THE STRUGGLING RESIDENT REMEDIATION TOOLKIT

Courtney K. Phillips, MD
Urology Program Director
Lenox Hill Hospital

6 Feb 2026

Northwell Health®

DISCLOSURES

I have No Relevant or Irrelevant Disclosures.

DISCLAIMER

1. The idea for this grant came from my lack of Qualifications to give this talk.

REMEDIATION, PROBATION

In the US, nearly 5-10% of urology residents need to be formally remediated[1,6]

In a poll of General Surgery PD's[2]

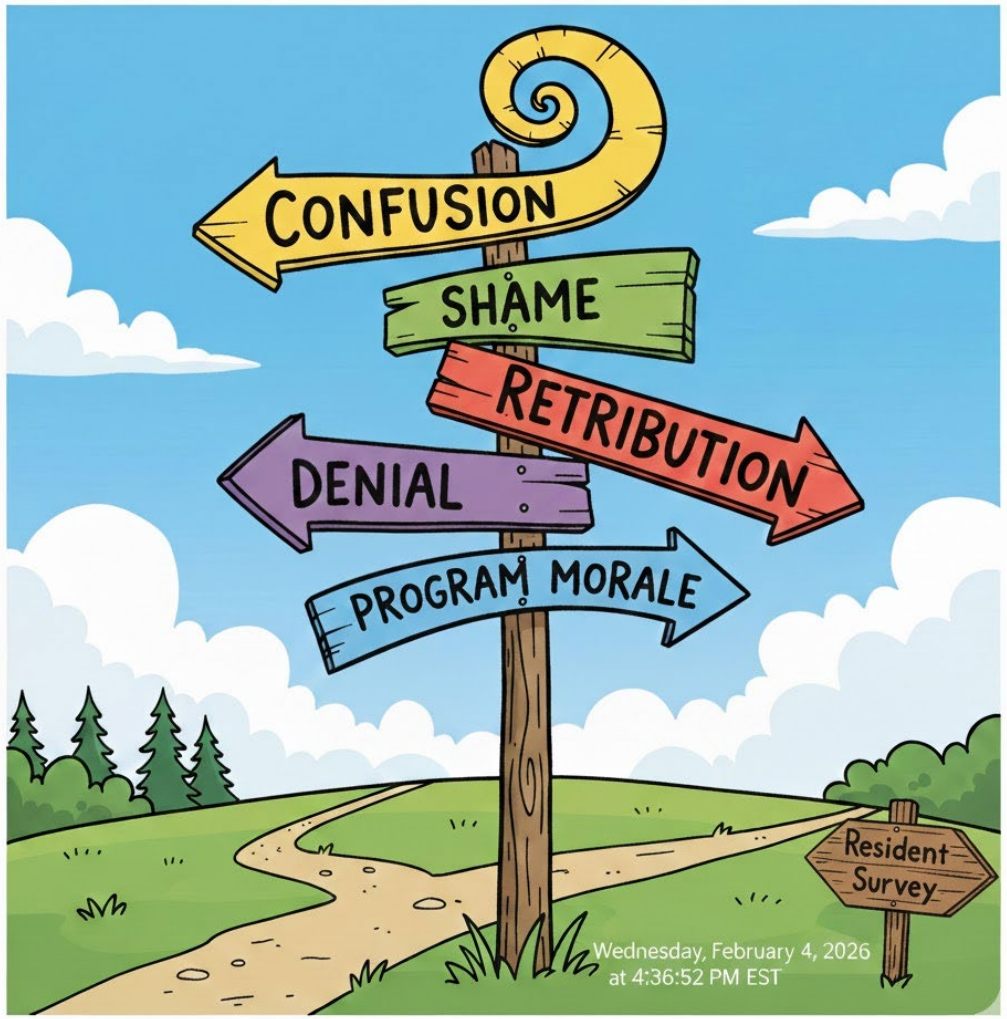
- 18% reported little to no training in dealing with struggling residents
- 65.9% felt their program lacked adequate resources

1. Han, Badalato, Murano, Andersen J Surg Ed. 81(4), 2024.
2. Santosa KB et al. J Surg Res. 273, 2022.
6. Kurzweil AM, Galetta. Sem Neur. 38(4), 2018.

REPERCUSSIONS

Failing to Remediate Effectively

- Resident Attrition
- Resident Mental Health
- Program Morale & Training Environment[4]
- Patient Safety / Graduation of a potentially dangerous Provider
- Program Director Turnover
  - Average Urology PD tenure Four years[3]
- And…. the Survey



3. Malchow T et al. Who is shaping the future of academic urology? A descriptive analysis of residency program directors. Urology 178: 17-20, Aug 2023.

