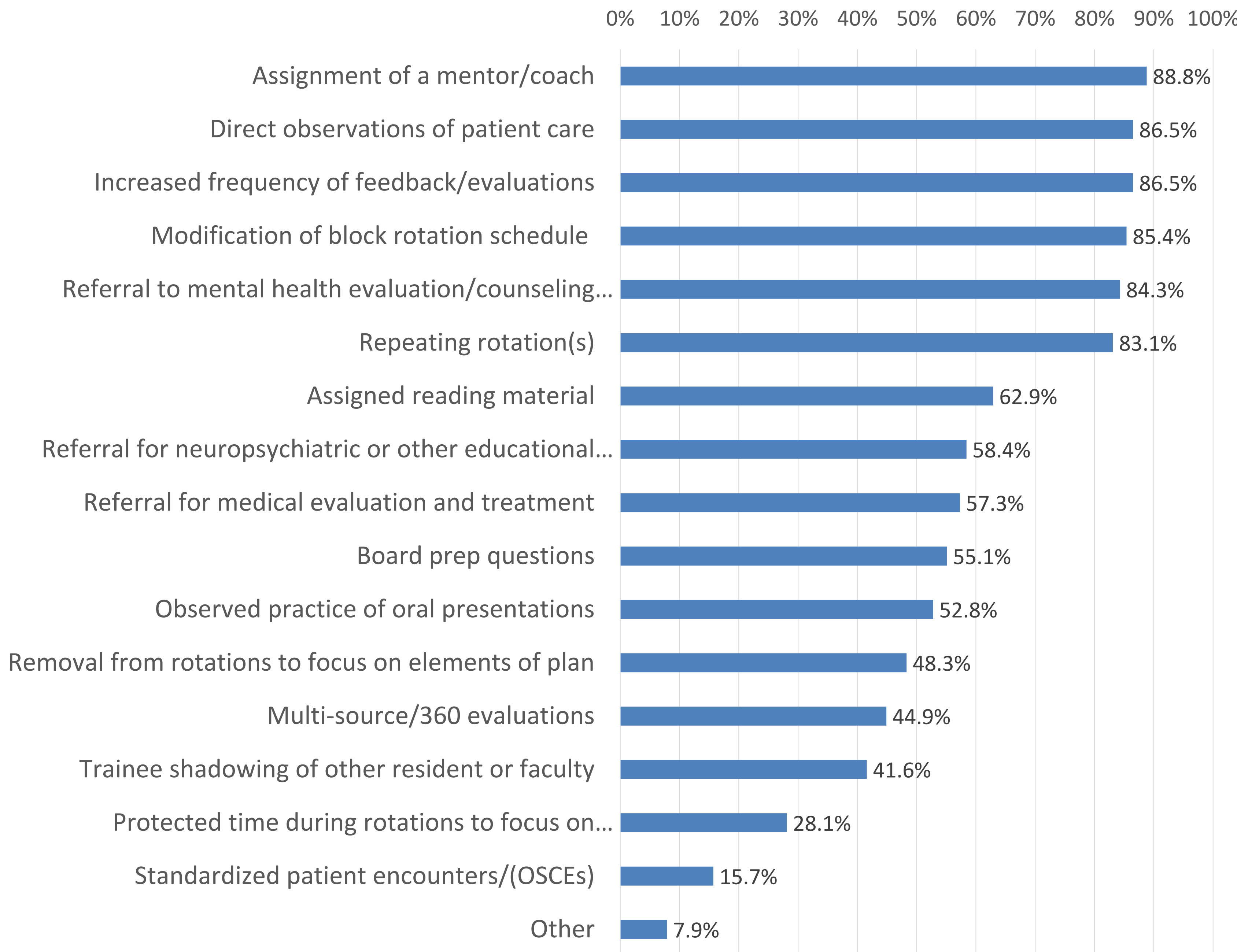


Figure 2: Components used in remediation plans

## Limitations

- Data are retrospective and self-reported and subject to recall bias
- PDs may have held their residency leadership role for a variable amount of time; some PDs may be in the role for a short period of time and not experienced a resident needing remediation

## Conclusions

- **Most programs have needed to remediate a resident**
- **Pediatric residency programs employ different strategies for identifying, tracking, and supporting struggling residents with some similarities across programs**
- **These results highlight the need for a remediation model with clearly defined elements that are geared towards ensuring equity in remediation while reducing the burden of remediation on programs**

## Acknowledgments

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