

Postgraduate Medical Education

Program Residency Training Program

Address

CURRENT DATE

Dr. RESIDENT name

PGY-Level Resident, Program

**REMEDIATION LETTER**

Dear Dr. name,

As you have been made aware, significant concerns about your performance and progress in residency training have been documented during your program. The program name Residency Program Committee (RPC) has decided, after careful consideration, that you require a period of formal remediation to assist you in correcting the identified performance deficiencies. The details are outlined in the accompanying Remediation Plan.

As per the Postgraduate Medical Education (PGME) *Resident Remediation, Probation & Dismissal Policy*, remediation is defined as:

*“…a formal program of individualized educational support, assessment and monitoring designed to assist a Resident in correcting performance deficiencies.” (Section 3)*

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

Sincerely,

Dr. name, Program Director

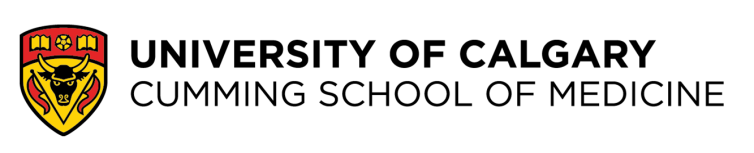
Program Residency Training Program

cc: Dr. Melinda Davis

Associate Dean, Postgraduate Medical Education

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Resident Signature Date



Postgraduate Medical Education

Program Residency Program

Dr. Resident name

PGY level Resident, program

Date

**REMEDIATION PLAN**

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

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

**BACKGROUND**

Narrative of history of deficiencies, what’s been done informally to date. Date the RPC met and decided to place resident on a Remediation Plan

Performance Deficiencies Identified (based on CanMEDS Competencies): Delete any that aren’t applicable

**Medical Expert**

* list specific area/s of deficiency in this role

**Communicator**

* list specific area/s of deficiency in this role

**Collaborator**

* list specific area/s of deficiency in this role

**Leader**

* list specific area/s of deficiency in this role

**Health Advocate**

* list specific area/s of deficiency in this role

**Scholar**

* list specific area/s of deficiency in this role

**Professional**

* list specific area/s of deficiency in this role

**Other (specify)**

* list specific area/s of deficiency in this role

**STRUCTURE OF THE REMEDIATION PLAN**

Remediation will be for a total duration of duration 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, dates or weekly activity - tailor to situation

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| --- | --- |
| **Weeks 1-4** | dates |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |
|  |  |
| **Weeks 5-8** |  |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |
|  |  |
| **Weeks 9-12** |  |
| **Rotation** |  |
| **Site** |  |
| **Rotation Preceptor** |  |

Components for which you must demonstrate improvement, achieving a “Meets Expectations” for a PGY-level Resident: insert below, delete any that don’t apply. Some examples of strategies and methods for assessment and feedback to assist you in meeting these objectives are also provided.

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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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| --- | --- | --- |
| **Other (Specify)** | | |
| **Specific Learning Objectives** | **Learning Strategies** | **Feedback and Assessment** |
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**Responsibilities of the Resident**

You are expected to be in full attendance during the remediation period. Any absence due to extenuating circumstances must be discussed with the Program Director in advance or as soon as possible. You may be excused from regular resident activities including mandatory program events, academics, and call back clinics, in order to attend to the requirements outlined in this Remediation Plan.

During the remediation period, you are expected to participate in the following activities: below are examples only – tailor as required

1. Assessments and targeted activities including: tailor to the individual plan
   1. ITERS
   2. EPAs
   3. Maintenance of a weekly log book of performance and setting weekly goals
   4. Soliciting daily feedback from preceptors
2. Meet with Dr. Name, Remediation Supervisor specify frequency to review feedback from assessments and discuss progress.
3. Meet with Dr. Name, Program Director specify frequency (suggested: at end of each rotation) to discuss progress and ongoing objectives.
4. Meet with your Mentor, as needed. if assigned (delete if not applicable)
5. Optional, delete if not required 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 from the coach will be solicited by the program regarding your engagement and professional conduct.
6. Keep notes of all feedback and suggestions provided by preceptors and during meetings. Regularly review and reflect on your notes and assessments and set ongoing personal learning goals.
7. Optional, delete if not required 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)

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

**Responsibilities of the Remediation Supervisor**

During the remediation period, Dr. name agrees to: below are examples only – tailor as required

1. Provide overall supervision and learning experiences during the remediation period.
2. Meet with you specify frequency to review and discuss progress in attaining the objectives of the Remediation Plan and keep records of these meeting.

