

**Resident**: <LAST NAME, First Name>

**STAGE OF REMEDIATION:**

[ ]  **Request for Remediation**

[ ]  **Interim Report**

[ ]  **Extension of Remediation (if needed)**

[ ]  **Completion Report**

**Press ‘Control” and click once on the link below to move to the section of report you want:**

[Request for Remediation](#RequestForRemediation)

[Remediation Plan](#RemediationPlan)

[Interim Report](#InterimReport)

[Completion Report](#CompletionReport)

PGME Administration Only:

|  |  |
| --- | --- |
|  **Activities and Reports**  | **Date** |
| Request for Remediation Submission to BOE Meeting  |  |
| Letter from the Chair, BOE |  |
|  Date Revised Request for Remediation Post-BOE  (Current Approved Plan) |  |
| Interim Report Submission to BOE Meeting  |  |
| Completion Report Submission to BOE Meeting  |  |
| Extension of Remediation Submission to BOE meeting(if needed) |  |



**NOTES for Completion:**

* Please review BOE Process for Resident in Academic Difficulty
* Fill in YELLOW highlighted information
* Send the final version of plan in Word format with consistent formatting, page numbers to pgboe@utoronto.ca

# REQUEST FOR REMEDIATION

**Draft Date:** <Date> **Date Revised Post-BOE**:

**FOR**: < Resident LAST NAME, First Name >

 < Training Program Name >

 < Training Year >

## A. REQUEST OF RESIDENCY PROGRAM COMMITTEE TO

##  PGME BOARD OF EXAMINERS

(Click on a box, delete options that don’t apply)

[ ]  Remediation for << e.g. 6 months/blocks >> dates X to Y

[ ]  Probation for << e.g. 6 months/blocks >> dates X to Y

[ ]  Remediation with Probation for <<e.g. 6 months/blocks >> dates X to Y

[ ]  Dismissal

[ ]  OTHER:

The PLAN will focus on meeting the goals and objectives related to:

[Note: the remedial plan should focus on **no more** than 2-3 CanMEDS Roles at a time.

(Click on box)]

|  |  |
| --- | --- |
| [ ]  Medical Expert | [ ]  Communicator |
| [ ]  Collaborator | [ ]  Advocate |
| [ ]  Scholar | [ ]  Leader/Manager |
| [ ] [ ]  Professional |  |

## B. BACKGROUND

### Trainee Information

Dr. <<Resident Name>> is currently a Resident in the XX year of the <<Program>>.

The <<Program>> is a <<duration>> training program.

Based on current level of performance, we request that during this period of remediation, Dr. <<Resident Name>> be evaluatedat the PGYX level.

### Board of Examiner’s Profile

Outline all previous Board of Examiner actions for this trainee:

(Click on a box, delete options that don’t apply)

[ ]  Not Applicable

[ ]  Dr. <<Resident Name>> was previously considered by the Board of Examiners-PG on <BOE meeting DATE> with respect to <<i.e. Remediation/Remediation with Probation etc.>>. The Board of Examiners-PG approved the request.

* On <BOE meeting DATE> the Board of Examiners-PG decided <OUTCOME i.e. Extension of remediation, successful completion etc.>

### Training Profile

In the <<program name>> program, a “pass” is 3/5

| **Rotation Service** | **Block** | **Start/ End Date** | **Location** | **Overall****ITER/ITAR****Score** | **Comments from ITER/ITAR** |
| --- | --- | --- | --- | --- | --- |
| **PGYX (Date – Date)** |
|  |  |  |  |  |  |
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**Examination Results for all years of residency**

Group like examinations together for comparison purposes (e.g. in-training exams for each year grouped together, OSCE scores for each year grouped together)

| **Dates** | **Test** | **Result** | **Comparator** (e.g. mean & SD for comparators) |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

NOTES:

* PGME will download ITERs from POWER and include with package
* Send other evaluations and/or documents relevant to the need for remediation, if any

## C. PLAN

### Rationale for Remediation

* **Identify the aspects of the Trainee’s performance or behaviour that requires remedial attention** (provide a brief 2-3 paragraph summary in narrative form that outlines the rationale for the request; do not identify any specific wellness issues).

