

Got SPIRiT?: Evaluating a Supportive Approach to Medical Resident Remediation

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ABSTRACT

Background: Up to 15% of family medicine residents undergo remediation. While frequently successful, remediation can be emotionally challenging.

Methods: We developed a remediation approach called SPIRiT: Support, Processing emotions, Individualized plan, Reducing stigma/scrutiny, “i” (minimizing ego), and Transparency. A multidisciplinary team implemented SPIRiT. Qualitative researchers analyzed participant interviews using an inductive approach.

Results: Five residents completed interviews. Three categories were identified: understanding remediation, having agency, and processing and integrating feedback. Some residents were surprised they needed remediation and were unclear about remediation duration. Residents appreciated confidentiality and the opportunity to provide input. Processing feedback was emotionally challenging. Support from the behavioral health faculty member and peers who had completed remediation was helpful.

Conclusions: The SPIRiT approach provides a helpful framework to improve resident remediation through multidisciplinary support, opportunities for emotional processing, and meaningful learner involvement.

BACKGROUND

Family medicine resident physicians must meet Accreditation Council of Graduate Medical Education competencies to successfully complete residency.¹ Up to 15% of family medicine residents may require remediation during residency.² Most residency programs have had at least 1 resident on remediation in the past 3 years, and while about 90% of residents on remediation are

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successful within a year, remediation can be a challenging process characterized by overwhelming emotions, negative stigma, and lack of transparency.^{3,4} Best practices for remediation include supportive faculty; normalization of the process; creation of a culture of specific, behavior-based, timely feedback from diverse sources; and transparency in the process.^{5,6} Despite these identified best practices, there remains no standard way to approach remediation.³

Our university-based family medicine residency program historically conducted remediation with the residency program director and an associate program director. Residents were often successful with remediation, but the process was anecdotally reported as difficult for everyone involved because of insufficient support, lack of

transparency, and stigma.^{3,4} Based on reflections on prior remediation experiences and a literature review, we sought to improve our program’s process by developing an approach to remediation called SPIRiT: Support, Processing Emotions, Individualized plan, Reducing stigma and scrutiny, “i” (minimizing ego), and Transparency.⁴⁻⁶ This remediation process is led by a multidisciplinary group called the SPIRiT team.

We conducted a pilot evaluation of the SPIRiT approach to determine its impact on support, destigmatization, and transparency of the remediation process for residents.

METHODS

Program Description

The SPIRiT approach to remediation involves a range of interventions related to each part of SPIRiT, including engaging a variety of support people, processing emotions with behavioral faculty,

involving the resident in development of the remediation plan, connecting residents with peers who completed remediation, upholding confidentiality, teaching about feedback and the growth mindset, and maintaining process transparency (Figure 1).⁷ The SPIRiT team comprises a program director who is responsible for residency promotion decisions, 2 associate program directors who lead remediation plans, a behavioral health faculty member who provides coaching and emotional support, a faculty learning specialist who provides nonevaluative coaching tailored to learning goals, and a residency program manager who provides administrative support. Coaching approaches include case discussions, direct clinical observations, and standardized patient sessions. The team works with residents on 3-month remediation plans, also known as learning plans, as well as residents who self-refer for learning support. In addition to meeting with residents, the team meets internally twice monthly to review resident progress, which is determined by written evaluations from faculty preceptors (Figure 2).

Evaluation Participants and Protocol

Second- and third-year residents from a 16-resident-per-class, university-based family medicine residency program who completed a remediation plan between June 2023, and October 2024 participated. Participants completed a 15-question, structured, 30- to 60-minute exit interview with a staff member not directly involved in the remediation process to share their experiences with the 6 parts of the SPIRiT approach. Questions explored

diverse aspects of experiences with remediation, from first hearing about needing remediation to reflections on the remediation process. Three interviews were recorded and transcribed verbatim; interviewer note-taking during the interviews generated the written data set for the remaining 2 participants. The study was exempt from review by the University of Wisconsin-Madison Institutional Review Board.

