Introduction: The patient care milestones (PCMs) encompass many of the required core skills to be achieved by emergency medicine (EM) trainees. Educators should be provided tools to identify and remediate trainees that struggle to achieve a milestone. For a remediation plan to be effective, the skills must be clearly defined into specific behaviors, which can then be targeted when resident performance is deemed unsatisfactory.

Educational Objectives: The goal of the CORD Remediation Task Force (Subcommittee on PC Milestones) was to develop a guide to aid in milestone-based resident assessment and remediation. The subcommittee sought to provide concrete examples of commonly encountered problems and practical remediation suggestions.

Curriculum Design: Building on tools developed at a consensus conference at the 2009 CORD Academic Assembly, the committee aligned commonly encountered problems in resident performance and SDOTs with the newly defined EM PCMs (Figures). Performance related problems are typically identified by describing an incident or pattern of behavior that does not necessarily utilize milestone terminology. The guide generated by this task force provides scenarios of problematic behavior which can be mapped back to PC sub-competencies. Strategies and tips for remediation for each PC sub-competency were generated. The task force also modified SDOTs to incorporate the PCMs expected for each level of training.

Impact: When faced with a resident who may require remediation for patient care, the program director can turn to these milestone-based tools for guidance and assistance with designing a remediation plan. The guide includes commonly encountered problems specific to each milestone, with tips on how to remediate. The SDOTs provide milestone-based tools to evaluate the resident’s progress through the remediation process. Collectively, the PCM remediation toolbox can be utilized to improve resident training in the new accreditation system.
Figure 1. (PC Milestone 7) Disposition planning is careless, insufficient, or dangerous.

PROBLEMATIC BEHAVIOR

- The resident wrote discharge instructions and a discharge order without reevaluating the patient or discussing the plan. The patient had no idea he was being sent home when the nurse went to discharge him.
- The resident discharged a patient with a large lung mass who is homeless and has no PMS with instructions to follow up with a physician on the unassigned doctor list in 2 days.
- The patient lives alone and has mild dementia. The resident never considered whether the patient could safely care for herself now that her right upper extremity is immobilized.
- The resident wants to discharge the 20 day old infant home with a fever of 100.7 with follow-up with his pediatrician in 2 days.
- The resident discharges a patient with a new onset seizure without discussing that he should not drive until he is cleared by neurology.
- The resident admitted the patient with a pulmonary embolism and persistent tachycardia to an unmonitored bed.

REMEDIATION TIPS

- Have the resident personally make follow-up appointments for some patients to evaluate the accessibility and timeliness of primary or specialty care.
- Require the resident to personally discharge 10 patients and review medications, follow-up information, and return precautions while being directly observed.
- Require the resident to describe the discharge plan including patient or family concerns, safety issues, financial barriers, or reliability of compliance prior to discharging patients from the ED.
- Require the resident to complete oral board cases that provide a range of severity levels for disposition.
- Require the resident to discharge standardized patients with a variety of situations while being observed.

Figure 2. Standardized direct observation assessment tool - EM outcomes assessment PGY-2 patient care 5-8.