John Doe, M.D.

Houston Methodist Hospital

Department of XXX

6565 Fannin St.

Houston, TX 77030

Dear Dr. Doe

This letter is to inform you of the intention of the Department of XXX residency training program to place you on a remediation plan for a \_\_\_\_ month period of time starting \_\_\_\_\_\_\_\_\_, 20xx. This decision was made after detailed discussion with the Clinical Competency Committee and Core Faculty, who believe that this action is warranted and is in the best interest of you and the program.

This action is being taken because of deficiencies in your performance in areas of the six ACGME based competencies. This letter will delineate the problems in each area of difficulty, and then outline a corrective action plan for you. It is our intention to do everything that we can to support you and to enable you to be successful with this plan. Failure to improve to an acceptable level of performance after \_\_\_\_ months and maintain this level may result in an adverse academic action which is reportable to the state board.

The following is a summary of these deficiencies.

**Patient Care**-

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Medical Knowledge**

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Practice Based Learning and Improvement**

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Professionalism**

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Interpersonal and Communication Skills**

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Systems Based Practice**

[Explain any specific issues that this resident is experiencing in patient care settings, if any]

Expected areas of improvement:

* [Outline expected areas of improvement (bullet format)]

**Corrective Action Plan**

Your progress towards achieving the above expected areas of improvement will be monitored on a daily basis. Assignments will be given to you by the Program Director and Associate Program Director. You will meet with either or both of them every two weeks to review your progress. Oral and written feedback will be provided during this meeting. It is expected that you will correct all deficiencies and show improvement in the above areas.

The Clinical Competency Committee will meet in \_\_\_ months to review your progress. Should you fail to fulfill these requirements or make significant improvement by that time, you will be subject to further corrective/adverse action including, but not limited to probation, dismissal or extension of training.

It is my and the faculty’s intentions that all this remediation plan and any meetings and associated activities are and will be confidential. The faculty will know you are on remediation and they will not discuss this with other people (i.e. residents, nurses, students, etc.). The faculty all will know their responsibilities for your evaluation and remediation. If you have any problems with any faculty or confidentiality issues, please contact me immediately.

It is our goal for you to complete the residency program and to become a successful \_\_\_\_\_\_\_\_\_\_\_\_\_, but it is our responsibility to certify that you are capable of becoming a competent and professional physician.

If there are barriers preventing you from achieving the goals in this plan, you are expected to communicate those to the program director. Resources for wellness, academic success, and mental healthcare are available to you as needed.

Sincerely yours,

, M.D.

\_\_\_\_\_\_\_ Professor and Program Director

Department of XXXX

I acknowledge receipt of this letter today, [date].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Doe, M.D.