Data Analysis

Co-authors not involved in the implementation of the SPIRiT approach conducted an inductive content analysis of the exit inter-

view data with open coding and iterative derivation of descriptive categories.⁸ Dialogic engagement throughout the process between trained qualitative researchers and SPIRiT team members enhanced confirmability and ensured representativeness of the analytic findings across all participants, increasing the rigor of the analysis.⁹

RESULTS

Five residents (participants A-E; 2 postgraduate year [PGY]-2 and 3 PGY-3) completed remediation during the study period; all completed the exit interview. The primary reasons for remediation

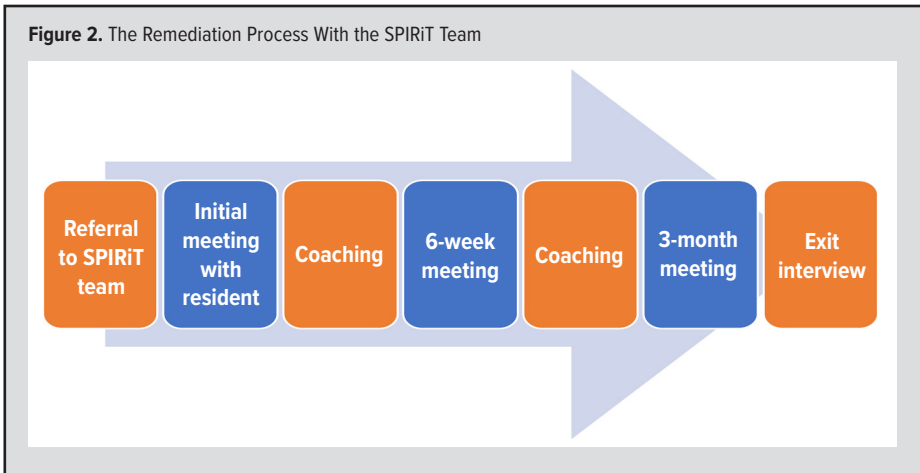
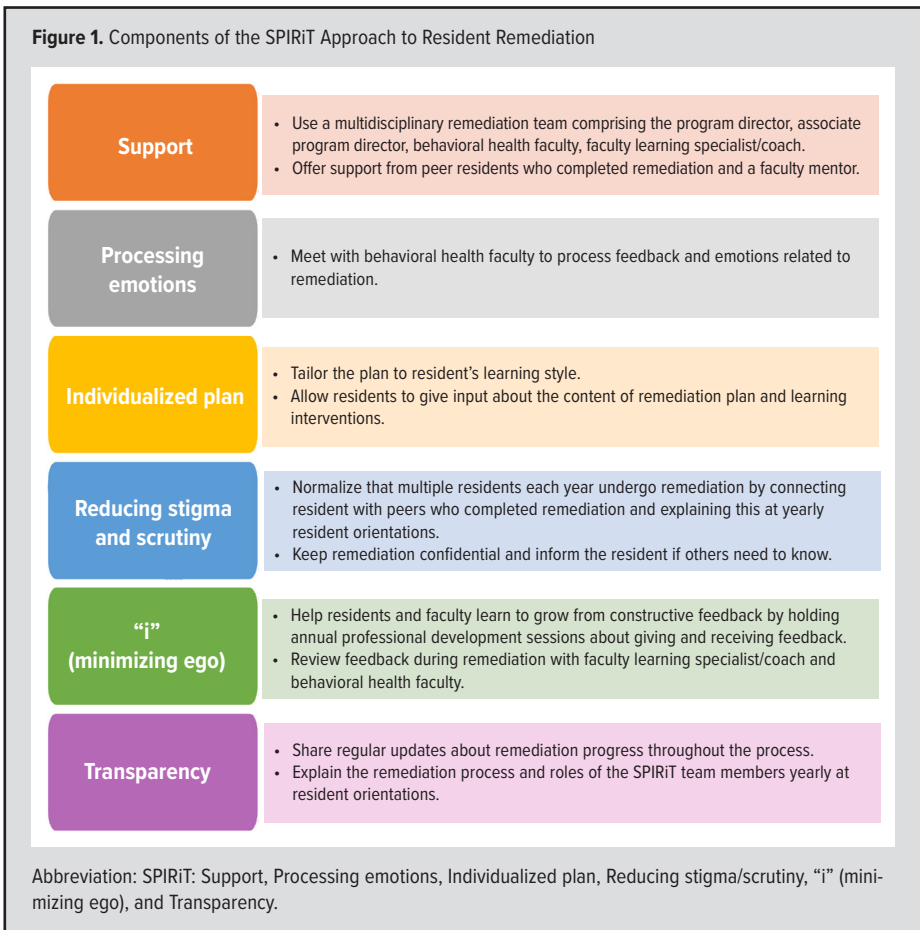


