Program Residency Training Program

Postgraduate Medical Education

Dr. Lisa Welikovitch, Associate Dean Date: TODAY’S DATE

Postgraduate Medical Education

**RE: Outcome of Remediation for Resident Name**

Dear Dr. Welikovitch

**Dr.** Name has completed the Remediation Period from Dates . The Residency Program Committee met on DATE and determined that the Remediation Period was: (check one of A ,B, or C below), then complete section D.

|  |
| --- |
| **A** Successful– all requirements of the Remediation Plan adequately met and the resident is ready to be reinstated into their regular program track |
| **B** Not Fully Successful - Extension of Remediation required – improvement or sufficient performance was demonstrated in MOST areas of remediation however a remediation extension is recommended due to a continued area of deficiency or a new emergent issue.  Area requiring further work:  The Remediation extension period will be as follows:   |  |  | | --- | --- | | Start Date |  | | End Date |  |   \**Only one Remediation Extension can be offered to a maximum of 12 weeks duration.* |
| **C** Unsuccessful– the resident did not demonstrate improvement in identified areas of concern as per the Remediation Plan and will be recommended for Probation.  The Probation Period will be as follows:   |  |  | | --- | --- | | Start Date |  | | End Date |  | |

**D. Please complete for all.**

As a result of the Remediation Period, the RPC is requesting an extension of training for the resident for

|  |  |
| --- | --- |
| Extension of training/change of completion end date required | Yes  No |
| If yes above, number of weeks of extension of training required |  |
| If yes above, new program completed end date |  |

\*An extension of training due to Remediation is not eligible for a waiver of training at the end of residency.

Sincerely,

Name, Division or Program Director

Program Residency Program

PGME use:

Extension of training approved yes  no  forwarded to Leanne Johnson