4. Yao DC, Wright SM. J Gen Int Med. 16, 2001.

WHAT IS A STRUGGLING RESIDENT?

ABIM definition of the “Problem” Resident

- *“A trainee who demonstrates problem behaviors significant enough to require intervention by program leadership, typically the residency program director or chief resident”*[4]
- 7% of IM residents in 2001 fulfilled this criteria[4]

Other Proposed Definitions

- “A resident with a negative sphere of influence beyond their personal struggle”.[5]
- Failure to meet at least 1 ACGME core competency (9-28%)[7]

5. Taira T, Santen S, Roberts NK. West J Emer Med. 20(1), 2019

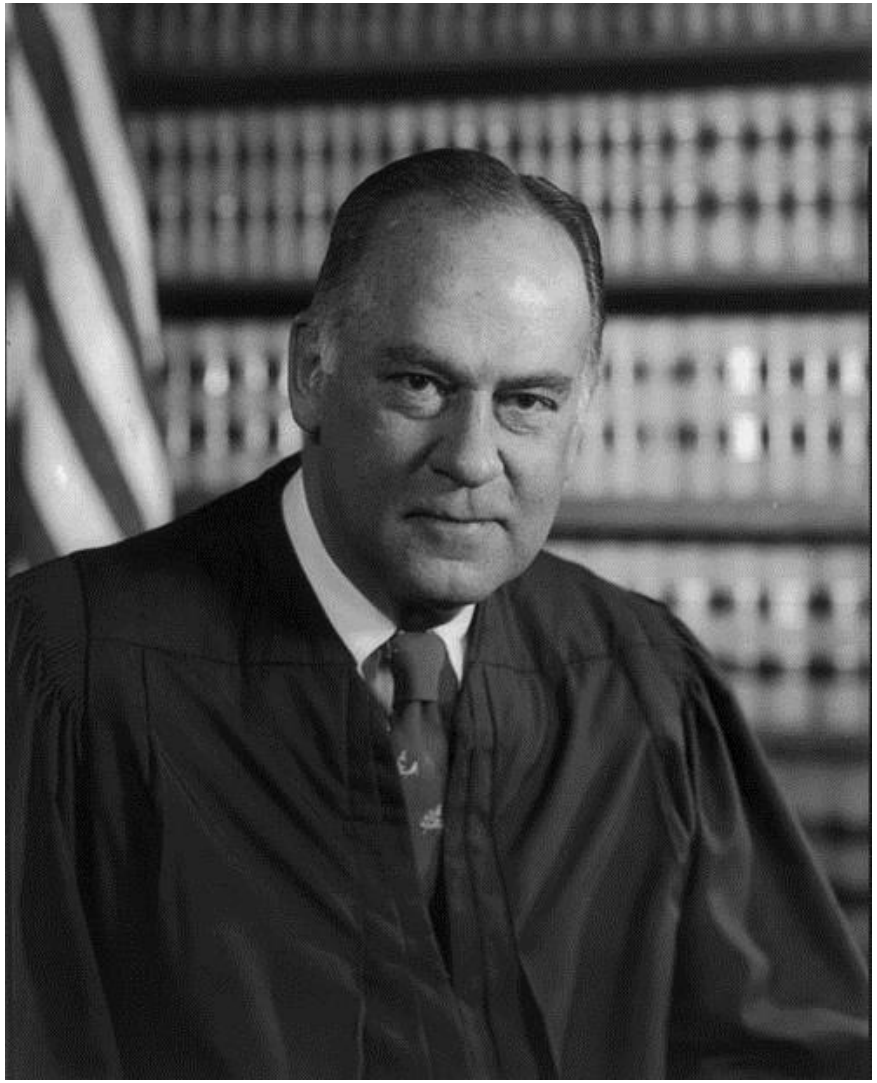
7. Sundar PP, Garcia JL, Iding N, Cannon S. Curr Urol Rep. 26(42), 2025.

