

Letter of Deficiency Template
Items in italics are for direction or examples only.
Any italicized items should be removed before letter is printed.

Date:

Dear Doctor _____:

I. NOTICE OF DEFICIENCY

This letter is to notify you that you are being given a Letter of Deficiency effective __ (date) __, due to insufficient progress in the competency areas of:

(examples: Medical Knowledge; Patient Care; Interpersonal Communications Skills; Professionalism; Attitudes; Practice Based Learning and Improvement; Systems Based practice; Adherence to departmental and institutional policies and procedures.)

These concerns have been previously discussed with you on _____ (dates) _____. *(If previous verbal or written warnings have been given, include here)* This assessment of your progress is based on the following:

Observations, Concerns, Events, etc. Examples listed below:

- *Deficiencies in clinical knowledge base.*
- *Difficulty reaching conclusions without input from a supervisor.*
- *Complaints from patients regarding your interpersonal interactions.*
- *Medical knowledge below the level expected for a PGY_____.*
- *Poor performance on the in-training examination with a score of _____.*

The expected standard for your level of training is that you should:

(examples listed below)

- *Be able formulate an appropriate and complete differential diagnosis.*
- *Score at least in the 50% percentile on the in-training examination.*
- *Be able to formulate an initial treatment plan.*
- *Independently be able to interact with patients without receiving complaints.*

II. OPPORTUNITY TO CORRECT DEFICIENCY

It is ultimately your responsibility to take the steps necessary to meet expectations. To assist you in meeting the expectations, the following help will be organized.

(examples listed below, if applicable)

- *You will repeat the following rotations.*
- *You will be assigned a mentor.*
- *The chief resident will meet with you weekly to go overboard prep questions.*

You will be reassessed ____ (when) _____. During this time your progress will be assessed via the following parameters:

(examples listed below)

- *You must obtain at least satisfactory ratings on all rotations.*
- *You must score in the _____ percentile or above on your in-training exam.*
- *There must be no episodes of patient complaints.*
- *There must be no notices of medical record delinquencies.*

If you are either making substantive progress or meeting standards, you will either be continued on a Letter of Deficiency (*choose one*), restored to good standing or promoted to the PGY _____ year. If you are not achieving these standards this Letter may be modified to be continued, or other action as determined by faculty may be taken, up to and including termination from the program. This Letter of Deficiency will remain in effect until you are notified that one of the above steps is taken.

(Please note that if a resident's contract will not be renewed or if a resident will not be promoted to the next level of training, the resident must be given at least four months notice (all residents who began training before 2015) or 60-days notice (all residents starting 2015 and after). Programs need to make any decisions regarding resident progress and advancement with this standard in mind.)

Program Director

Date

Karen Broquet, MD
Chair, GMEC

Date

By signing the below, I acknowledge receipt of this letter.

Resident

Date

[[Note - this template is appropriate when a resident has not corrected the deficiency with structured written or verbal feedback, or if the nature of the deficiency is significant and/or there is any indication of suspicion that failure to correct will result in a reportable action (i.e. remediation, non-renewal of contract, termination, etc.)]]

If a resident is given notice of any reportable action (remediation, non-renewal of contract, termination, etc.) it MUST be accompanied by a copy of the SIU Due Process & Resident Complaint Policy and reflected in the resident's signature line. Please consult with the DIO.