### Purpose of Remediation

(Click on a box, delete options that don’t apply)

[ ]  To provide a period of focused education to enable the resident to meet the

 <<Program>> Goals & Objectives for << Residency Training Level >>

[ ]  To provide a period of focused education to << DETAILS>>

[ ]  Other: << DETAILS>>

### Details of Remedial Plan

**The proposed remediation period will be X blocks:**

| **Block of****Academic Year** | **Block of****Remediation** | **Rotation Dates** | **Rotation Service** | **Location** | **Rotation Supervisors** | **Clinical Responsibilities** |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 |  |  |  |  |  |
|  | 6 |  |  |  |  |  |

# REMEDIATION PLAN

**Specific remedial plan goals, strategies, evaluation/outcome measures are listed in the following table:**

* Use one table for each CanMEDS role
* Consistently use either Months or Blocks throughout the report and plan
* Add more rows to tables as needed
* Add more tables as needed

|  |
| --- |
| **6.1 <<CanMEDS Role>> Goals and Objectives:** e.g. To improve in…; To satisfactorily complete…; To demonstrate |

| **6.1 Month/Block:** <<XX Blocks (Start date – End date)>> **CanMEDS Role:** <<e.g. Medical Expert>>  |
| --- |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **PROGRESS***(Complete for Interim Report & continue for Completion Report)* | **OUTCOME***(Complete for Interim Report & continue for Completion Report)* |
| Describe the proposed remedial education and the resources available to the Trainee; * Append detailed schedule for teaching topics, faculty for each topic, approach to teaching
 | State the:* evaluation method / tool
* criteria being evaluated
* name the assessment tool(s)/form(s),
* append assessment tools/forms,
* PGY level to be evaluated at
* frequency of evaluation
* benchmarks for achievement (e.g. 70% or greater in XX is a pass)
 | * Describe activities that have taken place and progress that has been observed
* Report on each assessment tool that is described under Assessment of Achievement
* Example:
	+ Resident was rated 3/5 on his/her ITER
 | Indicate outcome (e.g. pass or fail) |
|  |  |  |  |

| **6.2 <<CanMEDS Role>> Goals and Objectives:** e.g. To improve in…; To satisfactorily complete…; To demonstrate |
| --- |

| **6.2 Month/Block:** <<XX Blocks (Start date – End date)>> **CanMEDS Role:** <<e.g. Communicator>> |
| --- |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **PROGRESS***(Complete for Interim Report & continue for Completion Report)* | **OUTCOME***(Complete for Interim Report & continue for Completion Report)* |
| Describe the proposed remedial education and the resources available to the Trainee; * Append detailed schedule for teaching topics, faculty for each topic, approach to teaching
 | State the:* evaluation method / tool
* criteria being evaluated
* name the assessment tool(s)/form(s),
* append assessment tools/forms,
* PGY level to be evaluated at
* frequency of evaluation
* benchmarks for achievement (e.g. 70% or greater in XX is a pass)
 | * Describe activities that have taken place and progress that has been observed
* Report on each assessment tool that is described under Assessment of Achievement
* Example:
	+ Resident was rated 3/5 on his/her ITER
 | Indicate outcome (e.g. pass or fail) |
|  |  |  |  |

| **6.3 <<CanMEDS Role>> Goals and Objectives:** e.g. To improve in…; To satisfactorily complete…; To demonstrate |
| --- |

| **6.3 Month/Block:** <<XX Blocks (Start date – End date)>> **CanMEDS Role:** <<e.g. Professional>> |
| --- |
| **Learning or Teaching Strategy** | **Assessment of Achievement** | **PROGRESS***(Complete for Interim Report & continue for Completion Report)* | **OUTCOME***(Complete for Interim Report & continue for Completion Report)* |
| Describe the proposed remedial education and the resources available to the Trainee; * Append detailed schedule for teaching topics, faculty for each topic, approach to teaching
 | State the:* evaluation method / tool
* criteria being evaluated
* name the assessment tool(s)/form(s),
* append assessment tools/forms,
* PGY level to be evaluated at
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* benchmarks for achievement (e.g. 70% or greater in XX is a pass)
 | * Describe activities that have taken place and progress that has been observed
* Report on each assessment tool that is described under Assessment of Achievement
* Example:
	+ Resident was rated 3/5 on his/her ITER
 | Indicate outcome (e.g. pass or fail) |
|  |  |  |  |

**List of Assessment Tools/Forms used in this plan (separate files):**

***NOTE****: Resident may provide forms to assessors; however, it is the Program’s responsibility to distribute all forms to assessors at the start of the remediation and to collect all forms*

|  |  |
| --- | --- |
| **Role / Function** | **Name / Details** |
| **Remediation Coordinator** (i.e. the person responsible for overseeing the entire plan throughout the remediation period; often this is the Program Director, however it may be someone else)  |  |
| **Non-Evaluative Mentor(s)** (i.e. a faculty member to provide guidance and support to resident about any issues that arise during remediation. The mentor has a non-evaluative role. The resident and Program Director select the mentor collaboratively and it is someone the resident feels comfortable with. Mentors can be from the same discipline/specialty but this is not required; an existing professional relationship is not required. |  |
| **Faculty Tutors** (if applicable) (i.e. Faculty members assigned to support resident learning for specific activities outlined in the remediation plan) |  |
| **Other Arrangements** |  |
| **On-Call Arrangements** |  |

## Outline typical week during remediation period

(e.g. academic half-day, clinical sessions, coaching sessions, protected reading time, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday  | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

\* Please note that faculty/coach remediation sessions will depend on schedule availability.

