

**PERFORMANCE IMPROVEMENT PLAN (PIP)
PROGRAM DIRECTOR CHECKLIST**

Resident:* _____

Program: _____

This checklist is a guide to assist the Program Director in implementing a successful PIP to correct performance problems and/or deficiencies of a Resident by increasing knowledge, improving skills, or changing behaviors and is not a substitute for the GME PIP notification. Steps 1-4 must be completed to satisfy the requirements for documentation of the PIP.

BE SPECIFIC: Spell out exactly at what the Resident is failing, describe how the Resident can fix the problem, and provide a timeline and list of reassessment methods.

DOCUMENT CAREFULLY: If it isn't written; it didn't happen.

BE CLEAR about what is expected and consequences if expectations are not met.

Step 1: Prior to Meeting with Resident:

Action	Check when Completed
1. Identify a negative trend in performance and/or an egregious behavior	
2. Read the Academic Performance Improvement Actions Policy	
3. Complete GME PIP Letter including the following required elements: a. Identify and document in the letter the evaluations used to determine the need for PIP status b. Link deficiency/deficiencies to ACGME competencies; check all the areas that apply, write in any areas of deficiency not listed and provide a description of the specific marginal or unsatisfactory performance/behavior c. Specify methods for improvement/learning activities that provide the resident an opportunity to correct mistakes and/or deficiencies (see list of possible activities at the end of this document). <u>Give the Resident very clear cut activities.</u> d. Define time period for remediation; e.g., one block rotation (1,2,3, months), six months (until next mid-year or yearend summative evaluation meeting), until anticipated date of program completion. Note: If action may result in non-promotion or termination, Resident should receive written notification. e. Identify monitoring and assessment methods (see list of possible methods at the end of this document), this includes specifying the frequency of progress review meetings with program director or advisor (at least monthly) <u>Give the Resident very clear cut assessment expectations.</u>	
4. Contact Associate Dean/DIO to review a draft of the GME PIP notification.	
5. Schedule formal meeting with Resident	

Step 2: Meeting with Resident:

Action	Check when Completed
1. Meet with Resident to formally discuss PIP notification details.	
2. Resident, Program Director, and the Associate Dean/DIO must sign PIP notification. Give copy to Resident at conclusion of meeting.	
3. Provide the Director of GME and Associate Dean/ DIO a completed and signed PIP (within 3 days of signatures).	
4. File original PIP letter in Resident training file and upload into his New Innovations Personnel Record.	

Step 3: Monitoring PIP Progress:

Action	Date when Completed
1. Schedule all progress review meetings with Resident and inform Resident in writing (meetings should occur at least monthly until end of time period specified in PIP notification).	
2. Meet for progress reviews at least monthly. a. Document summary of 1st progress review meeting b. Resident signs and receives copy of written progress report c. Original to Resident training record including New Innovations	
3. Meet for 2 nd progress review. a. Document summary of progress review meeting b. Resident signs and receives copy of written progress report c. Original to Resident training record including New Innovations	
4. Meet for 3 rd progress review a. Document summary of 3rd progress review meeting b. Resident signs and receives copy of written progress report c. Original to Resident training record including New Innovations	
5. Meet for additional progress reviews as needed until conclusion of PIP period (add rows if necessary).	

Step 4: Conclusion/Outcome of PIP period:

Action	Date when Completed
1. Review assessment information and determine whether the Resident satisfactorily met all expectations listed in the PIP	
2. Schedule meeting with Resident to discuss the outcome	
3. Prepare a PIP outcome letter documenting decision based upon the following options: a. PIP satisfactorily completed, Resident returned to regular status. No further follow planned unless further concerns arise. b. PIP satisfactorily completed, resident returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to a repeat PIP.	

c. Improvement noted but concern remains. PIP is extended for another ____ month(s). d. Unsatisfactory achievement in the PIP. The Resident will be placed on Probation or Suspension, and a Probation or Suspension Plan is attached. Probation and Suspension if enacted will become part of the Resident's permanent file. e. Unsatisfactory achievement in the PIP. The Resident will be permitted to complete the academic year but will not be reappointed to the program for the next academic year. f. The Resident has resigned from the program. g. Unsatisfactory achievement in the PIP. The Resident has been terminated from the program (prior approval from DIO is needed).	
4. Resident and Program Director sign and date outcome letter, as well as the Associate Dean/DIO.	
5. Copy of signed outcome letter is given to the Resident.	
6. Copy of signed outcome letter is sent to the Director of GME and Associate Dean/DIO (within 3 days of meeting).	
7. Original letter placed in Resident training record and uploaded into New Innovations.	

Improvement Activities by Competency	Assessment Methods
Patient Care • Faculty/Chief provide one-on-one teaching and close supervision of Resident performance • Review demonstration videos • All patient records reviewed by faculty • Simulation center activities (H &P, standardized patients, etc.) • Additional time on rotation to develop skills • Repeat rotation • Shadow rotation • Shared call or supervised call • Observed sign-outs • Meetings with Mentor and/or PD	• Must receive particular score on end of rotation evaluations, procedural based evaluations, multisource evaluations, etc. (PD sets the minimum) • No further reports of concern in this area during the period of improvement • Demonstrate ability to the program director's satisfaction • Score above a pre-set minimum on exam/quizzes/ITE • Chart reviews • Successfully complete all assigned activities
Medical Knowledge • Review literature regarding deficient area • Review demonstration videos • Review textbook • Board Review Course • Multiple Choice Quizzes • Research paper • Give didactic presentation to Residents regarding deficient area • Assigned, structured reading plan with scheduled one-on-one discussions	Consequences • 2nd PIP • Delay in taking boards • Repeat a rotation or an identified set of rotations • Repeat entire year/non-promotion • Probation • Suspension • Non-Reappointment • Dismissal/Termination

• Meetings with Mentor and/or PD Practice-based Learning and Improvement • Chart reviews of own cases • Weekly log of self-questioning and evidence based answers to each question • Log of potential errors, lessons learned, practice improvements • Review old M&M cases • Research paper • Give didactic presentation to Residents regarding deficient area • Meetings with Mentor and/or PD Interpersonal and Communication Skills • Communication counseling • Online modules (examples include Duke Life Curriculum, UT Blackboard Courses, etc.) • Journaling • Work with mentor • Meetings with Mentor and/or PD Professionalism • Reflection paper • Online modules (examples include Duke Life Curriculum, UT Blackboard Courses, etc) • Stringent guidelines for attendance at conferences • Utilize the Student Assistance Program (SAP) or Aid for Impaired Residents (AIR) • Journaling • Work with mentor • Meetings with Mentor and/or PD Systems-based Practice • Give didactic presentation to Residents regarding deficient area • Work with mentor • Meetings with Mentor and/or PD	
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*The term, “Resident” refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017.