The PGME Office and the Associate Dean, PGME must be **informed** when this plan is being used.

In **Royal College** **programs**, the plan is implemented whilst the resident **continues regular training**, i.e., it should not require the extension of training. In **Family Medicine programs**, the plan is implemented whilst the resident continues regular training, but in special circumstances the resident **may require an extension of training** in instances where opportunities to gain knowledge, skills or behaviours for Residents who are progressing but need additional time to reach a specific competency.

Any suggested areas of support are recommendations; they are not mandatory.

The plan must be signed by the Program Director and/or Site Director and the resident.

Please send a copy of plan to the PGME Office prior to implementing the plan.

**Section 1: Resident Information**

|  |  |
| --- | --- |
| Name: |  |
| Program: |  |
| Training Year: |  |

**Section 2: Enhanced Learning Plan Information**

|  |  |
| --- | --- |
| Start Date: | Click here to enter a date. |
| Expected End Date: | Click here to enter a date. |
| Location: |  |
| Primary Supervisor: |  |
| Mentor: |  |

**Section 3: Reason for Enhanced Learning Plan**

1. Please indicate which CanMEDS role/Skill Dimension of Competence for Family Medicine residents is being remediated (check all that apply).

CanMEDS role (RCPSC) Skill Dimension (Family Medicine)

|  |  |
| --- | --- |
| Clinical Reasoning |  |
| Selectivity |  |
| Patient Centered Approach |  |
| Communication with Colleagues |  |
| Communication with Patients |  |
| Professionalism |  |
| Procedure Skills |  |

|  |  |
| --- | --- |
| Medical Expert |  |
| Communicator |  |
| Collaborator |  |
| Leader |  |
| Health Advocate |  |
| Scholar |  |
| Professional |  |

1. Please provide details on the areas of weakness that will be the focus of the enhanced learning plan (especially when and how they were identified).

|  |
| --- |
|  |

**Section 4: Details of the Plan**

Please include competencies to be achieved, learning objectives and strategies, and assessment strategies including timing.

|  |
| --- |
|  |

**Section 5: Outcomes**

At the end of the Enhanced Learning Plan period, the possible outcomes include:

1. **Successful completion**- if all the learning objectives of the plan have been met;
2. **Partially successful completion**- some learning objectives have been met and progress has been made, but there are minor concerns about performance, in which case the plan will be extended, and modified where appropriate.
3. **Unsuccessful completion**- when there are significant concerns about progress and/or performance requires more formal intervention (i.e. remediation or probation).

**Section 6: Signatures**

I have read and I understand the nature and the structure of this plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Resident Name: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director Name: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Site Director Name: | |  | |
| Signature |  | Date |  |

**Section 7: Outcome**

Describe the outcome. If successful, complete section A. If partial, complete section B. If unsuccessful, complete section C. The outcome should be sent to the PGME Office within 2 weeks of completion.

1. **Successful Completion:**

|  |  |
| --- | --- |
| Global rating ‘progressing as expected’ | Yes  No |
| Successful Completion of ELP | Yes  No |

1. **Partially Successful Completion:**

|  |  |
| --- | --- |
| Global rating ‘not progressing as expected’ | Yes  No |
| Additional modified training required | Yes  No |
| New deficiencies identified | Yes  No |
| Extension of ELP | Yes  No |
| Original ELP start/end dates |  |
| New ELP end date |  |
|  |  |
| Recommend remediation | Yes  No |

1. **Unsuccessful Completion:**

|  |  |
| --- | --- |
| Global rating ‘failure to progress’ | Yes  No |
| Recommend remediation | Yes  No |

**Section 8: Final Signatures**

I have read and I understand the outcome of this plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Resident Name: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director Name: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Site Director Name: | |  | |
| Signature |  | Date |  |

**Please send all documents and required information (via email) to the following:**

Reola Mathieu

Phone: 306-966-6145

Email: [reola.mathieu@usask.ca](mailto:reola.mathieu@usask.ca)