DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

RECOMMENDATION AND PLAN FOR A PERIOD OF REMEDIATION

Dr __________________, a PGY ____ in ___________________(name of program) requires a period of remediation. This period of remediation has been recommended by the Residency Program Committee at its meeting held on ______________, 20_____ and that decision has been ratified by the Assistant Dean PGME, or Delegate. The proposed plan for the remediation period is described below; it has been proposed by the Residency Program Committee and has been discussed with the resident.

The decision was based on the following sources of information: (check all that apply and include copies or a summary of all documents with the exception of ITERs available in One45)

☐ ITER’s
☐ Standardized exams
☐ OSCE’s
☐ Direct Observation.
☐ Multi-source Feedback.
☐ Other (please specify):

Based on these observations, Dr. ______________________________ strengths include:

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Based on these observations, Dr. __________________________ weaknesses include:

Please provide details of how the RPC came to the decision for the need for remediation:
Does the trainee’s performance require the involvement of the Professionalism Committee?

Yes ☐ No ☐

Does the trainee’s performance meet the mandatory reporting requirements under Schedule 2 of the Regulated Health Professions Act (for incompetence, incapacitation or sexual abuse)?

Yes ☐ No ☐

Were there any issues involving the educational environment (including but not limited to workload, complexity of cases, level of responsibility, lack of orientation) and/or teaching faculty (including but not limited to inappropriate or unclear expectations, supervision, lack of feedback or personal perceptions) that may have affected the resident’s performance?

Yes ☐ No ☐

If yes, describe how these will be addressed in the remediation period:

Were there any issues involving the resident’s personal wellbeing that may have affected the resident’s performance?

Yes ☐ No ☐

If yes, describe how these will be addressed in the remediation period:
The proposed period of remediation is scheduled to begin ____________, 20____ until ____________, 20____. The primary supervisor for this period of remediation will be Dr ________________________________. The primary supervisor will ensure that the activities and assessments of the remediation period are carried out as planned, and is responsible for submitting the results of those assessments to the Residency Program Committee. The RPC will decide the results and outcome of the remediation period.

Complete the table below linking a specified area for improvement (learning issue) with a learning objective. Document the method by which the trainee will achieve the objective (the learning strategy) and state the assessment methods, frequency, timing and expectations that will be used to evaluate whether the resident has achieved the objectives (the expected outcome). The learning strategy and expected outcomes should be SMART (example provided in italics)

Specific – are there specific steps and plans on how to accomplish each step?
Measurable – are there measureable outcomes?
Accountable – is the plan linked to the issues that were identified?
Realistic – is it realistic for the resident and program to carry out this plan?
Timeline – does the plan outline a timeline?

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<table>
<thead>
<tr>
<th>Identified learning issue</th>
<th>Learning objective</th>
<th>Learning Strategies</th>
<th>Outcome Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Dictations (Communicator/Manager)</td>
<td>To complete dictations for all patients seen in clinic and on the ward in a timely manner.</td>
<td>Dr. XX should expect to spend time after a clinic completing dictations. All faculty members will keep track of patients seen by Dr.XX and whether or not a dictation has been completed.</td>
<td>Dictations must be completed within 48 hours of the patient encounter/discharge. It is expected that this objective be met at the beginning of the remediation period and continue to be met throughout.</td>
</tr>
</tbody>
</table>
Based on the above, list the trainee’s activities during the remediation period, including the location and identified supervisor(s) 
*(examples provided in italics)*

<table>
<thead>
<tr>
<th>Block</th>
<th>Activity (eg. Rotation or specific session)</th>
<th>Location</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Nephrology Ambulatory care</td>
<td>Riverside</td>
<td>Dr Renal</td>
</tr>
<tr>
<td>3-6</td>
<td>Weekly language lessons</td>
<td>Center for University Teaching</td>
<td>Ms English</td>
</tr>
<tr>
<td>4</td>
<td>Cardiology ward</td>
<td>General</td>
<td>Dr Heart</td>
</tr>
</tbody>
</table>

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Potential outcomes of this period of Remediation

Upon completion of this period of remediation, the Residency Program Committee will review the resident's performance and complete the Final Remediation Outcome form. Possible outcomes of this period of remediation are guided by the PGME Policy for the Evaluation of Postgraduate Trainees and include:

- Reinstatement with no loss of time or extension of training
- Reinstatement with an extension of training based on time lost due to unsatisfactory performance and/or the remediation period
- An additional period of remediation
- A period of probation
- Dismissal (only allowed if this is second failure of a remediation)
- Other (specify)

The Residency Program Committee’s decision will be based on the achievement of the expected outcomes stated in the table above.

