I am an internist who has spent that last 20 years of my career as an educator of resident physicians who are training in the specialty of internal medicine. The last 10 years I have focused on the remediation of residents who for a variety of reasons have not performed at the level of their peers. With focused intervention, the vast majority of them have successfully completed training and gone on to successful careers. I seriously worry about what the impact would have been on these physicians if the residency program had been required to report them to the Board. For the rest of their careers, they would have been required to notify any other state board they applied to of this action. They likely would have to report this on any job application. Estimates of the percentage of residents who require remedial attention are as high as 15%. Most of these individuals successfully remediate and are able to graduate as competent physicians yet they would be tainted by the permanent record of their training challenge. Residents are trainees and it is well recognized that people learn and develop on different trajectories. What is important is that when they graduate, they are performing at the level expected of an independent practitioner.

My other concern is what impact this will have on attending physicians willingness to honestly evaluate the residents they supervise for fear of damaging young physicians careers. I can attest to the challenge of getting honest evaluations returned even before the issue of reporting remediation. Identifying problems early in training is critical to getting residents early and intensive intervention. I depend on this to do my job effectively. Yet the fear of getting residents "into trouble" will undoubtedly hinder early negative reports so that effective improvement plans can be put into place in a timely fashion. More likely, problems will be allowed to fester until near the end of training and by then, programs will feel obligated to graduate these residents who will become a problem for the Board.

I am asking the Board to reconsider making remediation or academic probation grounds for reporting. The unintended consequences will create more problems for Board, for the citizens of Massachusetts and the doctors themselves. Thank you for your attention.

Asher Tulsky, MD, FACP

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