POLICY

A mechanism must be in place to ensure the proper procedures for remedial or disciplinary action with regard to inadequate Resident performance.

PURPOSE

To provide program directors with procedures for implementing fair remediation and disciplinary processes for Residents based on Academic and/or Non-Academic Deficiencies.

Academic Deficiency: Such deficiencies include (a) an insufficient fund of medical knowledge; (b) an inability to use medical knowledge effectively in patient care; (c) lack of appropriate technical skills; (d) lack of humanism, professionalism, or collegiality (e) any other deficiency which bears on an individual's academic performance.

Non-Academic Deficiency: Such deficiencies include violation of professional responsibility, dishonesty, risks to patient care, or violation of institutional standards and rules, or law.

PROCEDURE

Academic Deficiency

1. The Resident shall be evaluated, in writing, monthly or at intervals consistent with his/her training schedule. Monthly evaluation by attending physician is recommended, but not required.
2. The above written evaluations are to be available to the Resident for review to enable him/her to assess his/her progress. This should allow the Resident the opportunity to personally assess and improve performance. Residents shall be encouraged to review their evaluation files regularly.
3. The written periodic evaluations shall be reviewed by the Program Director as soon as rendered. If deficiencies are identified, the Program Director must meet with the Resident immediately at the time of the evaluation to alert the Resident to the deficiency.
4. Each Resident shall have an individual performance review with the Program Director or a designated member of the Department’s Resident Review Committee at least semi-annually, but quarterly is preferred. Residents experiencing difficulty at any level shall be scheduled at more frequent intervals, as needed, no less than monthly.
5. When remedial or disciplinary action for Academic Deficiency becomes necessary, the Program Director must discuss the matter with the Associate Dean of Graduate Medical Education (GME)
before proceeding to any of the following steps based on the seriousness of the deficiencies. The action must be approved by the Associate Dean of GME.

**Warning Status.** If the Program Director deems a minimal correction sufficient, the procedure is:

a. Schedule an appointment with the Resident to discuss the Resident's performance.
b. Review with the Resident the written performance evaluations and concerns of the program.
c. State clearly to the Resident what action is to be taken by the program.
d. State clearly to the Resident what is expected of him/her for remediation, and that he/she is placed on "Warning Status".
e. Give the Resident a time-frame schedule for the suggested remediation for a minimum period of two (2) months.
f. Schedule a follow-up meeting with the Resident during the period of remediation.
g. Complete a Remediation Report (appendix A) and review with the resident.
h. Send to the Resident by certified mail the completed Remediation Report outlining the content of the meeting that informs the Resident that he/she is on "Warning Status, a clear listing of the remediation requirements, the date of the follow-up meeting, and a copy of this policy. A copy of the letter will be sent to the Graduate Medical Education Office (GME). Alternatively, a memo may be written, dated and signed by both the program director and the resident to outline the same requirements as afore described.

If the Resident does not achieve remediation during the Warning Status, or if the Program deems the deficiency too severe to be remedied by "Warning Status", the program may place the resident on "Probationary Status". The Program Director shall take the following steps:

**Probationary Status**

a. Schedule an appointment with the Resident to discuss the Resident's performance during Warning Status, if applicable.
b. Review with the resident the written performance evaluations and concerns of the program.
c. State clearly to the Resident that he/she has not met the remediation requirements outlined during the Warning Status, if applicable, and he/she has been placed on Probationary Status.
d. Complete a Remediation Report and review with the resident.
e. After the Resident is informed, the Program Director shall give written notice and copy of the Remediation Report, by certified mail, of the Probationary Status including explanation of the deficiencies to the Resident and to the GME Office.
f. The Probationary Status period will begin with the date of the notice, and shall be a minimal period of sixty (60) days.
g. Written suggestions for improvement, as outlined in the Remediation Report, of the Resident's performance shall be given to the Resident along with a copy of this policy.
h. During the probationary period, efforts shall be made to advise, tutor, and otherwise aid the Resident to correct deficiencies with the acknowledged goal of keeping him/her in the program. It shall, however, remain the Resident's responsibility to correct the deficiencies.
i. Schedule a meeting(s) with the Resident during the period of probation.
j. If the Resident's performance continues to be academically deficient, he/she shall be given written notice, by certified mail, from the Program Director of the deficiency; and a follow-up Remediation Report will be completed, reviewed and sent to the resident by certified mail.
k. After the Resident receives this notice, within 1 week he/she may respond, in writing or informally in person, and provide his/her explanation for such deficiency.