JACOBELLIS VS OHIO

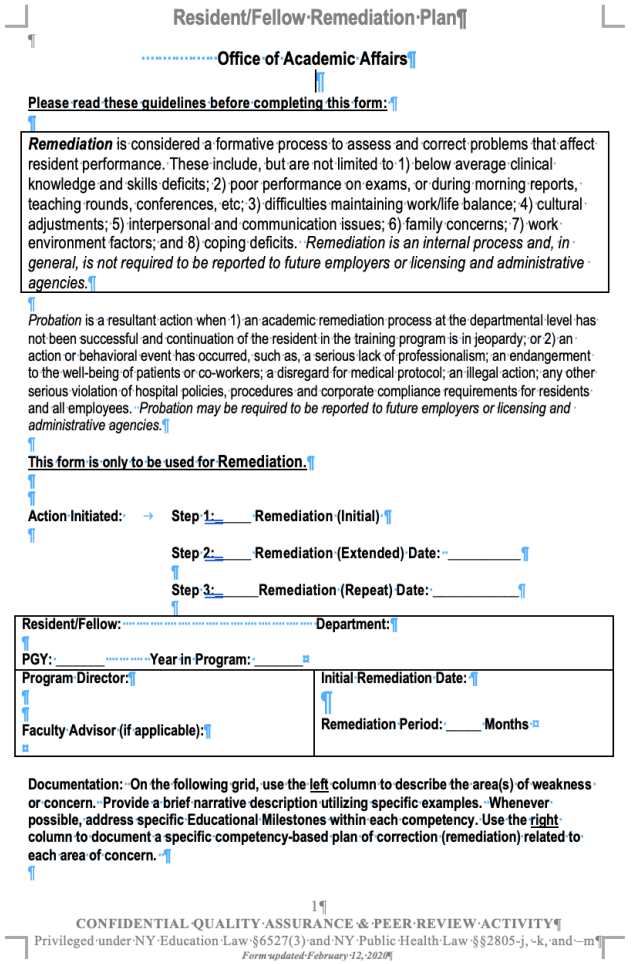
Justice Potter Stewart, US Supreme Court (1964)

“I know it when I see it”

…. You just have to see it



REMEDIATION, PROBATION: ONE SIZE FITS… ANYONE?



Resident/Fellow Remediation Plan

Office of Academic Affairs

Please read these guidelines before completing this form:

Remediation is considered a formative process to assess and correct problems that affect resident performance. These include, but are not limited to 1) below average clinical knowledge and skills deficits; 2) poor performance on exams, or during morning reports, teaching rounds, conferences, etc; 3) difficulties maintaining work/life balance; 4) cultural adjustments; 5) interpersonal and communication issues; 6) family concerns; 7) work environment factors; and 8) coping deficits. *Remediation is an internal process and, in general, is not required to be reported to future employers or licensing and administrative agencies.*

Probation is a resultant action when 1) an academic remediation process at the departmental level has not been successful and continuation of the resident in the training program is in jeopardy; or 2) an action or behavioral event has occurred, such as, a serious lack of professionalism; an endangerment to the well-being of patients or co-workers; a disregard for medical protocol; an illegal action; any other serious violation of hospital policies, procedures and corporate compliance requirements for residents and all employees. *Probation may be required to be reported to future employers or licensing and administrative agencies.*

This form is only to be used for Remediation.

Action Initiated: → Step 1: ____ Remediation (Initial)

Step 2: ____ Remediation (Extended) Date: _____

Step 3: ____ Remediation (Repeat) Date: _____

Resident/Fellow: Department:	
PGY: _____ Year in Program: _____	
Program Director:	Initial Remediation Date:
Faculty Advisor (if applicable):	Remediation Period: ____ Months

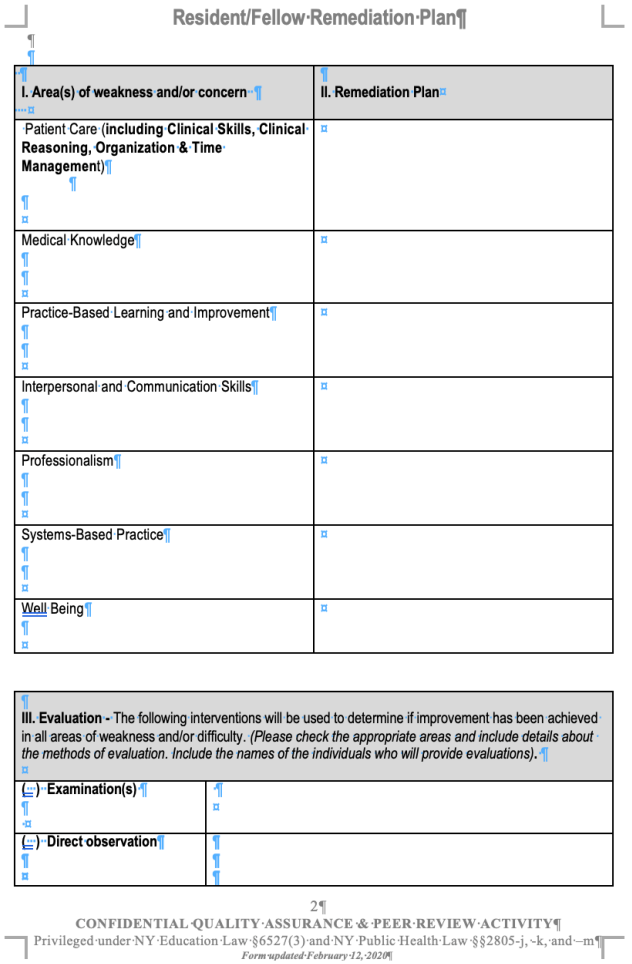
Documentation: On the following grid, use the left column to describe the area(s) of weakness or concern. Provide a brief narrative description utilizing specific examples. Whenever possible, address specific Educational Milestones within each competency. Use the right column to document a specific competency-based plan of correction (remediation) related to each area of concern.