Table 1. Actionable Ideas for SPIRiT

	Working Well	Ideas for Improvement
Understanding remediation	<p>“[Program director] gave me a heads up before I had a learning plan saying, ‘hey, there’s some language in there that says...we could extend your residency’ or failure or something like that. But she was like, that’s standard language...She gave a warning about that, and I really appreciated that.” –Resident A</p> <p>“I felt it was very transparent, and to receive the discussion points and what we were going to talk about beforehand emails...it would say ‘hey we got this feedback,’ and maybe some broad topics we might discuss during the plan, which was helpful for me freaking out before actually having the meetings, like I don’t know what they are going to tell me.” –Resident C</p>	<p>“I was told was [I was] going to be [in] this program, but there was not much afterwards. It was put on me to figure out what to do. Initially what could have helped better would be having that frequent follow-up and direct contact with people.” –Resident C</p> <p>“Overall, my learning plan was pretty clear with goals we formulated together and delineated how these things would be measured. One with less clarity – figuring out the duration of this and how long would it go for and when to say you met xyz goals.” –Resident E</p>
Having agency	<p>“Everyone was really helpful in seeing what could I...basically asking me and what would work best for me, and working with me throughout all of it.” –Resident B</p> <p>“[SPIRiT team] were always asking my opinion, and they had offered suggestions, they didn’t tell me what to do specifically...it like a felt very collaborative idea generating process, as opposed to you are going to do this, this, and this, which was appreciated.” –Resident C</p>	<p>“The things that were...less helpful or maybe, like, we tried doing these... one-on-one talks with different people to discuss different topics like heart failure or...asthma and stuff, and I’d...meet...maybe once every other week with someone and talk about topics, I think that was maybe less helpful for me. I think just based on my learning style, I need to just do things and apply it instead of talking about it.” –Resident B</p> <p>“I get that some residents maybe want to read the individual feedback by people at their clinic or whatever, they want to read this back itself, but it sucks...And so, I think people should have the option that they summarized, if that’s something they’re willing to do.” –Resident A</p>
Processing and integrating remediation	<p>“The sandwich method of positive feedback, constructive feedback. Including both...I think is motivational.” –Resident C</p> <p>“Talking about it with colleagues and normalization of the process... knowing others going through same experience and not something I felt like I was being singled out for or failing as a learner still able to succeed and meet goals of becoming a physician and graduate on time.” –Resident E</p>	<p>“Especially in those beginning visits, or when it’s first brought up, allowing more time for just like, okay, we don’t have to do anything right off the bat, but just realize we may be contacting you in the near future about having more specific things that we want to work on with you and brainstorming ideas on how to improve those things and plenty of reassurance...allow space and time.” –Resident C</p> <p>“I didn’t know that I could have asked [behavioral health person] to join...I feel like that should be made clear up front like, hey, [behavioral health support person] can join any of your learning plan meetings.” –Resident A</p>

Abbreviation: SPIRiT: Support, Processing emotions, Individualized plan, Reducing stigma/scrutiny, “i” (minimizing ego), and Transparency.

were professionalism related to administrative task completion (2 residents), both clinical reasoning and medical knowledge (2 residents), and medical knowledge (1 resident).

Residents offered detailed reflections, describing their experiences with and emotional responses to each aspect of SPIRiT. We present evaluation findings in 3 categories, focusing on actionable insights for future process implementation (Table).

Understanding Remediation

Residents described their assessments of the transparency, confidentiality, and clarity of remediation at the beginning, middle, and end of their remediation plans. Some were surprised to learn they would need remediation and wished for more transparency around evaluation metrics within the residency program. Others noted that remediation was transparently introduced as “not like a punitive thing, but something that’s like, how can we improve you?” (Resident B). As they began remediation plans, they said they appreciated that confidentiality was strictly respected, with, according to Resident C, an “only between the people who need to know” approach. Most residents indicated there was adequate clarity about both the plans themselves and the roles of SPIRiT team members in implementing them but insufficient clarity regarding how long the remediation

process might last. Overall, they most clearly understood remediation in the plan’s middle, with some noting a lack of clear transparency at the beginning and/or end.

