

R E M E D I A T I O N / P R O B A T I O N T E M P L A T E

Please submit to: Postgraduate Medical Education Office (PGME)

Schulich School of Medicine & Dentistry

HSA H124, Western University

*for PGE ADVISORY BOARD (PGE:AB) review and approval*

|  |  |
| --- | --- |
| Today’s Date: |  |
| Trainee’s Name: |  |
| Training Program: |  |
| Program Director’s Name: |  |
| Training Year: |  |
| Current Training Stage:  |  |
| Dates of Unsuccessful Training Experience: |  |
| Location and topic of Unsuccessful rotation/Training Experience: |  |
| Proposed Start Date of Plan: *(pending PGE:AB Approval)* |  |
| Location for Proposed Plan Completion: |  |
| Remediation Supervisor’s\* name: |  |
| Remediation Mentor’s\* name: |  |

\*See section C.4 for definitions

**A. REQUEST OF RESIDENCY PROGRAM COMMITTEE TO POSTGRADUATE EDUCATION ADVISORY BOARD (PGE:AB)**

[ ]  Remediation period of blocks

[ ]  Probation period of blocks

[ ]  Other:

Note: Use of “Plan” in this document refers to either Remedial or Probation Plans.

**B. BACKGROUND**

**1. Training Profile**

The overview of the training profile is outlined below:

| **PGY Level** | **Dates** | **Month or Block #** | **Rotation Assignment** | **Outcome (e.g. passed, borderline, failed to progress, achieved)** | **Excerpted comments in assessments in which relevant weaknesses were identified** |
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*NOTE: Append relevant assessment documents relevant to the need for remediation/probation (e.g. ITERS)*

### 2. PGE ADVISORY BOARD Profile

Outline previous PGE: Advisory Board actions for this trainee:

[x]  Not Applicable

[ ]  Resident was previously considered by the PGE ADVISORY BOARD (state dates and outcomes in table below)

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| --- | --- | --- |
| **Dates** | **Request (remediation/probation)** | **Outcome** |
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### PLAN

**1. Rationale**

* Identify the aspects of the Trainee’s performance or behaviour that require remedial attention
* Note specific learning objectives or competencies/EPAs.
* List the relevant CanMEDS competency, with specific details.

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| i.e. provide a brief 2-3 paragraph summary in narrative form that outlines the rationale for the request |

The plan will focus on meeting the goals and objectives related to (click on box):

|  |  |
| --- | --- |
| [ ]  Medical Expert | [ ]  Communicator |
| [ ]  Collaborator | [ ]  Advocate |
| [ ]  Scholar | [ ]  Leader |
| [ ]  Professional |  |

 For CFPC programs:

|  |  |
| --- | --- |
| [ ]  The Family Physician is a Skilled Clinician | [ ]  The Family Physician is a Resource to a Defined Practice Population |
| [ ]  Family Medicine is Community-Based | [ ]  The Doctor-Patient Relationship is Central to the Role of the Family Physician |

1. **Details of Plan**

### State the specific a) duration: blocks or b) required training experiences:

### Complete the following table:

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| --- | --- | --- | --- | --- |
| **Rotation or Training Experience Dates** | **Rotation Assignment** | **Location** | **Rotation Supervisors** | **Clinical Responsibilities** |
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**3. Outline of Plan**

* Use one table ***for each CanMEDS role***
* Consistently use Blocks or dates throughout the report and plan
* Add more rows to tables as needed
* Add more tables as needed

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| **3.1 Block or Training Experience: (**eg. Blocks 1-3 <<dates>>)  **CanMEDS Role:** (eg. Medical Expert) **List the goals and objectives: e.g. To improve in…; To satisfactorily complete…; To demonstrate…**  |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **Frequency of Assessment** | **Benchmark for Achievement** |
| *Describe the proposed remedial education and the resources available to the Trainee;* *Name individual responsible for organizing and administering this strategy** *Append detailed schedule for teaching topics, faculty for each topic, approach to teaching*
 | * *State the:*
* *assessment method / tool*
* *criteria being evaluated*
* *name the assessment tool(s)/form(s),*
* *append assessment tools/forms,*
* *PGY level or stage to be evaluated at*
 |  | *E.g. 70% or greater in XX is a pass* |
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| **3.2 Block or Training Experience: (**eg. Blocks 1-3 <<dates>>)  **CanMEDS Role:** (eg. Professional) **List the goals and objectives: e.g. To improve in…; To satisfactorily complete…; To demonstrate…**  |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **Frequency of Assessment** | **Benchmark for Achievement** |
| *Describe the proposed remedial education and the resources available to the Trainee;* *Name individual responsible for organizing and administering this strategy** *Append detailed schedule for teaching topics, faculty for each topic, approach to teaching*
 | * *State the:*
* *assessment method / tool*
* *criteria being evaluated*
* *name the assessment tool(s)/form(s),*
* *append assessment tools/forms,*
* *PGY level or stage to be evaluated at*
 |  | *E.g. 70% or greater in XX is a pass* |
|  |  |  |  |