1

CONFIDENTIAL QUALITY ASSURANCE & PEER REVIEW ACTIVITY

Privileged under NY Education Law §6527(3) and NY Public Health Law §§2805-j, -k, and -m

Form updated February 12, 2020



Resident/Fellow Remediation Plan

I. Area(s) of weakness and/or concern	II. Remediation Plan
Patient Care (including Clinical Skills, Clinical Reasoning, Organization & Time Management)	
Medical Knowledge	
Practice-Based Learning and Improvement	
Interpersonal and Communication Skills	
Professionalism	
Systems-Based Practice	
Well Being	

III. Evaluation - The following interventions will be used to determine if improvement has been achieved in all areas of weakness and/or difficulty. *(Please check the appropriate areas and include details about the methods of evaluation. Include the names of the individuals who will provide evaluations).*

(__) Examination(s)	
(__) Direct observation	

2

CONFIDENTIAL QUALITY ASSURANCE & PEER REVIEW ACTIVITY

Privileged under NY Education Law §6527(3) and NY Public Health Law §§2805-j, -k, and -m

Form updated February 12, 2020

Urology programs are different than other programs

- Smaller: limited faculty
- Surgical and Medical issues

TAXONOMY OF RESIDENT STRUGGLES

At Work

Knowledge/Ability		
Medical Knowledge	Fixable	Receptive
		Non-Receptive
	Non-Fixable	
Surgical Ability	Fixable	Receptive
		Non-Receptive
	Non-Fixable	
Both	Fixable	Receptive
		Non-Receptive
	Non-Fixable	

Professionalism		
• Admin • Personality • Behavior • Communication • Leadership • Integrity	Fixable	Receptive
		Non-Receptive
	Non-Fixable	

External		
Family Stress	Fixable	Receptive
		Non-Receptive
	Non-Fixable	Support
Socio-economic	Fixable	Receptive
		Non-Receptive
	Non-Fixable	Support

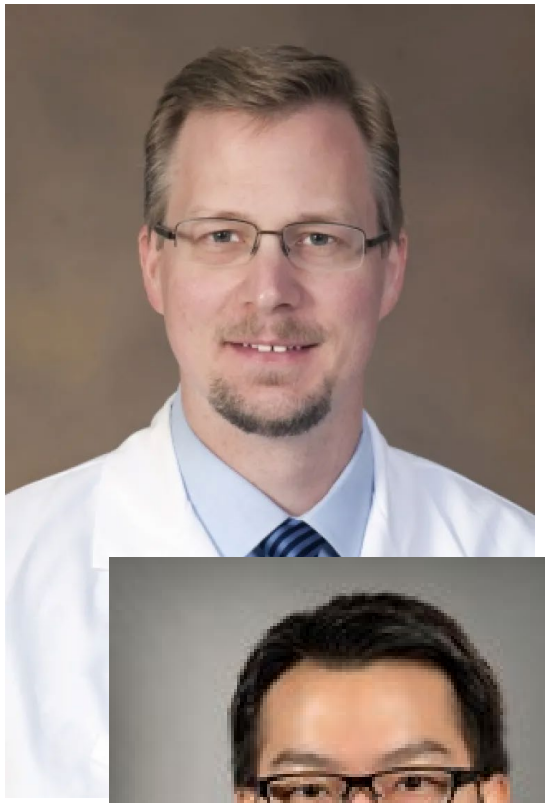
Addiction		
Addiction	Fixable	Receptive
		Non-Receptive
	Non-Fixable	Termination

