

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** |
|  |  |  |

### 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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* |
|  |  |  |  |

**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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| (e.g. return to training at current PGY level/stage of training; advance to X PGY level/X stage of training) |

* Unsuccessful completion of the plan will result in:

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| (e.g. potential extension of the remediation OR direct progression to probation) |

**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**

* 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