

Conceptualizations of remediation for practicing physicians

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PROPOSITIONS

1. Our struggles with remediation are less about resources and medical culture and more the result of how we conceptualize remediation. (this thesis)
2. Medicine's culture of 'othering' struggling colleagues is an unrecognized barrier to physician remediation. (this thesis)
3. Normalizing remediation may be more successful in changing medical culture than direct attempts at changing that culture. (this thesis)
4. Remediating trainees does not prepare physicians for remediating peers. (this thesis)
5. At least one third of physicians will experience a period during which their ability to practice medicine safely is impaired. (Leape and Fromsom)
6. Sophisticated methods for measuring performance/competence contrast with patchy and variable remediation processes. (Humphries)
7. Remediation should be explicitly structured as part of medical education systems across the continuum. (Ellaway, Chou and Kalet)
8. Improving how we conduct remediation may require a shift in focus more than an injection of new resources. (valorisation chapter)
9. To describe the world may be the most effective way to change it. (Erci Metaxea- Bonhoffer)
10. Our task is often to *make* a problem as much as to *face* it. (Noziak)
11. In complex systems, instead of trying to optimize specific variables, look for potential solutions in ignored variables. (Ostrom)