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

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 Program Director or designate in consultation with the resident, with guidance from the PGME Office;
* approved by the Residency Program Committee or designated subcommittee;
* signed by the Program Director, the resident and the Associate Dean, PGME.

**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. |
| Extension of Training: | Does remediation plan extend training? Yes / No  If yes: 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.

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**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.

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**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.

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**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-** if all theobjectives 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 have to 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.

Remediation 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 remediation.

1. **Unsuccessful completion-** if all the objectives outlined in this plan have not been met, the resident will undergo
2. Extension of remediation- if some progress has been made, or if new deficiencies have been identified during the remediation; OR
3. 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 |

|  |
| --- |
| **Please send all documents and required information (via email) to:**  **Amanda Storey**  Coordinator  PGME Academic and Non-Academic Policies & Procedures  Email: amanda.storey@usask.ca |