

Program Residency Training Program

Postgraduate Medical Education

Address

Date

Dr. Resident Name

PGY-Level Resident, Program

**PROBATION LETTER**

Dear Dr. Resident Surname

As you have been made aware, serious concerns about your performance and progress in residency training have been documented during your program. Your performance continues to be well below what is expected for a resident at your current level of training. After careful consideration, the Residency Program Committee (RPC) decided on Date to place you on Probation. The details are outlined in the accompanying Probation Plan.

**As per the Postgraduate Medical Education (PGME) *Resident Remediation, Probation, & Dismissal Policy* the PGME Office must notify the CPSA and the AHS Medical Education Office of your probationary status.**

It is important that you understand that probation is a critical period of performance assessment in residency training as reflected in the *Resident Remediation, Probation, & Dismissal Policy*:

*Probation is a period of training during which a Resident is expected to correct serious performance weaknesses that are felt to jeopardize their successful completion of the Program. Probation implies the possibility of dismissal from the Program if sufficient improvement is not identified at the end of Probation. It is composed of a formal program of individualized educational support, assessment, and monitoring designed to assist a Resident in correcting the serious performance deficiencies identified. (8)*

Your signature on this letter acknowledges receipt of this notice and the accompanying probation plan.

Sincerely,

Dr. Program Director Name, Credentials

Program Director, Program Residency Training Program

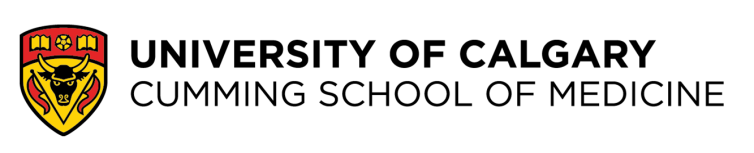
Enclosure

cc: Dr. Melinda Davis

Associate Dean, Postgraduate Medical Education

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Resident Signature Date

 Program Residency Program

Post Graduate Medical Education

Dr. Resident Name

PGY-Level Resident, Program

Date

**PROBATION PLAN**

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| --- | --- | --- | --- |
| **Start Date** |  | **Program Director** |  |
| **End Date** |  | **Probation Supervisor** |  |
| **Duration** | 12 weeks | **CanMEDs Coach (if applicable)** |  |
| **Mentor** |  | **PGME Learning & Education Resource Specialist** | Erin Weir |

*By signing this document (last page), you indicate that you understand the nature and structure of the probation period.*

**BACKGROUND**

narrative description of deficiencies e.g. failed rotations, failed Remediation, professionalism, patient safety issues, etc.

On Date, the Residency Program Committee (RPC) reviewed documented deficiencies in your performance and decided to place you on a formal period of Probation.

The following areas have been identified as specific areas of focus for this probationary period: delete any that don’t apply

**Medical Expert**

* Specify deficiency/ies

**Communicator**

* Specify deficiency/ies

**Collaborator**

* Specify deficiency/ies

**Leader**

* Specify deficiency/ies

**Health Advocate**

* Specify deficiency/ies

**Scholar**

* Specify deficiency/ies

**Professional**

* Specify deficiency/ies

**STRUCTURE OF THE PROBATION PLAN**

**Schedule:**

Probation will be for a total duration of 12 (twelve) weeks

The following experiences have been arranged to provide you an opportunity to achieve a satisfactory level of competency in the areas identified above: insert rotations or weekly activity – tailor to situation

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| **Weeks,** e.g. 1-2 | dates |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |
|  |  |
| **Weeks** |  |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |
|  |  |
| **Weeks** |  |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |

**Objectives**

In addressing the identified performance deficiencies, you are expected to meet the following objectives for a PGY-level Resident by the end of the probation period: specify the objectives, learning strategies, and evaluation criteria:– tailor to the situation, delete any that don’t apply

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| **Medical Expert** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| **Communicator** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| **Collaborator** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| **Leader** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| **Health Advocate** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| --- | --- | --- |
| **Scholar** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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| --- | --- | --- |
| **Professional** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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**Responsibilities of the Resident**

You are expected to be in full attendance (100%) during the probation period. Any absence due to extenuating circumstances must be discussed with the Program Director in advance or as soon as possible. You will be excused from regular resident activities to attend to the requirements outlined in the Probation Plan. It is strongly recommend that the entire probation period be completed without a break in order to monitor and maintain progress. It is recognized that in certain circumstances (e.g. PARA designated named vacation periods), that an interruption may occur and this will not count towards the overall duration of probation.