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| **3.3 Block or Training Experience: (**eg. Blocks 1-3 <<dates>>)  **CanMEDS Role:** (eg. Leader) **List the goals and objectives: e.g. To improve in…; To satisfactorily complete…; To demonstrate…**   |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **Frequency of Assessment** | **Benchmark for Achievement** |
| *Describe the proposed remedial education and the resources available to the Trainee;* *Name individual responsible for organizing and administering this strategy** *Append detailed schedule for teaching topics, faculty for each topic, approach to teaching*
 | * *State the:*
* *assessment method / tool*
* *criteria being evaluated*
* *name the assessment tool(s)/form(s),*
* *append assessment tools/forms,*
* *PGY level or stage to be evaluated at*
 |  | *E.g. 70% or greater in XX is a pass* |
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**4. Conduct of the plan**

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| --- | --- | --- | --- |
| **Role / Function** | **Faculty Member Name** | **Type of Feedback** | **Frequency of Feedback** |
| **Remediation Coordinator** (i.e. the person responsible for overseeing the entire plan throughout the remediation period; often this is the Program Director, however it may be someone else)  |  | (i.e. formative or summative feedback; interim evaluation) |  |
| **Mentor(s)** (i.e. mentor to provide support to resident without a role in assessment) |  |  |  |
| **Other Arrangements**(i.e. on-call, simulation) |  |  |  |

**5. Outcome of the plan**

State the detailed requirements / definition of successful completion of the plan as a whole:

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* Successful completion of the plan will result in:

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| Upon completion of the remediation/probation period, (1) the success or failure and (2) whether or not the periods will count towards training, will be made by a recommendation from the Competence Committee, with final review and approval made by the RPC\*. In cases where a resident is an eligible candidate for specialty/subspecialty certification examination, that confirmation of eligibility will also be determined by the RPC\*. While the resident is in remediation and/or probation:* For the purpose of reporting exam eligible candidates: the resident may or may not be considered a resident in good standing,
* For the purpose of stakeholder reporting (e.g. MOHLTC, Medical Affairs, CPSO): the resident will remain at the current postgraduate training level until such determination has been made by the RPC\*.

\*The RPC may delegate decisions regarding remediation and/or probation plans and exam eligibility to the Competence Committee, requiring only that the RPC be made aware of the decision. |

* Unsuccessful completion of the plan will result in:

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| (e.g. potential extension of the remediation OR direct progression to probation)Upon completion of the remediation/probation period, (1) the success or failure and (2) whether or not the periods will count towards training, will be made by a recommendation from the Competence Committee, with final review and approval made by the RPC\*. In cases where a resident is an eligible candidate for specialty/subspecialty certification examination, that confirmation of eligibility will also be determined by the RPC\*. While the resident is in remediation and/or probation:* For the purpose of reporting exam eligible candidates: the resident may or may not be considered a resident in good standing,
* For the purpose of stakeholder reporting (e.g. MOHLTC, Medical Affairs, CPSO): the resident will remain at the current postgraduate training level until such determination has been made by the RPC\*.

\*The RPC may delegate decisions regarding remediation and/or probation plans and exam eligibility to the Competence Committee, requiring only that the RPC be made aware of the decision. |

**6. Development of the PLAN**

**NOTE**: The plan is not in effect, and cannot begin, until approved by PGE:ADVISORY BOARD.

**6.1 DOCUMENTATION OF RESIDENT INVOLVEMENT**

Note: As stipulated in the [Accommodations Guidelines & Process policy](file:///C%3A%5CUsers%5Clchampio%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CX3Q4L0XP%5CAccommodations%20serve%20to%20remove%20the%20barriers%20brought%20on%20by%20disability%20but%20do%20not%20change%20or%20lower%20the%20standards%20that%20a%20learner%20is%20required%20to%20meet), accommodations serve to remove the barriers brought on by disability but do not change or lower the standards that a learner is required to meet. In the event that an accommodation has been identified by [the Learner Experience Office](https://www.schulich.uwo.ca/learner_experience/about_us/contact_us.html) as it relates to a remediation/probation plan, the requirements for accommodations are disclosed within the proposed remediation/probation plan and will remain until such a time as the Learner Experience Office has provided an update.

Where a trainee’s personal health information is shared with Learner Experience, it will be treated confidentially and shared with the program director and other individuals only as required to facilitate the accommodations. Only the functional limitations and required accommodations, and not the diagnosis, illness, nor the treatment, will be disclosed to PGME, the program director or the program. Trainees must not be asked or required to disclose their personal health information to the program.

* This PLAN was reviewed by the Resident on **<<DATE>>.**
* I, <<Resident Name >> acknowledge the plan

**Yes** [ ]  **No** [ ]

* I, <<Resident Name>> was provided with information for appealing this remediation within my residency program and:

 [ ]  I WAIVED my interest in appealing

 [ ]  I EXECUTED an appeal

* I, <<Resident Name >> was provided the opportunity to submit additional documentation and/or input to the PGE Advisory Board

**Yes** [ ]  **No** [ ]

* I, <<Resident’s Name >> was offered the opportunity to meet about the PLAN with the Residency Program Committee

[ ]  I ACCEPTED and met with the RPC on <<DATE>>

[ ]  I DECLINED this opportunity

Resident’s Signature Date

**6.2 DOCUMENTATION OF RESIDENCY PROGRAM COMMITTEE INVOLVEMENT**

* This PLAN was reviewed and approved by the Residency Program Committee on <<DATE>>.

**7. Signed & Dated**

Program Director’s Signature Date

**Approval date by PGE:ADVISORY BOARD**

 Date

**PGE office only:**

[ ]  Resident has a restricted registration certificate