l. After the Resident has responded or failed to respond, the Program Director may take the following actions:
   - Remove the Resident from Probationary Status
   - Extend the Probationary Status period
   - Recommend dismissal of the Resident from the training program
The Program Director shall inform the Graduate Medical Education Office of the decision.

**Dismissal Status**

If the Program Director recommends dismissal of a Resident, either because the Resident has not benefited adequately from a Warning or Probationary Status or because the Program Director deems the deficiency so grave that patient or institutional risks outweigh the benefits of Warning or Probationary Status, the Program Director must discuss the matter with the Associate Dean of GME. Additionally, the Associate Dean of GME must approve the decision, prior to the Resident being placed on Dismissal Status. The Program Director will complete a Remediation Report and review with the resident. A copy of the Remediation Report will be sent to the resident by certified mail. The Resident will have 72 hours to elect one of the two alternatives:

- Resign effective at a mutually acceptable date, consistent with this procedure.
- Request the Associate Dean of Graduate Medical Education review the dismissal.

If the Resident requests Review of the Dismissal the following steps shall occur:

a. The Associate Dean of GME will review the dismissal and the response of the Resident.
b. If the matter cannot be resolved between the Program Director and the Resident, the Associate Dean of GME or her designee shall appoint and serve as chairman of a committee, appropriately composed of faculty, resident representatives to conduct a review. If, in the judgment of the Associate Dean of GME, a department member is more appropriately a fact witness regarding the grounds for dismissal, that member shall not be a committee member.
c. All relevant academic records shall be made available to the committee.
d. The Resident may appear before the committee.
e. The Program Director may appear before the committee.
f. The Resident may bring faculty or residents to support the Resident's progress.
g. The committee shall make a decision, which shall be given in writing to the Resident, Department Chairman, Program Director, Provost/Dean of the College of Medicine, Associate Dean of GME, and to all appropriate committees.
h. This procedure is to be accomplished within sixty (60) days of the request for the review of dismissal. During the review process the Resident shall be assigned to such clinical or non-clinical duties, including research, as the Associate Dean of GME deems appropriate.

In the event the committee concurs with the Program Director's recommendations for dismissal of the Resident, the Resident shall be dismissed.

In the event the committee should not concur with the Program Director's recommendation for dismissal, the Program Director will be informed that the Resident will continue in the program for an additional period of specified duration, during which remedial efforts will be continued.

**Non-Academic Deficiency**

If in the judgment of the training program or Institution a Resident has exhibited a non-academic deficiency, which may include, but not limited to cheating, plagiarism, knowingly furnishing false information to the Institution, forgery, alteration or misuse of Institution documents, records, or instruments of identification, criminal conduct, abuse of chemical substances, physical abuse or harassment or threat of physical abuse or harassment to any person on the Institution's premises, refusal to comply with the Institutional policies, or any actions constituting violations of law or Institutional policies, or which pose any risk to patient care or orderly administration of the program on the Institution's premises, the following steps shall occur:
1. The Associate Dean of GME must be immediately notified of the action, and must approve the decision rendered concerning continuation of the Resident's appointment in the training program or Institution.

2. The Resident shall be so informed in writing of the deficiency and the decision rendered concerning continuation of his/her appointment by the training program or Institution. A Remediation Report will be completed by the Program Director or appropriate Institution Official indicating Dismissal for Non-Academic Deficiency and a copy of the Remediation Report will be sent to the resident by certified mail.