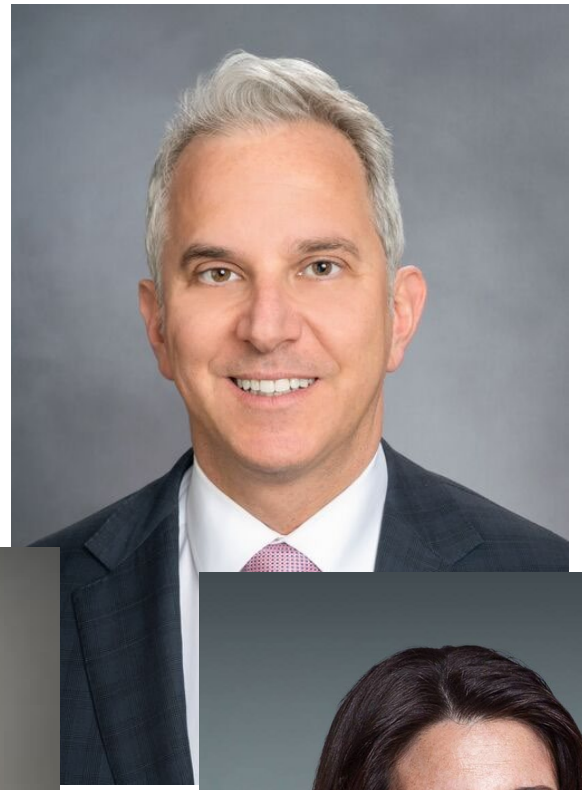
Outside of Work

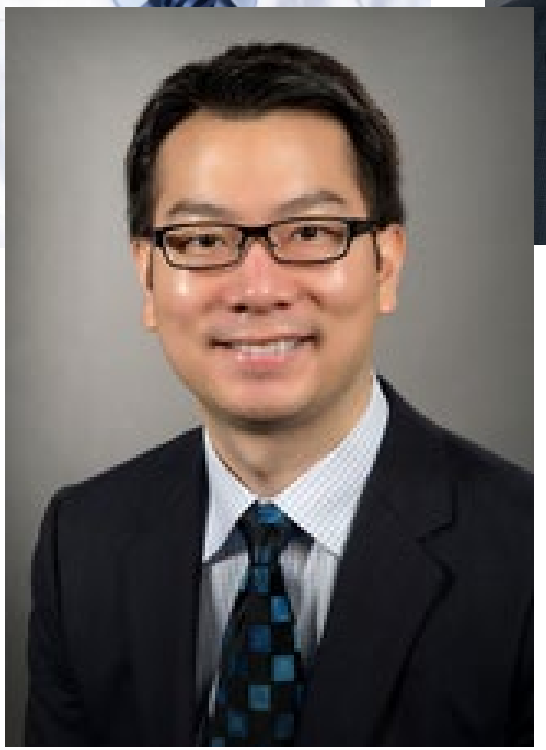
- Research suggests that **Professionalism** is the hardest domain to remediate[5]
  - Professionalism/Communication issues may be more common in surgical specialties
- **Insight** and **Receptiveness** to feedback are critical for success