During the probation period, you are expected to participate in the following activities these are examples (modify accordingly):

1. Additional assessments and targeted activities including:
   1. Maintenance of a weekly log-book of performance and setting weekly goals
   2. Soliciting daily feedback from preceptors
2. Meet with Dr. name, Probation Supervisor, specify frequency to review feedback from assessments and discuss progress.
3. Meet with Dr. name, Program Director at end of each rotation to discuss progress and ongoing objectives.
4. Meet with a CanMEDS coach for up to \_\_\_ sessions. The coach will be organized through the PGME Learning and Education Resource Specialist [pdassist@ucalgary.ca](mailto:pdassist@ucalgary.ca) Feedback will be solicited and reviewed regarding your engagement and professional conduct. Optional, delete if not required
5. Keep notes of all feedback and suggestions provided by preceptors and during meetings. Regularly review and reflect on your notes & assessments and set ongoing personal learning goals.
6. Meet with Erin Weir, Learning & Education Support Specialist in the PGME office to review and build learning strategies [pdassist@ucalgary.ca](mailto:pdassist@ucalgary.ca) 403-210-7670. Optional, delete if not required.

**Note**: It is **your responsibility** to arrange these meetings.

**Responsibilities of the Probation Supervisor:**

During the probation period, Dr. name agrees to: these are examples – modify accordingly

1. Provide overall supervision during the probation period.
2. Meet with you specify frequency, sugg. every two weeks to review and discuss progress in attaining the objectives of the probation period; and to keep records of these meetings.
3. Help you in achieving the objectives of probation by: these are examples – tailor accordingly
   1. Clarifying expectations around identified difficulties you are having with the following CanMEDs Roles:
      1. Medical Expert
      2. Communicator
      3. Collaborator
      4. Leader
      5. Medical Expert
      6. Scholar
      7. Professional
4. Direct you to other specific sources of information when requested by you

**Responsibilities of the Program Director:**

During the Probation Period, Dr. name agrees to: these are examples – modify as required

1. Meet with you at the end of each block to review the rotation assessment, discuss progress in attaining the objectives of your probation, and to keep records of these meetings.
2. Develop a comprehensive assessment schedule for you, including the use of weekly, and overall rotation assessments to be completed by supervising preceptors. tailor as required
3. Consult with the RPC on the outcome of probation and communicate the decision to you.
4. Approve time to access coaching, counselling, medical appointments, or advising services as required.

**Responsibilities of the Mentor:**

You will haveaccess to a mentor during probation, who will not be involved in your direct assessment during the probation period but will be available for advice and support. If a mentor has been assigned, specify name.

Your mentor will maintain appropriate confidentiality but have a duty to report serious concerns to the Program Director in accordance with the Canadian Medical Protective Association (CMPA) Code of Conduct and the Cumming School of Medicine (CSM) Professional Standards, which address disclosure of serious concerns that could lead to personal or public harm.

Concerns that are outside the scope of the mentorship role should be discussed with appropriate resources such as the **Physician and Family Support Program (PFSP)—Phone: 1-877-767-4637** [**https://www.albertadoctors.org/services/physicians/pfsp**](https://www.albertadoctors.org/services/physicians/pfsp)

**OUTCOME OF PROBATION**

Please note that the decision about whether or not you pass this probation period is made by the RPC and not by any individual Preceptor or group of preceptors. The RPC will consider all of the relevant assessment forms, data, and feedback provided throughout the course of the probation period in order to determine the outcome, as per current PGME Policy:

* Successful – requirements of the Probation Plan have been met
* Extension of Probation – due to exceptional circumstances and/or for specified reasons unrelated to progress, and approved by the Associate Dean PGME
* Unsuccessful – failure to meet specific objectives or insufficient improvement in one or more objectives identified as a requirement in the Probation Plan

***Successful Completion***

Successful completion of the probation period will be identified by achieving an overall “PASS” in all probation elements. You must achieve a “meets expectations” in all elements of the *CanMEDS roles* identified above.

