The PGME Office and the Associate Dean, PGME must be informed when a resident is to be placed on probation.

A probation plan must be completed prior to the start of the probation period for every resident on probation. 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 probation.
* signed by the Program Director, the resident, and the Associate Dean, PGME.

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

**Section 1: Resident Information**

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

**Section 2: Probation Information**

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

**Section 3: Reason for Probation**

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 (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 the CanMEDS roles/Skill Dimensions of Competence identified in section a).

|  |
| --- |
|  |

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

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 probation.

|  |
| --- |
|  |

**Section 5: Learning Strategies**

For each identified CanMEDS role/Skill Dimension please 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: Probation Supervisor**

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

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

|  |  |
| --- | --- |
| Assess the resident, and compile written assessment reports based on feedback from physicians involved in the probation |  |
| Meet with the resident to review written reports and discuss progress in attaining the objectives of probation |  |
| Inform the resident, Program Director (when PD is not the overall Probation Supervisor) and Associate Dean, PGME when there is lack of progress in meeting the objectives of probation |  |
| Assist the resident in achieving the objectives of probation 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 probation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Frequency to 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 Probation Supervisors:

|  |
| --- |
|  |

**Section 8: Probation Mentor**

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

|  |  |
| --- | --- |
| Name of the Probation Mentor: |  |

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

|  |  |
| --- | --- |
| Regularly review and clarify the objectives of probation, 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 Probation 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 Probation**

Upon completion of probation, 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 probation and will continue in the program at the level determined by the Competence Committee, Progress Committee, RPC. 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. Probation periods are not credited towards resident training in the program, and therefore, in both cases overall training of the resident will be extended for the period of probation.
4. **Unsuccessful completion:**
5. If the Resident made progress, but not sufficient to correct all deficiencies/concerns identified, and the global rating of the probation is ‘not progressing as expected,’ the following outcomes may occur:
6. Extension of probation (up until the maximum duration) - additional modified training is required; or if new deficiencies have been identified during the probation, OR
7. If the Resident has exhausted the maximum duration of probation period, the Resident will be dismissed.
8. If the Resident receives global rating ‘failure to progress,’ they will be deemed to have not successfully completed probation and will be dismissed from the program.

**Section 10: Signatures and Approvals**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Probation Supervisor: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director:  *(If different than the Probation Supervisor)* | |  | |
| Signature |  | Date |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Probation 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 probation | 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 probation (up the maximum duration) | Yes  No |
| Original probation start/end dates |  |
| New probation end date |  |
|  |  |
| Maximum duration of probation period has been exhausted | Yes  No |
| Recommend Dismissal | Yes  No |

1. **Unsuccessful Completion:**

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