Having Agency

Residents appreciated opportunities to flexibly personalize and provide input about design and implementation of their remediation plans. They considered feedback a particularly emotional part of remediation and valued having choices, such as receiving feedback in advance instead of on the day of a remediation meeting, which could make for “just a horrible, horrible, horrible day” according to Resident A.

Processing and Integrating Remediation

For many residents, being informed about remediation was upsetting, described by Resident B as a “confidence drop,” stirring up imposter experiences. They often described the behavioral health faculty as a “safe and private space” (Resident D) for “helping [them] process, like first of all being on a learning plan and what that means” (Resident B). They also mentioned how check-ins felt supportive when they included sufficient time for processing emotions. Some described how support from other residents who had

recently been on remediation plans themselves—as well as reassuring personal disclosures from faculty to normalize the experience—helped them manage complex feelings and look ahead with optimism. Overall, the residents recognized that “professional development is a career-long thing we should be working on” (Resident C), describing how their plans helped them feel more comfortable asking for help, developing strategies for professional success, and anticipating teaching others in the future.

DISCUSSION

Professionalism and medical knowledge were the most common reasons for remediation, consistent with prior findings.² Residents who underwent remediation with the SPIRiT approach noted feeling well supported by the multidisciplinary team, especially through coaching and emotional processing with the behavioral health faculty member. Residents valued providing input in the design of the remediation plan and offering feedback about the process. They appreciated confidentiality and normalization of remediation, similar to finding from prior studies.^{4,5} Meeting with a peer who had completed remediation was an effective way to normalize the process and decrease stigma. Processing feedback was challenging, and while transparency about faculty roles was clear, some residents wanted further transparency about the duration of remediation and noted that initiation of remediation was particularly surprising and emotionally difficult. Despite this, participants were thankful overall for the growth they experienced through the remediation process.

Implications

Struggling medical learners often have difficulty with self-assessment and lack insight into their deficits, which may contribute to strong emotional responses and surprise, especially at remediation initiation.¹⁰ Nonetheless, this pilot evaluation highlights several areas of potential process improvement for SPIRiT that align with remediation best practices.^{5,10} First, it is important to identify residents who need early intervention through residency learning intake interviews and objective structured clinical examinations. Additionally, cultivating a healthy feedback culture through professional development; providing timely, behavior-based feedback; and ensuring transparency around evaluation metrics and remediation processes are key. Finally, we can continue gathering data from residents to co-design best practices around communicating the need for remediation.

At its core, the SPIRiT approach aims to help residents learn and improve, and the qualitative methods used in this study capture this spirit for improvement by learning from the experience of residents undergoing remediation. Making an exit interview standard upon completion of remediation was an effective way to gather feedback about the SPIRiT approach, with a 100% participation rate, while engaging outside researchers to analyze the data provided an unbiased perspective.

Limitations

The sample size in this pilot evaluation is small but equates to about 10% of the studied residency program, which is similar to the percentage of residents expected to undergo remediation nationwide.² Not all data from the exit interviews are verbatim due to recording issues experienced during the interviews. One potential limitation to the transferability of these findings is that all participants interviewed successfully completed remediation. Future residents who are not successful with remediation may have different experiences and would be invited to complete an interview.

Next steps include revisiting the exit interview questions and structure to reflect learning from this pilot evaluation and formalizing an ongoing partnership between SPIRiT and outside researchers with qualitative skills and training.

CONCLUSIONS

Our pilot evaluation suggests that the SPIRiT approach offers a structured and supportive framework for resident remediation that aligns with identified best practices. By integrating multidisciplinary coaching, opportunities for emotional processing, and efforts to reduce stigma, the SPIRiT model helped residents to feel supported, better understand the remediation process, and engage more actively in their own professional development. Continued refinement of the SPIRiT approach will support efforts to improve remediation practices and enhance resident learning and growth.

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