



Max Rady College of Medicine Postgraduate Medical Education (PGME)

Performance Improvement Appropriate Disclosure of Learner Needs-Residents

Appropriate disclosure of learner needs involves the sharing of summative assessment information about a resident, by his/her Program Director with a teaching faculty for rotations to which the resident is scheduled in the future.

The Home Program Director will complete this form in a timely manner (ideally within 5 working days of identification of the issue/ ITAR). The Home Program Director will convene a meeting of the Residency Program Committee, as required, to discuss and to decide on appropriate disclosure of learner needs.

Program Director Name _____

Are you the resident's preceptor? Yes No

Resident name _____

Resident Year & Program _____

Appropriate disclosure of learner needs may occur if a resident has failed a rotation, has received two borderline passes on ITARs, or about whom significant professionalism or patient safety concerns have been identified

Reason(s) for appropriate disclosure of learner needs recommendation (check all applicable):

Failed rotation (identify): _____

Two borderline passes on ITARs (identify): 1. _____ 2. _____

Clinical Skills

Knowledge

Communication

Behavioral

Attitudinal

Professionalism

Explain/provide example(s) of this area of concern:

Summary of formative feedback and interventions during rotation:

Recommendations for remediation to be implemented for next clinical rotation:

Has resident received other improvement focused on appropriate disclosure of learner needs requests?

Yes No If yes, describe

Discussed with Resident

Residency Program Director Signature: _____

Date

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Resident Permission

I, _____, (grant/decline) permission to share the above information with my next clinical rotation director for the purpose of designing an educational plan for remediating the noted area(s) of concern. I understand that this information is confidential and that if these areas of concern are determined to constitute a risk of compromising patient care or disrupting the health care team, the Residency Program Committee in consultation with the Program Director may override my decision if I decline. I understand that a copy of this form will remain on file (separate from my permanent record) and may be reviewed by the Associate Dean, PGME and the Residency Program Committee.

Resident Signature

Date

Program Director Signature

Date

RESIDENCY PROGRAM COMMITTEE RPC DECISION & PLAN

Appropriate Disclosure of Learner Needs: Required Not Required RPC date of decision: _____

Information to be disclosed: _____

Override resident permission Not Applicable Yes- explain

Next clinical rotation and dates: _____

Rotation Director: _____ to be contacted by date _____

Program Director to advise resident in writing by date: _____

Date(s) of follow-up: _____

Additional Contacts Required: Associate Dean, Student Affairs PGME Associate Dean, PGME

Follow up Date: _____ Progress/Is problem remediated? Yes No

Evidence of successful remediation or persistence of problem: _____

Discussed with Resident Not Discussed with Resident

Additional Contacts Required: Associate Dean, Student Affairs PGME Associate Dean, PGME

Is the Appropriate Disclosure of Learner Needs required for next rotation?

Required Not Required RPC date of Meeting: _____