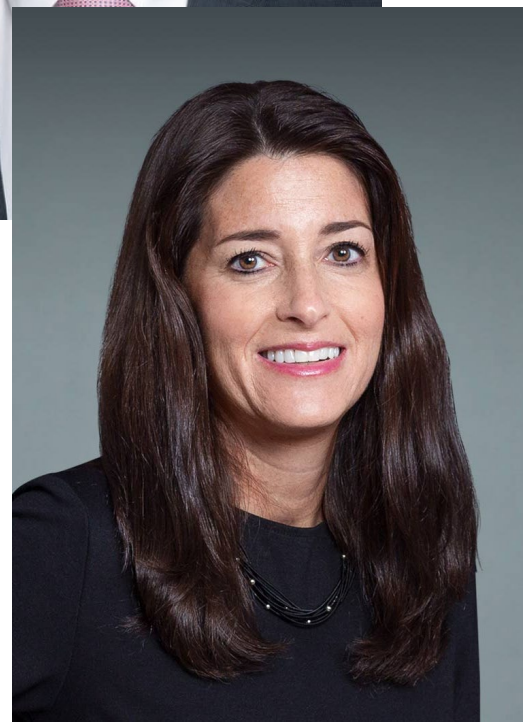

WHO YA GONNA CALL?
GHOSTBUSTERS

MY UROLOGIC BAT SIGNAL



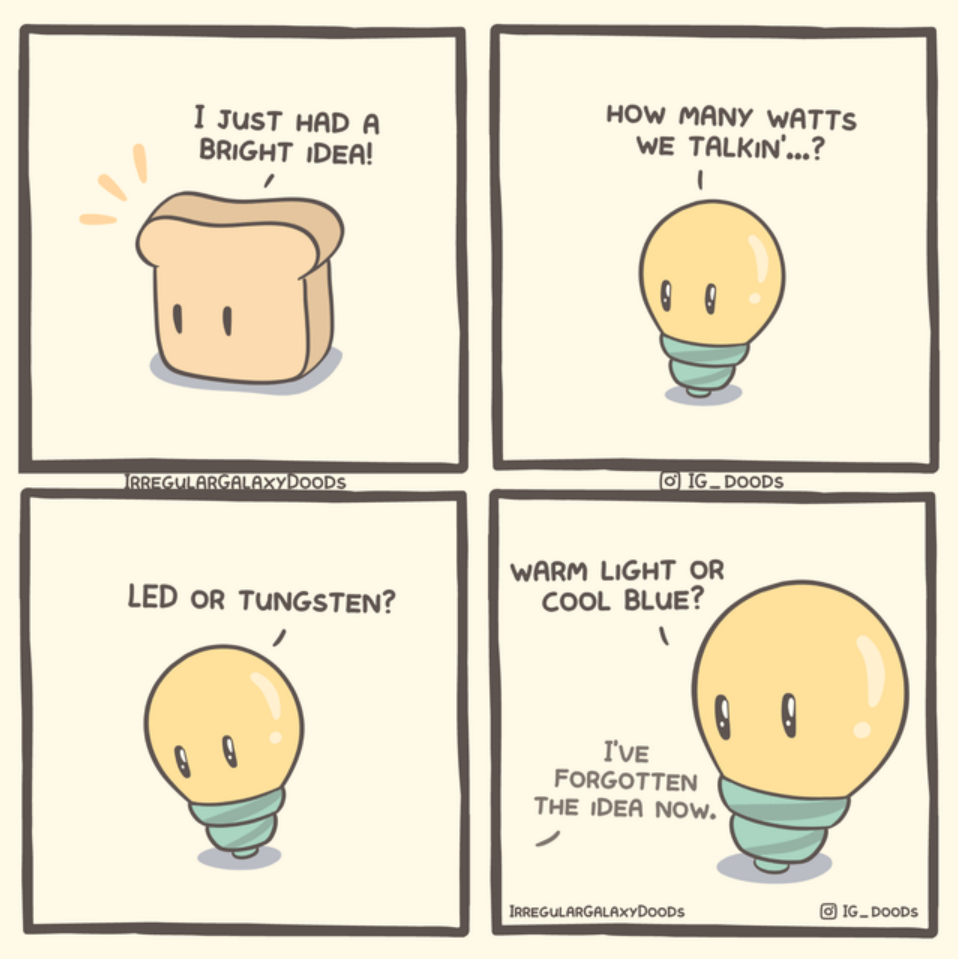






One study showed advice from other PD's was one of the most helpful resources[2]