3. The Resident may request a hearing to dispute the allegations of the non-academic deficiency, if so the following shall occur:
   a. The Associate Dean of GME or her designee shall appoint a Hearing Committee which may consist of, but not limited to, the following individuals: Chief of the Medical Staff, Chairman of the Department, Faculty, Resident, Program Director, except, however, where proof of the deficiency may require statements of evidence from the listed Hearing Committee members, that person shall be disqualified from service on the Hearing Committee and the Associate Dean of GME shall designate a substitute.
   b. This committee shall conduct a hearing.
   c. At the hearing, persons with information regarding the alleged Non-Academic deficiency shall be asked to appear and relate the facts.
   d. The Resident will have the opportunity to present witnesses and to ask questions of the witnesses presented by the Institution.
   e. The hearing shall be conducted in an informal manner, regardless of the presence of counsel, but may be recorded at the option of either the Resident or the Institution. The Resident may have legal counsel in attendance if so desired. If the Resident desires counsel, the Institution may also elect to have counsel present and the Hearing Committee shall then appoint a Hearing Officer who may be an attorney. Counsel shall not examine witnesses or argue to the Hearing Committee, but may freely confer with and advise the Resident regarding matters before the Hearing Committee.
   f. The purpose of the hearing is to provide the Resident an opportunity to characterize his/her conduct, and put it in what he/she deems the proper context.
   g. The Hearing Committee will render a decision in writing within 14 days.

In the event the Hearing Committee affirms the judgement of the training program or Institution, the committee may take appropriate corrective action, including, but not limited to:
   A. Place the Resident on Probationary Status.
   B. Recommend dismissal of the Resident.

The decision of the Hearing Committee will be final. If the Hearing Committee finds the allegations to be unfounded, no disciplinary action will be taken.

Written documentation is essential in all steps of the remediation or disciplinary action process for both Academic and Non-Academic Deficiencies. Keep copies of all correspondence.
REMEDIATION REPORT

Date: ____________________________ Program Director: ____________________________

Resident Name: ____________________________

Narrative Summary: ____________________________

Resident Status:

☐ Warning Status as in accordance with GME Policy 008. Please note, when on Warning Status Due Process does not apply and the remediation report does not remain as part of the resident’s permanent file.

☐ Probationary Status for Academic Deficiency as in accordance with GME Policy 008. Please note, when on Probationary Status Due Process does apply and the remediation report will remain as part of the resident’s permanent file.

☐ Probationary Status for Non-Academic Deficiency as in accordance with GME Policy 008. Please note, when on Probationary Status Due Process does apply and the remediation report will remain as part of the resident’s permanent file.

☐ Dismissal Status for Academic Deficiency as in accordance with GME Policy 008. Please note, when on Dismissal Status Due Process does apply and the remediation report will remain as part of the resident’s permanent file.

☐ Dismissal Status for Non-Academic Deficiency as in accordance with GME Policy 008. Please note, when on Dismissal Status Due Process does apply and the remediation report will remain as part of the resident’s permanent file.

Competencies Involved in this Remediation:

☐ Medical Knowledge
☐ Patient Care
☐ Interpersonal and Communication Skills
☐ Professionalism
☐ Practice Based Learning
☐ System Based Practice
<table>
<thead>
<tr>
<th><strong>Time Frame for this Remediation:</strong></th>
<th>Month(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mentor for this Remediation:</strong></td>
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<tr>
<td><strong>Fit for Duty Evaluation:</strong></td>
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<td>[ ] Mandatory</td>
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<td>[ ] Optional</td>
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<td>[ ] Not Recommended</td>
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<tr>
<td><strong>Psychological Counseling:</strong></td>
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<td>[ ] Mandatory</td>
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<td>[ ] Optional</td>
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<tr>
<td>[ ] Not Recommended</td>
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<tr>
<td><strong>Employee Assistance Program:</strong></td>
<td>Referred</td>
</tr>
<tr>
<td><strong>Illicit Substance Use Testing:</strong></td>
<td>[ ] Mandatory</td>
</tr>
</tbody>
</table>

Resident: ____________________________  Program Director: ____________________________

Date: ____________  Date: ____________
REMEDICATION FOLLOW-UP REPORT

Resident Name: ____________________________ Date of Follow-up: ____________________________

Date of Original Remediation: ____________________________

Narrative Summary of Remediation:

Outcome of Remediation:

☐ Remediation satisfactorily completed, resident returned to regular status. No further follow up planned unless further concerns arise.

