

Appendix 1. Sample Note to File

CONFIDENTIAL

[DATE]

To The File

RE: Dr. XY

We met with Dr. XY today to discuss concerns that were raised by some attending physicians regarding her recent performance on the Labor and Delivery rotation. The specific concern noted was that her surgical skills need improvement and that it is difficult to assess her level of competency given her quiet and reserved demeanor.

We told Dr. XY that we have reviewed all the evaluations that we have received for her, from both peers and faculty, over the past year. As we reviewed at her semiannual evaluation earlier this year, all evaluators noted Dr. XY's diligence and hard work ethic. Most evaluators rated her skills in all of the Accreditation Council for Graduate Medical Education (ACGME) competencies in the adequate to outstanding range, and no evaluator gave her an unsatisfactory rating in any category. However, the consensus opinion remains that her communication skills, while adequate, still need improvement. Some evaluators also commented that her surgical skills need improvement, and particularly that she needs to demonstrate more confidence and assertiveness in the operating room.

A recurrent theme that was noted in her evaluations is the fact that it is difficult to determine Dr. XY's level of competency due to her quiet nature and reluctance to be assertive. We discussed the fact that our Labor and Delivery unit can be very busy at times, but that excellent communication is absolutely critical to ensuring that these patients receive excellent care. Particularly as she progresses into the role of a senior resident, it is critical that all of the members on the team – those above and below her in the chain of command feel confident that she is "on top" of every patient. The only way others can know this is if she communicates clearly and appears to be confident and decisive with her assessments of patients and her ability to formulate and discuss cogent management plans with members of her team. We assured Dr. XY that she can still do this while being respectful of her colleagues.

We asked Dr. XY to identify a member of our clinical faculty whom she admires, both in terms of clinical skills, but also with whom she can relate in terms of personal style. We will then ask that faculty member to serve as her mentor and work with her on a one-to-one basis to help her develop her confidence and communication skills.

With regard to her surgical skills, we advised Dr. XY that she needs to be assertive and communicative in the operating room as well, so that the attending physicians she is operating with can see clearly that she understands the surgery being performed and is able to direct the flow of the operation at the level of a senior resident.

Overall, Dr XY's clinical performance remains acceptable for her level of training, but she needs to improve her communication skills in order to be seen as a leader and function as an effective senior resident in the coming year. She also needs to demonstrate a greater level of confidence and

Online appendix to Ratan RB, Pica AG, Berkowitz RL. A model for instituting a comprehensive program of remediation for at-risk residents. *Obstet Gynecol* 2008;112:1155–9.

responsibility as the primary surgeon in the operating room. We identified three goals for Dr. XY to focus on in the next 8 weeks.

1. She will identify a faculty member to serve as a mentor.
2. She will make a concerted effort to improve her communication skills and demonstrate greater confidence and involvement in decision making in the clinical setting
3. She will seek direct feedback from attending physicians after each OR case regarding constructive suggestions for her to improve her surgical skills.

We will follow up with Dr. XY after 8 weeks to review her progress in each of these areas. Dr. XY appeared comfortable and appreciative of this formative feedback and eager to improve her performance.

Program Directors

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