THE PROJECT

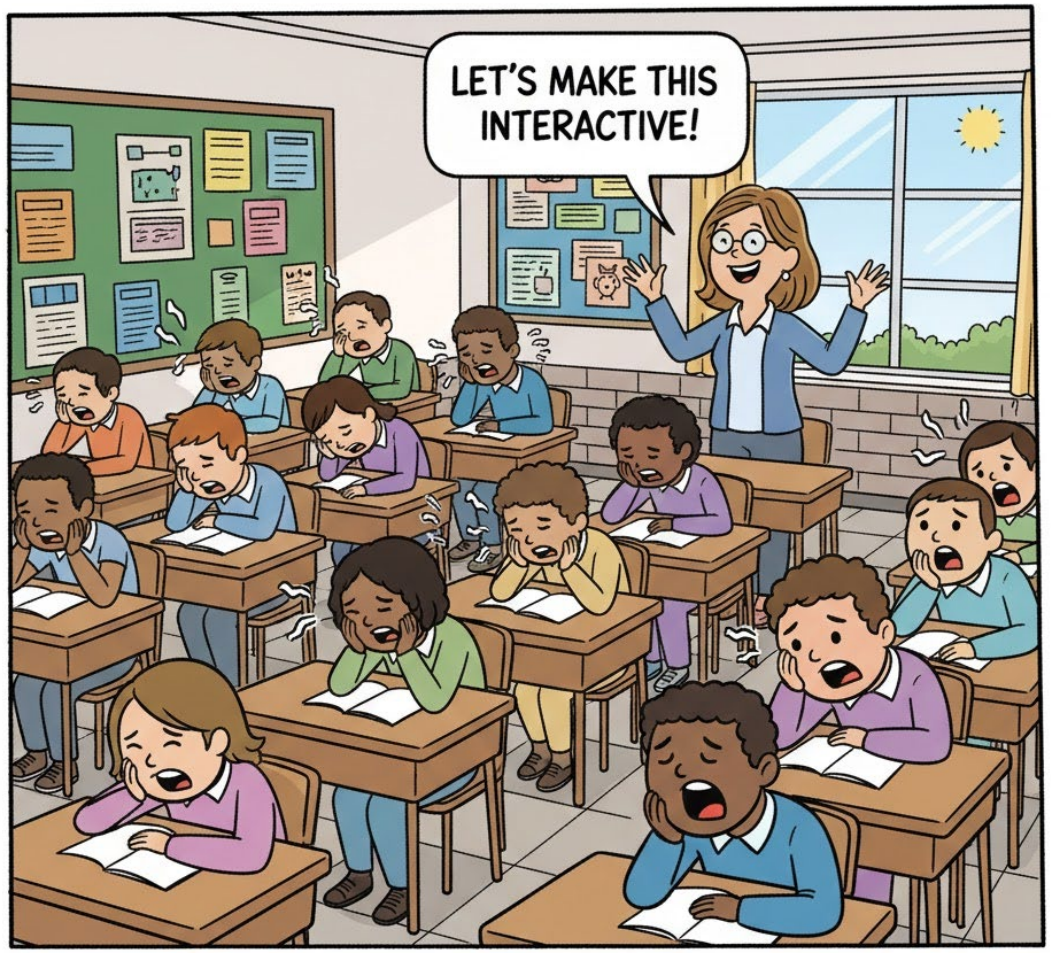


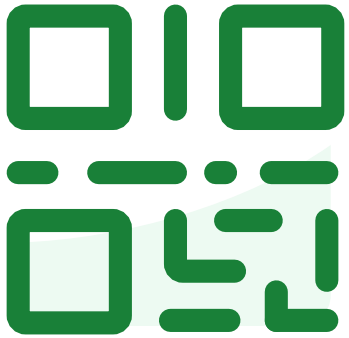
Use the collective wisdom in this room to help struggling residents by providing PD's with more tools to help the UROLOGY resident

Step 1: Needs Assessment (today)

Step 2: Survey

INTERACTIVE





Join at slido.com
#3301023

THE REMEDIATION CYCLE

HOW DO WE ADDRESS STRUGGLING RESIDENTS?

Recognition

- Early

Remediation

- Comprehensive

Evaluation

- Often
- 360
- Especially from source of Recognition

Follow-Up

- Escalation to Probation vs Maintenance
- Accountability and Follow Through

EARLY RECOGNITION

Residents rarely self report struggling[2]

- One report cited 2% self reporting[4]

Medical Knowledge and Surgical Skills Issues

- More likely to be seen by Faculty

Professionalism, Addiction, External Stressors

- **More likely to be recognized by co-Residents and Ancillary Staff**

Up to 59% identified by a critical incident[7]

EVALUATION OF PROFESSIONALISM

Professionalism: Feedback and Evaluation

- Often reported by feedback, evaluations, word of mouth[2]
- Inherently **subjective**
- Subjectivity can lead to increased denial or believing the feedback is retaliatory or personal.

Would your program benefit from a sample evaluation form designed to screen residents for areas/domains of concern?

REMEDIATION PLANNING

The Vast Majority of programs use Mentorship / Coaching[7,4]

- Choosing the right mentor
- Lack of formalized training
- Creating the time
- Supporting the mentor

Paucity of self-directed learning or third party coaching (AMA module)

Formalized interval feedback and evaluations

The ACGME has a toolkit for Remediation, but would you or your program benefit from Urology specific training on dealing with struggling residents?

Do you use third party (not associated with your institution) resources for your strugging residents?

Would you be interested in a list of resources to help you design a resident's remediation plan?

Would you/your program benefit from an interval evaluation form template designed to assess progress during remediation?

WHAT ARE OTHER SPECIALTIES DOING?