☐ Remediation satisfactorily completed, resident returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to repeat Remediation or Probation.

☐ Improvement noted but concern remains. Remediation is extended for another _______ month(s).

☐ Unsatisfactory achievement in the Remediation plan. The resident will be placed on Probation and a Probation Plan is attached.

☐ Resident has resigned from the program.

☐ Unsatisfactory achievement in the Remediation Plan. The resident has been terminated from the program.

Resident: ____________________________ Program Director: ____________________________

Date: _______________ Date: _______________
## Medical Knowledge

<table>
<thead>
<tr>
<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigatory and Analytical Thinking</td>
<td>□ Review basic Research Techniques</td>
<td>□ Demonstrate effective Analytical Thinking skills to the satisfaction of the Program Director</td>
</tr>
<tr>
<td></td>
<td>□ Learning Disability Testing / Evaluation</td>
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<tr>
<td>Knowledge and Application of Basic Sciences</td>
<td>□ Develop reading plan with mentor</td>
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<td></td>
<td>□ Board Review course recommended</td>
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<tr>
<td></td>
<td></td>
<td>□ Pass USMLE Step III</td>
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<td>□ Score above a pre-set minimum score on an exam testing level appropriate Medical Knowledge</td>
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<td>□ Satisfactory improvement in evaluation metrics in this area.</td>
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<tr>
<td>Summary</td>
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</tbody>
</table>

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<tr>
<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
</tr>
</thead>
</table>
| Caring and respectful behaviors | ☐ Communication Counseling  
☐ Journaling  
☐ Solicit feedback from coworkers and colleagues regarding this issue | ☐ No further reports of concern in this regard over the period of this remediation.  
☐ Satisfactory improvement of evaluation metrics in this area |
| Interviewing        | ☐ Communication Counseling  
☐ Full CEX examinations  
☐ Monitored outpatient interviewing during continuity clinic (video) | ☐ Satisfactory completion of structured CEX’s  
☐ Satisfactory improvement of evaluation metrics in this area |
| Management Plans    | ☐ Review old M&M cases  
☐ Chart reviews of own cases  
☐ ACP Cases | ☐ Completion of essay type level appropriate case scenarios to the Program Director’s satisfaction.  
☐ Demonstrate ability to deliver clinical care with level appropriate supervision, to the Program Director’s satisfaction.  
☐ Satisfactory improvement of evaluation metrics in this area |
| Counseling Patients & Families | ☐ Practice counseling sessions with mentor. | ☐ Demonstrate satisfactory counseling skills (avoiding jargon, explaining clearly, answering questions appropriately) in a mock counseling exercise. |
| Physical Exam       | ☐ Review textbook of Physical Exam Skills  
☐ CEX examinations focusing on physical exam skills | ☐ Score above a pre-set minimum score on an exam testing Physical Exam findings.  
☐ Demonstrate satisfactory physical exam skills in CEX’s  
☐ Demonstrate ability to complete a physical exam to the Program Director’s satisfaction |
| Procedures          | ☐ Review textbook of procedure indications, techniques, and complications.  
☐ CEX examinations focusing on procedure skills. | ☐ Score above a pre-set minimum score on an exam testing procedure indications, techniques, and complications.  
☐ Demonstrate ability to perform procedures in a clinical setting to the Program Director’s satisfaction |
| Accurate Notes      | ☐ Chart review of notes in various settings, noting extraneous information, omissions, inaccuracies, legibility, etc. (Self or Mentor)  
☐ Chart review of notes to determine whether care delivered is reflected in the documentation (Self or Mentor)  
☐ Full CEX, with review of documentation | ☐ Demonstrate accurate documentation skills in a CEX to the Program Director’s satisfaction.  
☐ Demonstrate accurate documentation skills in random chart review of notes to the Program Director’s satisfaction |
| Signouts            | ☐ Chart review of signouts, noting extraneous information, omissions, inaccuracies, legibility, etc (Self or Mentor)  
☐ Review with mentor the indications for reporting cross cover issues to the primary team. | ☐ Chart review of signouts by Program Director.  
☐ Demonstrate accurate signout and cross cover documentation skills to the Program Director’s satisfaction |
| Work within a team  | ☐ Written self reflection on difficulties with team dynamics  
☐ Communications Counseling  
☐ Work with Mentor regarding team participation. | ☐ Satisfactory improvement of evaluation metrics in this area  
☐ Demonstrate teamwork skills to the Program Director’s satisfaction. |
| Summary             |                                                                                                       |                                                                                               |
## INTERPERSONAL AND COMMUNICATION SKILLS