* Time off during the remediation period, for vacation or CME leave, requires approval by the Remediation Coordinator and Program Director.
* Generally time off is not taken during the last month of remediation, during any scheduled evaluation (e.g. OSCE) or during the week before any BOE meeting where the resident’s case is being presented.
* Resident Call to be organized so as not to interfere with coaching/protected time.

### Outcome of Remediation

Upon **successful completion** of the remedial plan:

* Dr. <<Resident Name >> would begin residency training for PGY <<training level>>

**OR**

* Dr. <<Resident Name >> would have completed the PGY<<training level>> residency training

**OR**

* Dr. << Other planned next step>>

Upon **unsuccessful completion** of the remedial plan:

* <<planned next step>>

###  Development of the Remediation plan

The following due process steps must be completed prior to this remediation plan being presented at the BOE-PG. Failure to comply with any of these steps will result in this remediation plan moving to a future meeting.

1. The remediation plan was sent to the resident by email on <DATE>
2. The Program Director met with the resident to review the remediation plan on <DATE>
3. I, <RESIDENT NAME>, was offered the opportunity to meet about and present my views on my remediation plan with the Residency Program Committee (RPC) and I:
	* 1. [ ]  ACCEPTED and met with the RPC on <DATE>
		2. [ ]  DECLINED this opportunity
4. I, <RESIDENT NAME>, agree with the remediation plan: **Yes** [ ]  **No** [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Resident Signature

1. The remediation plan was reviewed and approved by the Residency Program Committee (RPC) on <DATE>
2. There are extenuating circumstances identified by the Residency Program Committee (RPC) which may impact the implementation of this plan: **Yes** [ ]  **No** [ ]

**9. Signed & Dated**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

<PD NAME>, Program Director

<PROGRAM NAME>

# INTERIM REPORT

**Draft Date:** <Date>

## D. REPORT TO PGME BOARD OF EXAMINERS

**UPDATE:** <<e.g. 3 months/blocks>> report of current <<total length of plan e.g. 6 months/blocks>> remedial plan from dates X to Y

## E. SUMMARY

###  Summary of current status:

* Provide a brief narrative summary of this resident’s progress with respect to program expectation (1-2 paragraphs)
* Comment on projected outcome at the end of this remediation period.

###  Progress during Remediation

Dr. <<Resident Name>>’s ITER/ITARs pertaining to <<period of time, e.g. 3 months>> on remediation are as follows:

| **Rotation Service** | **Block** | **Start/ End Date** | **Location** | **Overall****ITER/ITAR****Score** | **Comments from ITER/ITAR** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* PGME will download ITERs from POWER and include with package

**Fill in remediation plan table. Link to (press control and click):**  **[Remediation Plan](#RemediationPlan)**

###  Development of the REPORT

This interim remediation report was forwarded to Dr. <<Resident Name>> for review on << date>>.

The resident met with the Program Director to review progress under remediation on << date>>.

Program Director:

Program:

Date:

# COMPLETION REPORT

**Draft Date:**  <Date>

## F. REPORT TO PGME BOARD OF EXAMINERS

**FINAL** report for current remedial plan<<< dates X to Y >>>>

## G. SUMMARY OF CURRENT STATUS

* Provide a brief narrative summary of this resident’s progress with respect to program expectation (1-2 paragraphs)

Dr. <<Resident Name >>’s ITER/ITARs pertaining to the final <<months/blocks>> on remediation are as follows: (new information only)

| **Rotation Service** | **Block** | **Start/ End Date** | **Location** | **Overall****ITER/ITAR****Score** | **Comments from ITER/ITAR** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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* PGME will download ITERs from POWER and include with package

**Fill in remediation plan table. Link to (press control and click):**  **[Remediation Plan](#RemediationPlan)**

###  Outcome of Remediation

Dr. <<Resident Name>> has **successfully completed** the objectives of the remedial plan.

###  Development of the REPORT

This completion of remediation report was forwarded to Dr. <<Resident Name>> for review on << date>>.

The resident met with Program Director, <<PD name>> to review progress under remediation on << date>>

###  RPC decision regarding time spent in remediation

*It is at the discretion of the PD and the RPC to award credit for blocks/months spent in remediation (none, some or all) towards the regular residency training program. This determination may be made at any time before the end of training.*

###  Promotion Date

*(The following date is ‘anticipated’ and can be changed at any point at the discretion of the PD and RPC. If the anticipated date identified for promotion changes after this completion form has been submitted please ensure that you notify registration at PGME accordingly)*

Dr. <<Resident Name >> is anticipated to be promoted to PGY <<training level>> as of << date>>

###  Signed & Dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<<PD NAME>>, Program Director Date:

<<PROGRAM>>