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 [ ]