<table>
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<tr>
<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
</tr>
</thead>
</table>
| Creation of therapeutic relationship with patients | ☐ Solicit patient evaluations focusing on communication skills.  
☐ CEX in various settings focusing on communication skills. | ☐ No further reports of concern in this regard over the period of this remediation.  
☐ Demonstration of satisfactory communication skills in a CEX to the Program Director’s satisfaction. |
| Team Leadership                  | ☐ Review this concern with Mentor  
☐ Written self review of difficulties with team leadership, and a plan for improvement.  
☐ Communications Counseling  
☐ Discuss this issue with supervising faculty or residents at the beginning of a block to enhance feedback. | ☐ Satisfactory improvement of evaluation metrics in this area.  
☐ No further reports of concern in this regard over the period of this remediation.  
☐ Demonstrate team leadership skills to the Program Director’s satisfaction. |
| Nursing/CRC/SW communication     | ☐ Review this concern with Mentor  
☐ Written self review of difficulties with support service communication, and a plan for improvement.  
☐ Communications Counseling | ☐ Satisfactory improvement of evaluation metrics in this area.  
☐ No further reports of concern in this regard over the period of this remediation. |
| Presentation Skills              | ☐ Review this concern with Mentor  
☐ Written self review of difficulties with support service communication, and a plan for improvement.  
☐ Communications Counseling  
☐ Practice mock presentations with Mentor, counselor, or CMR | ☐ Satisfactory improvement of evaluation metrics in this area.  
☐ Demonstrate satisfactory completion of a mock presentation.  
☐ Demonstrate satisfactory completion of a real presentation. |
| Handoff skills                   | ☐ Chart review of signouts, noting extraneous information, omissions, inaccuracies, legibility, etc (Self or Mentor)  
☐ Review with mentor the indications for reporting cross cover issues to the primary team. | ☐ Chart review of signouts by Program Director.  
☐ Demonstrate accurate signout and cross cover documentation skills to the Program Director’s satisfaction |
| Listening Skills / receiving feedback | ☐ Communication Counseling  
☐ Written self review of difficulties with receiving feedback, and a plan for improvement. | ☐ No further reports of concern in this regard over the period of this remediation. |

