The PGME Office and the Associate Dean, PGME must be informed when a resident is to be placed on remediation. Typically, Remediation will require and extension of training.

This remediation plan must be completed prior to the start of remediation period for every resident on remediation. All sections of the plan must be completed. The plan **must** be:

* developed under the authority of the Competence Committee, Progress Committee, RPC or designate in consultation with the resident and the PGME Office.
* approved by the Associate Dean, PGME prior to the start of the remediation.
* signed by the Program Director, the resident, and the Associate Dean, PGME.

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

**Remediation cannot begin prior to the Associate Dean, Postgraduate Medical Education’s approval of the remediation plan.**

**Section 1: Resident Information**

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

**Section 2: Remediation Information**

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

**Section 3: Reason for Remediation**

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

CanMEDS role

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

Skill Dimension (for Family Medicine only)

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

1. Please provide detailed description of all aspects of resident’s performance or behaviour that require remedial attention (e.g. knowledge, skills, attitudes, etc.), and include how these were documented. Please organize this plan around CanMEDS roles/Skill Dimensions of Competence identified in section a).

|  |
| --- |
|  |

**Section 4: Goals and Objectives of the Remediation**

For each identified CanMEDS role/Skill Dimension please list and describe specific goals and objectives, expected performance and/or behavior changes that must be achieved by the end of remediation.

|  |
| --- |
|  |

**Section 5: Learning Strategies**

For each identified CanMEDS role/Skill Dimension list and describe in detail the strategies that will be used to address it (e.g. reading, simulation, reflective exercise, teaching sessions, etc.), including the resources available to the resident and the person responsible.

|  |
| --- |
|  |

**Section 6: Assessment Strategies**

Describe what methods and tools will be used to ensure that the goals, objectives, and competencies have been met, identifying person(s) for arranging and administering assessment, frequency and timing of assessment and benchmarks for achievement.

|  |
| --- |
|  |

**Section 7: Remediation Supervisor**

|  |  |
| --- | --- |
| Name of the Primary Remediation Supervisor: |  |
| Role in the Program: |  |

Remediation Supervisor agrees to *(check all that apply)*:

|  |  |
| --- | --- |
| Assess the resident, and compile written assessment reports based on feedback from physicians involved in the remediation |  |
| Meet with the resident to review written reports and discuss progress in attaining the objectives of the remediation |  |
| Inform the resident, Program Director (when PD is not the overall Remediation Supervisor) and Associate Dean, PGME when there is lack of progress in meeting the objectives of the remediation |  |
| Assist the resident in achieving the objectives of remediation by  Clarifying the difficulties the resident is having with the knowledge base  Providing extra teaching in clinical matters  Providing supervision and training procedural skills  Coaching regarding negative attitudes and lack of insight  Directing resident to other specific sources of information on teaching |  |
|  |
|  |
|  |
|  |
|  |
| To compile and present a final summative report, which will be used in determination of the overall outcome of the remediation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency of the meetings: |  | Starting from: | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| Date reports sent to the PGME Office: | Progress report | Click here to enter a date. |
| Final report with the outcome | Click here to enter a date. |

Other Remediation Supervisors:

|  |
| --- |
|  |

**Section 8: Remediation Mentor**

It is recommended that the resident has support from a physician, or other qualified person for the duration of the remediation. The remediation mentor will not be responsible for the assessment of the resident during the remediation but should rather provide advice and help the resident develop identified knowledge, skills, and competencies.

|  |  |
| --- | --- |
| Name of the Remediation Mentor: |  |

Remediation Mentor agrees to *(check all that apply)*:

|  |  |
| --- | --- |
| Regularly review and clarify the objectives of remediation, resident’s responsibilities, and resident’s progress in achieving the objectives |  |
| Monitor the resident’s experiences with clinical supervision and feedback, and communicate concerns beyond the resident’s control to the Program Director and Remediation Supervisor |  |
| Monitor and guide both program-directed and self-directed learning/studying |  |
| Direct the resident to appropriate resources as necessary |  |
| Keep written records of meetings, concerns, and progress, and submit these to the Program Director |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency to of the meetings: |  | Starting from: | Click here to enter a date. |

**Section 9: Outcomes of the Remediation**

Upon completion of remediation, the following outcomes may occur:

1. **Successful completion**:
2. If the Resident receives global rating ‘progressing as expected,’ they will be deemed to have successfully completed the Remediation and will continue in the program at the level determined by the Competence Committee/Residency Program Committee. If all the objectives have been met to the defined level of performance, the resident will be:
   * 1. Reinstated into the program unconditionally, OR
     2. Reinstated to the program with conditions, which must be clearly articulated and provided to the resident in writing. Continued supplemental support must be provided to assist the resident in resolving any remaining issues in a timely manner.
3. Remediation will require an extension of training. Under exceptional circumstances, the Competence Committee/Residency Program Committee can recommend that the Remediation counts towards training required for credentialing and certification by the RCPSC, if the Remediation has been successfully completed and all training requirements have been met.
4. **Unsuccessful completion:**
5. If the Resident made progress, but not sufficient to correct all deficiencies/concerns identified, and the global rating of the Remediation is ‘not progressing as expected,’ the Resident may:
6. receive an extension of Remediation (up until maximum period allowed) and additional support.
7. Any modifications and extensions of Remediation must be approved by the Competence Committee/Residency Program Committee in consultation with the PGME Office.
8. If the Resident receives a global rating ‘failure to progress,’ they will be deemed to have not successfully completed Remediation and will be required to undergo Probation.

**Section 10: Signatures and Approvals**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Remediation Supervisor: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director:  *(if different than the Remediation Supervisor)* | |  | |
| Signature |  | Date |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Remediation Mentor: | |  | |
| Signature |  | Date |  |

**\*PGME Office use only:**

|  |  |  |
| --- | --- | --- |
| Compliance with the policy and procedure | Yes No |  |
| Educational requirements met | Yes No |  |
| Referred to the Resident Resource Office | Yes No |  |
| Approval of the Associate Dean, PGME |  | Date |

**Section 11: Final 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 Remediation | Yes  No |

1. **Partial Successful Completion:**

|  |  |
| --- | --- |
| Global rating ‘not progressing as expected’ | Yes  No |
| Additional modified training required | Yes  No |
| New deficiencies identified | Yes  No |
| Extension of Remediation (up the maximum duration) | Yes  No |
| Original Remediation start/end dates |  |
| New Remediation end date |  |
|  |  |
| Maximum duration of Remediation period has been exhausted | Yes  No |
| Recommend Probation | Yes  No |

1. **Unsuccessful Completion:**

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

**Section 12: Final Signatures**

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

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

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

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

|  |
| --- |
| **Please send all documents and required information (via email) to:**  Reola Mathieu  Phone: 306-966-6145  Email: [reola.mathieu@usask.ca](mailto:reola.mathieu@usask.ca) |