Thank you very much for the opportunity to speak before you today. My name is Jeff Schneider, and I am a practicing emergency medicine physician at Boston Medical Center. I currently serve as the Chair of our institution’s Graduate Medical Education Committee, as our Designated Institutional Official for ACGME, and I am the Assistant Dean for Graduate Medical Education at the Boston University School of Medicine. I have been directly involved in the emergency medicine training program at Boston Medical Center and the Boston University School of Medicine since I joined the faculty in 2003, and it is my honor and privilege to provide comment on the Board’s proposed changes in the language governing disciplinary proceedings for physicians.

I come before you today as a teacher, as an educator, and as an individual who has made medical education the framework on which I have built my career. It is from this perspective that I am particularly concerned about the Board’s proposal to define “remediation” and “academic probation” as disciplinary actions. While both I personally, and Boston Medical Center as an institution, are humbled by the great and enormous responsibility of training the next generation of leaders in healthcare, we are quite worried that the proposed alterations in language would have a significant and detrimental effect on the ability of physician educators to reach the small number of learners who may require additional, intensive, and focused training to reach the level of knowledge necessary to provide outstanding care, and practice independently at the conclusion of their training.

As a pre-eminent teaching institution in one of the most sought after training environments in the nation, Boston Medical Center (and our sister teaching hospitals) provide world-class care in concert with world-class education. We are home to innumerable expert educators who work tirelessly to help each resident and fellow reach his or her potential. Residency program directors and faculty diligently assess and evaluate each trainee, and in doing so, occasionally identify a resident or fellow who would benefit from additional attention in a particular area or to address a certain competency. Remediation plans are precisely designed to characterize any weaknesses, while implementing specific, focused, and detailed plans to address any gaps. Fortunately, the majority of these residents reach the necessary level of competency or understanding and successfully complete their training. Explicitly identifying remediation as *not disciplinary* in nature facilitates a partnership between teacher and learner that is crucial for success and for successful remediation.

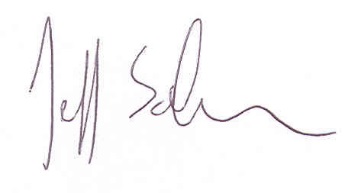
In recent weeks, conversations that I have had with numerous program directors have made it clear that faculty would be very reluctant to identify struggling learners and provide them with necessary remediation plans if, in doing so, they would be mandated to report it to the Board as a disciplinary action. Rather than fostering an environment in which trainees and faculty work collaboratively to identify and remedy any weaknesses, the proposed changes in regulations would discourage faculty from performing the critically important functions and aspects of education, including the assessment, identification of any limitations or areas in need of improvement, and the collaborative development of a plan to address the needs of the learner.

Our medical educators take great pride in the work that we do – both the clinical care that we deliver and the education provided for our residents and fellows. I, along with many of the educators at Boston Medical Center, are quite concerned that the proposed changes in language will have a substantial and damaging impact on our ability to provide outstanding training in the Commonwealth. The Board and the faculty of our teaching institutions are very much aligned in their desire to train exceptional physicians – I am fearful that defining remediation as a disciplinary action would likely create an unnecessary, substantial, and perhaps unintended obstacle as we work to get all of our trainees to meet the very high standards which are critically important in medical training. I am proud that as an institution, we engage residents and fellows honestly at all stages of their clinical development, prioritize timely assessment, facilitate feedback and support, and when needed, implement a carefully designed remediation plan with an eye towards optimal growth and independence.

At its most basic level, providing for a learning environment in which residents and faculty can accurately and comfortably partner to identify gaps in knowledge should not, and cannot, be disciplinary in nature.

It is for these reasons that Boston Medical Center proposes to strike academic probation and remediation from the definition of disciplinary action. Thank you, and I am very appreciative of the opportunity to address the Board.

Respectfully submitted,



*Jeffrey I. Schneider MD*

*Chair, Graduate Medical Education Committee*

*Designated Institutional Official for ACGME*

*Boston Medical Center*

*Assistant Dean for GME*

*Department of Emergency Medicine*

*Boston University School of Medicine*

[*jeffrey.schneider@bmc.org*](mailto:jeffrey.schneider@bmc.org)