### Summary

- Solicit patient evaluations focusing on communication skills.
- CEX in various settings focusing on communication skills.
- Review this concern with Mentor.
- Written self review of difficulties with team leadership, and a plan for improvement.
- Discuss this issue with supervising faculty or residents at the beginning of a block to enhance feedback.
- Review this concern with Mentor.
- Written self review of difficulties with support service communication, and a plan for improvement.
- Discuss this issue with supervising faculty or residents at the beginning of a block to enhance feedback.
- Chart review of signouts, noting extraneous information, omissions, inaccuracies, legibility, etc (Self or Mentor).
- Review with mentor the indications for reporting cross cover issues to the primary team.
- Communication Counseling.
- Written self review of difficulties with receiving feedback, and a plan for improvement.
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<tr>
<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
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<tbody>
<tr>
<td>Professionalism</td>
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<td>☐ No further reports of concern in this regard over the period of this remediation.</td>
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<tr>
<td></td>
<td>☐ Review ACP Professionalism Charter with Mentor</td>
<td>☐ Satisfactory improvement of evaluation metrics in this area.</td>
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<td>☐ Written self review of difficulties with professionalism</td>
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<td></td>
<td>☐ Make amends with those injured by unprofessional behavior</td>
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<td>☐ Fit for Duty evaluation</td>
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<td>☐ Mandatory psychological counseling</td>
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<td>DHMC Code of Professional Conduct</td>
<td>☐ Deportment as a professional</td>
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<td></td>
<td>☐ Avoiding conflicts of interest</td>
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<td>☐ Responsibility for peer behavior</td>
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<td></td>
<td>☐ Respect for personal ethics</td>
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<td>☐ Respect for property and laws</td>
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<td></td>
<td>☐ Integrity in research</td>
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<td>☐ Clinical Virtues</td>
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<td>☐ Conscientiousness</td>
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<td>☐ Collegiality</td>
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<td>☐ Personal Health</td>
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<td></td>
<td>☐ Objectivity</td>
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<td></td>
<td>☐ Responsibility to Society</td>
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<tr>
<td>Attendance</td>
<td>☐ Written self evaluation of poor attendance at required conferences</td>
<td>☐ Maintain an attendance rate of % for the remainder of training.</td>
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<td>Summary</td>
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</table>
## Systems Based Practice

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<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
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</table>
| Understand interaction of individual practice with the larger system | - Copyright evaluation of difficulties with working with RN / CRC / MSW and plan for improvement  
- Review this concern with Mentor  
- Elective with RN / CRC / MSW to improve skills | - Satisfactory improvement of evaluation metrics in this area  
- No further reports of concern in this regard over the period of this remediation. |
| Practice Cost Effective Care                   | - Chart reviews, including costs of care  
- Review this concern with mentor  
- Written summary of cost effectiveness of evaluation / treatment options for various problems  
- Review cost effectiveness of old M & M cases | - No further reports of concern in this regard over the period of this remediation. |
| Advocate for patients within the health care system | - Written self summary of failure to advocate for patients and plan for improvement  
- Make amends with those injured by personal actions or inactions  
- Review this issue with mentor  
- Fit for duty evaluation | - No further reports of concern in this regard over the period of this remediation. |
| Computing and IT for patient care              | - Computing training                                                               | - Demonstrate clinical computer skills to the satisfaction of the Program Director            |
| Summary                                        |                                                                                  |                                                                                             |
## Practice Based Learning

<table>
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<tr>
<th>Component</th>
<th>Remediation Plan</th>
<th>Goals to resolve Remediation</th>
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</table>
| Analyze own practice for needed improvements | □ Written self reflection on deficiencies, and plan for improvement  
□ Fit for duty evaluation                                                                 | □ Demonstrate acceptance of constructive criticism, and an effective plan to improve deficiencies |
| Use of evidence from scientific studies | □ Written summary of evidence regarding clinical questions  
□ Textbook review of EBM  
□ Written summary of evidence regarding clinical questions | □ Written summary of evidence regarding clinical questions  
□ Regular use of EBM throughout the remainder of training  
□ Satisfactory improvement in evaluation metrics in this area. |
| Application of research and statistical methods | □ Textbook review of research methods and techniques                                                | □ Score above a pre-set minimum score on an exam testing research methods and techniques.      |
| Use of information technology for learning | □ Library courses regarding computing for learning and search techniques.                            | □ Demonstrate computing skills for learning to the Program Director’s satisfaction.              |
| Facilitate learning of Others      | □ Written self reflection on difficulties in this area, and plan for improvement  
□ Communication counseling  
□ Fit for duty evaluation                                                                 | □ Satisfactory improvement in evaluation metrics in this area.                                  |
| Summary                           |                                                                                                  |                                                                                                 |

Program Director  
______________________________

3/26/2007  
Reviewed April 15, 2010