1. Help you in achieving the objectives of remediation by: see examples below – tailor as required
2. Clarifying expectations around identified difficulties you are having with the following CanMEDs roles: delete those that don’t apply
   1. Medical Expert
   2. Communicator
   3. Collaborator
   4. Leader
   5. Health Advocate
   6. Scholar
   7. Professional
3. Directing you to other recommended specific sources of information when requested by you.
4. Ensuring that mid-rotation and final ITERs, EPAs and other stipulated assessments are administered in a timely fashion.
5. Consult with the RPC at the end of the period to discuss the outcome of remediation and communicate this decision to you.

**Responsibilities of the Program Director**

During the remediation period, Dr. Name agrees to: these are examples, modify as required

1. Meet with you specify frequency to review and discuss progress in attaining the objectives of the Remediation Plan and keep records of these meeting.
2. Develop a comprehensive assessment schedule for you, including the use of mid-rotation and Final ITERs, EPAs, and other assessment tools, both formative and summative to be completed by your rotation preceptor(s).
3. Approve time for you to access mentoring, coaching/counselling or advising sessions as needed. Specify any program requirements, e.g. research presentations, teaching, academic half-days, that may be suspended during the remediation period.

**SUPPORT DURING REMEDIATION** Optional – delete if not provided, but leave the last paragraph

You will have access to a Mentor who is not involved in your direct evaluation during the remediation period but will be available for advice and support. If a mentor has been assigned, specify here

**The Responsibilities of the Mentor**

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 directed to appropriate resources such as the **AMA Physician 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 REMEDIATION**

The RPC will consider all of the assessment forms and feedback provided through the course of the remediation period in order to determine the outcome. The decision will be one of the following as per current PGME Policy:

* Successful – requirements of the Remediation Plan met
* Not Fully Successful – improvement or sufficient performance was demonstrated in MOST areas of remediation, or a new performance deficiency has emerged.
* Unsuccessful – failure to meet specific objectives or insufficient improvement in one or more objectives identified as a requirement in the Remediation Plan

**Successful Completion**

Successful completion of the remediation period will be identified by achieving an overall “PASS” in all remediation objectives. You must achieve a “Meets Expectations” in all elements of the CanMEDs roles identified above.

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

**Unsuccessful Completion**

The remediation 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 remediation period.
3. Failure to achieve a “PASS” in all of the remediation objectives as described above.

Unsuccessful completion will result in the following outcomes, as recommended by the RPC: a single extension of remediation or probation as per the current PGME policy.

**NOTE: The program must notify the PGME Office of the outcome of remediation including, if applicable, any training credit applied from the remediation period.  If applicable, please submit for approval, the number of weeks required to extend training as a result of remediation.**

**ACKNOWLEDGEMENTS**

I resident name, understand the following about the Remediation Plan:

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| --- | --- |
|  | Resident  Initials |
| * The identified areas requiring performance improvement |  |
| * The expected level of performance on remediation objectives/competencies |  |
| * The nature of the remediation period (i.e. the reasons for this remediation period) |  |
| * The time frame of the remediation period |  |
| * The assessment modalities to be used |  |
| * The consequences of successful/unsuccessful remediation |  |
| * I have been given the chance to clarify all components of the Remediation Plan |  |

You are welcome to contact the Associate Dean Postgraduate Medical Education, Dr. Melinda Davis, to discuss the implications of remediation.  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 <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 Remediation 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. Should the appeal be upheld, the remediation 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 Remediation Plan. 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 Remediation Supervisor* |  | *Date* |
|  |  |  |
| *Signature of Associate Dean, Post Graduate Medical Education, University of Calgary* |  | *Date* |