

## University of Hawai'i Pediatric Residency Program Performance Learning Tool

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For Dr. \_\_\_\_\_, PGY- \_\_\_\_\_ Date: \_\_\_\_\_

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### Definition

All pediatric residents have an Individualized Learning Plan (ILP) that they review and revise each year with faculty advisors and program leadership as they progress through residency. This Performance Learning Tool (PLT) is different, and is enacted if a resident is identified as needing improvement in a certain area of performance. It serves the following functions:

- (1.) For the Program Director to track the progress of a resident who need support in a specific area, but does not require a formal remediation or a sanction.
- (2.) To assist the resident's Faculty Advisor by explicitly stating focused areas of performance concerns so that the advisor can mentor the resident in the outlined Knowledge-Skills-Abilities (KSA) as needed.
- (3.) For the resident to understand explicitly what their performance concerns are and the timeline by which they will work on improving performance and achieving resolution with these concerns.

The decision to initiate this tool will be based on if the resident is not meeting performance goals in any competency domain, including professional behavior, clinical skills and/or medical knowledge. This decision may be informed by rotation evaluations, critical incidents and/or faculty concern. **These are meant to be internal documents for the program leadership and the resident;** this PLT is not equivalent to remediation, nor does it indicate that the resident is not in good standing. This PLT document will not routinely be a part of the resident's file; however, if a pattern of concern arises, this document may be referenced and placed in the resident's file (i.e. if a formal remediation or sanction becomes necessary).

### Goal

The goal of the PLT is to outline a learning environment that will allow the resident to focus on and improve areas of concern. The timeline for a PLT is usually typically 3 months, but may be lengthened or shortened depending on the nature of the concerns.

### Process

1. A resident will be started on an PLT following review of applicable rotation evaluations, critical incident reports and/or comments from faculty, peers, students and/or staff regarding the given resident or possibly also from discussion by the Clinical Competency Committee (the pediatric faculty committee that reviews all resident performance and progress throughout the year).
2. The residency program leadership will meet with the resident to explain the reasons for the PLT with written identification of areas of deficiency and expectations for improvement.
3. If a PLT with specific clinical content is recommended, an appropriate clinical rotation and level of supervision will be identified and a specific PLT will be put in place (to be determined by the residency program leadership and the Clinical Competency Committee). This is to help the resident improve performance and therefore is not optional.
4. The resident will meet at least monthly with the residency program leadership or resident-specific faculty advisor to review progress toward goals on the basis of evaluations from the supervising attending, resident peers if applicable, and the faculty advisor.
5. Depending on the nature of the concerns, additional didactic programs and individualized tutorials will be planned.
6. Depending on the nature of the concerns, the resident may be referred for counseling through the Employee Assistance of the Pacific Program ([www.EAPacific.com](http://www.EAPacific.com)).
7. At the end of a three-month period of the PLT (or otherwise specified time period), the program leadership and/or the Clinical Competency Committee will examine evaluations and other relevant documentation. One of three actions will follow:
  - ❖ The resident will "graduate" from requiring the PLT and return to regular status.
  - ❖ The resident will be given an additional PLT for a specific period of time.
  - ❖ A formal academic sanction will be instituted. This is in conjunction with the Office of the Designated Institutional Official (DIO). This will follow the GMEC policy on evaluation and remediation: <http://jabsom.hawaii.edu/jabsom/gme/doc/Evaluation-of-Residents-Policy-2013.pdf>

The Program Director will discuss the disposition of residents who are thought to require an additional period of a PLT or formal academic sanction with the Chair of Pediatrics and the Office of the DIO prior to informing the resident of any action.

Professional Learning Tool for Dr. \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Competencies for Improvement (check all that apply):**

-For a full description of the competencies, please see <http://www.hawaii residency.org/hrp/competencies>.

-Please reference the Pediatric Milestones within each competency through this document:  
[http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320\\_PedsMilestonesProject.pdf](http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320_PedsMilestonesProject.pdf)

<b>Patient Care</b> _____	<b>Medical Knowledge</b> _____	<b>Practice Based Learning &amp; Improvement</b> _____	<b>Interpersonal/ Communication Skills</b> _____	<b>Professionalism</b> _____	<b>Systems Based Practice</b> _____
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**Statement(s) outlining specific areas of focus by competency:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Duration of Performance Learning Tool (PLT)**

<b>1 month</b> _____	<b>2 months</b> _____	<b>3 months</b> (Usual duration) _____	<b>Other:</b> _____	<b>Expected Date of Completion:</b> _____	<b>Actual Date of Completion:</b> _____
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**Goals and Objectives** *(may add/subtract based on resident needs)*  
 Goals are overarching; objectives are the means to measure achievement of goals:  
**Who--will do--how much--of what--by when?**

<b>Goal #1:</b>	
<b>Objective 1A:</b>	<b>Objective 1B:</b>
<b>Goal #2:</b>	
<b>Objective 2A:</b>	<b>Objective 2B:</b>
<b>Goal #3:</b>	
<b>Objective 3A:</b>	<b>Objective 3B:</b>

On this date \_\_\_\_\_, we have discussed the above Performance Learning Tool, which has been clarified, questions have been answered and all parties are in understanding agreement of the plan as outlined above.  
*(Members present for the discussion are starred below.)*

\_\_\_\_\_  
 Pediatric Resident

\_\_\_\_\_  
 Program Leadership

\_\_\_\_\_  
 Chief Resident

\_\_\_\_\_  
 Faculty Advisor