The **Remediation Task Force of the Council of Residency Directors Emergency Medicine (CORD-EM)**

- Outlined best practices
- Codified language/terms
- Created sample remediation plans
- Created a “Remediation Consultation Service” to provide plans for submitted scenarios

Rutgers New Jersey Medical School created an institutional **House staff Performance Enhancement Program Subcommittee**

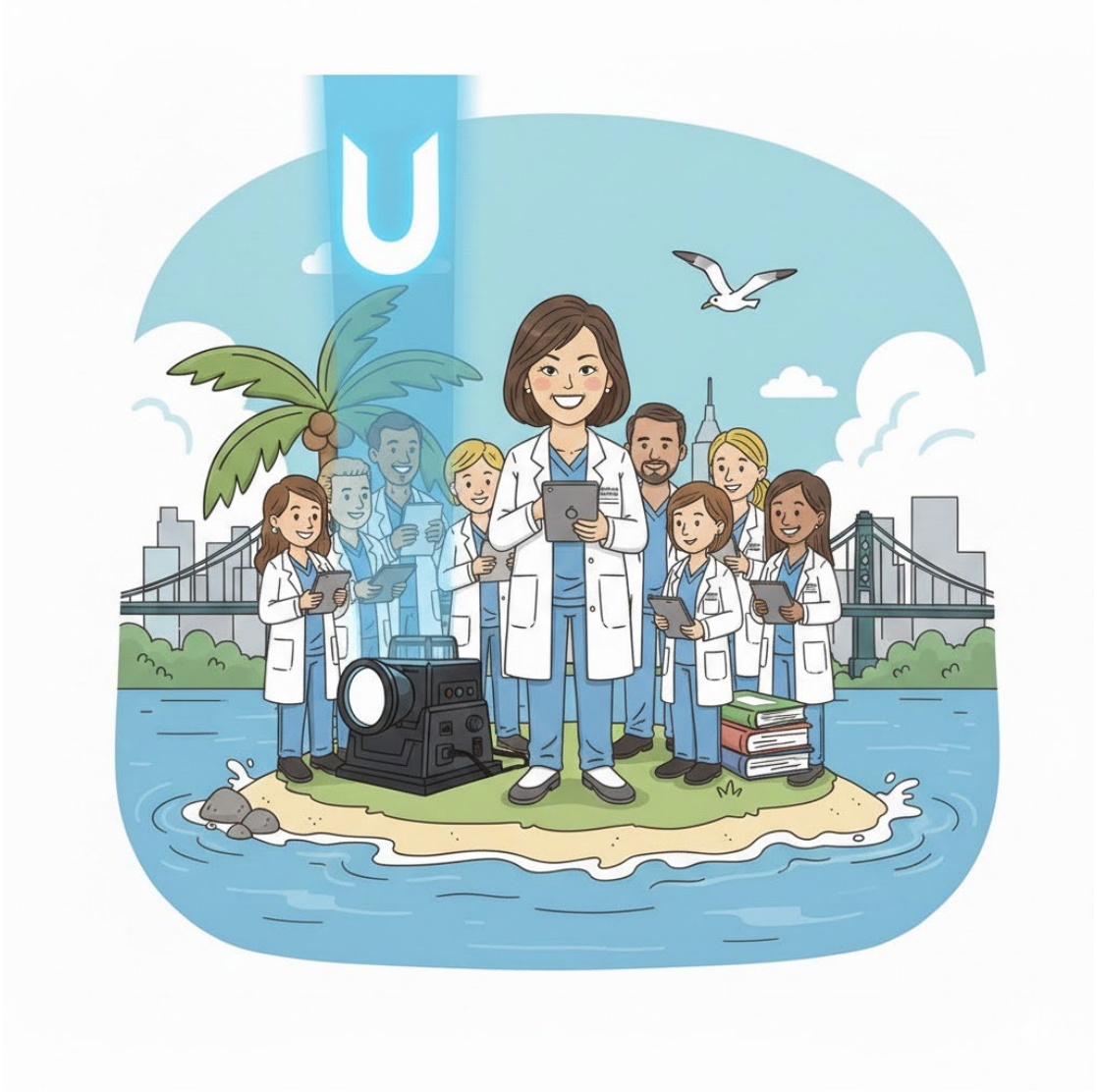
- Initiated standardized process across all specialties
- Created a toolkit and timeline
- Transparency- was placed on website

Should the SAU codify Remediation/Probation best practices, language, and provide sample plans for its members?

Would a remediation Consult Service/Task force be useful at the SAU level or is it best to leave Remediation to each institution?

Should the SAU codify situations or benchmarks for which residents should be strongly considered for advancement to probation?

NEXT STEPS



Survey

- Your knowledge is the key
- The wisdom is in this room

Acknowledgements

- Lee Richstone
- Leonard Glickman
- Justin Han
- Christian Twiss
- Jamie Kanofsky

Courtney Phillips

cphillips12@northwell.edu

Mobile: 973-699-0019

THANK YOU


IT'S
FWIDAY
AND I JUST WANT TO WISH
EVEWYBOWDY
A GWEAT DAY
PAY IT FORWARD
www.Daveswordsofwisdom.com