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

The plan is implemented whilst the resident **continues regular training**, i.e. it should not require the extension of training. The plan must be signed by the Program Director and the resident.

Please send a copy of plan to the PGME Office.

**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**

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).

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**Section 4: Details of the Plan**

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

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**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:  |  |
| Signature  |  | Date  |  |

|  |
| --- |
| **Please send all documents and required information (via email, fax or mail) to the following location:**Aleksandra PajicPGME Office, College of Medicine, University of SaskatchewanRoom 420, 4th Floor, St. Andrew’s College1121 College Drive, Saskatoon, SK S7N 0W3Phone: 306-966-6145 Fax: 306-966-5224 Email: aleksandra.pajic@usask.ca |