Successful completion of the probation period will result in reinstatement in the program with credit applied to training up until the commencement of the current probation period. Additionally, the RPC will decide whether training credit can be applied to all, part, or none of the probation period of training considering the intensity of assessment, demonstrated improvement, and modifications made to the rotation.

***Unsuccessful Completion***

Probation may be deemed unsuccessful in any of the following scenarios:

1. The occurrence of any serious patient safety incidents
2. A ‘failed” area of competence (i.e. “rarely meets” or “inconsistently meets”) for any item listed above at any point during the course of the probation period
3. Failure to achieve a “PASS” as described above (“Successful Completion”)

Unsuccessful completion of the probationary period will result in the following outcome, as recommended by the RPC: Dismissal from the residency training program as per current PGME Policy.

**The program will notify the PGME Office of the outcome of probation and if successful, submit for approval, the number of weeks required to extend training as a result of probation.**

**ACKNOWLEDGEMENTS**

I Resident Name, understand the following about the Probation Plan:

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| --- | --- |
|  | Resident  Initials |
| * The identified areas requiring performance improvement |  |
| * The expected level of performance on Probation objectives/competencies |  |
| * The nature of the Probation Plan, including the reasons for this Probation Plan |  |
| * The time frame of the probation period |  |
| * The assessment modalities to be used |  |
| * The consequences of successful/unsuccessful probation |  |
| * I have been given the chance to clarify all components of the Probation Plan |  |

You are welcome to contact the Associate Dean Postgraduate Medical Education, Dr. Melinda Davis, to discuss the implications of probation.  She can be reached via email at [mjdavi@ucalgary.ca](mailto:mjdavi@ucalgary.ca) or by contacting her administrative assistant, Crystal Boisselle, at [crystal.boisselle@ucalgary.ca](mailto:crystal.boisselle@ucalgary.ca)

The policy documents [*Resident Assessment*](https://cumming.ucalgary.ca/sites/default/files/teams/6/policies/pgme-resident-assessment-policy-final-jul2018.pdf), [*Resident Remediation, Probation, & Dismissal*](https://cumming.ucalgary.ca/sites/default/files/teams/6/policies/resident-remediation-probation-dismissal-pgme-oct21-v1.pdf) *and* [*Resident Appeals*](https://cumming.ucalgary.ca/sites/default/files/teams/6/policies/resident-appeal-policy-pgme-July2021-v3.pdf) are on the University of Calgary Postgraduate Medical Education (PGME) website [PGME | Current Trainees | Residents | Starting Residency | Policies and Guidelines | Cumming School of Medicine | University of Calgary](https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines)

Please refer to these regarding any questions you might have. Please note that if implementation of the Probation Plan has to be deferred pending the outcome of an appeal, this will result in a mandatory unpaid leave from the program. It is in the learner’s best interest to continue their program in a timely manner with the learning supports provided. As such, an appeal process may need to occur in parallel with probation. Should the appeal be upheld, the probation decision and plan will be reviewed by the RPC.

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|  | Resident  Initials |
| * I have been made aware of these policy agreements |  |

**SIGNATURES**:

By signing this document, I confirm that I understand the nature and structure of the probation period. This does not preclude me from pursuing appeals as allowed under the University of Calgary PGME’s Policies.

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| *Signature of Resident* |  | *Date* |
|  |  |  |
| *Signature of Program Director* |  | *Date* |
|  |  |  |
| *Signature of Probation Supervisor* |  | *Date* |
|  |  |  |
| *Signature of Associate Dean, PGME, University of Calgary* |  | *Date* |