These concerns were discussed with the resident at a meeting with him/her held on ______________, 20_____.

Signature of program director (on behalf of the RPC)          Print Name          Date

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I acknowledge that these concerns about my performance have been discussed with me. By signing this document, I am still able to disagree with or appeal this decision.

Signature of trainee          Print Name          Date

☐ Check this box if resident refused to sign

In signing this document, I am indicating that I understand the nature and structure of this period of remediation and am agreeing to provide and/or oversee the described supervision and assessment.

Signature of primary remediation supervisor          Print Name          Date

This document has been reviewed and ratified by the Evaluation SubCommittee of the PGEC

Signature of Assistant Dean or Delegate, PGME          Date
Faculty of Medicine, University of Ottawa

Comments:

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OUTCOME OF REMEDIATION

Dr __________________, a PGY ____ in ___________________(name of program) has completed a period of remediation dated __________________________ until _________________________.

Prior to indicating the trainee’s success in achieving the objectives of this remediation period, comment on whether the learning strategies were able to be completed in the planned time frame. If not done, or only partially completed indicate the reason (including but not limited to lack of resources, lack of time, adherence to plan and/or personal issues).

<table>
<thead>
<tr>
<th>Learning strategy</th>
<th>Completed</th>
<th>Partially completed</th>
<th>Not done</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Did the trainee meet the objectives of the remediation period? Comments must be provided if the answer is "no"

<table>
<thead>
<tr>
<th>Identified learning issue</th>
<th>Outcome Expected (restate planned assessment method(s), frequency, timing and performance standard used to evaluate outcome)</th>
<th>Met objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Comments:
The Residency Program Committee used the following additional sources of information in making its decision regarding the result and outcome of remediation: *(check all that apply and include copies or a summary of all documents with the exception of ITERs available in One45)*

a. [ ] no additional sources used  
b. [ ] ITER’s  
c. [ ] Standardized exams  
d. [ ] OSCE’s  
e. [ ] Direct Observation.  
f. [ ] Multi-source Feedback.  
g. [ ] Other *(please specify)*:

Were there any issues involving the educational environment (including but not limited to workload, complexity of cases, level of responsibility, lack of orientation) and/or teaching faculty (including but not limited to inappropriate or unclear expectations, supervision, lack of feedback or personal perceptions) that may have affected the resident’s performance?

Yes  No

If yes, describe how these were addressed in the remediation period

Were there any issues involving the resident’s personal wellbeing that may have affected the resident’s performance?

Yes  No

If yes, describe how these were addressed in the remediation period
New areas for improvement requiring further intervention (if any) identified during this period of remediation include:
1. 
2. 

Based on this information, was the result of this remediation period satisfactory?

☐ Yes
☐ No, please explain below (eg. due to unsatisfactory performance, absence, other reasons)

The RPC’s decision regarding the outcome of this period of remediation is:

☐ Reinstatement with no loss of time or extension of training
☐ Reinstatement with an extension of training based on time lost due to unsatisfactory performance and/or the remediation period
☐ An additional period of remediation
☐ A period of probation
☐ Dismissal (only allowed if this is second failure of a remediation)
☐ Other (specify)

This outcome of remediation was discussed by the Residency Program Committee in ________________ at the RPC meetings dates _____________________________ (attach relevant excerpts from those RPC meetings).
The RPC’s outcome decision was discussed with the resident at a meeting held with him/her on ______________, 20_____.

________________________________________________________________________________________
Signature of program director  Print name  Date

I am aware of the results of the remediation and the decision(s) of the RPC. By signing this document, I am still able to disagree with or appeal this decision.

________________________________________________________________________________________
Signature of resident  Print name  Date

☐ Check this box if resident refused to sign

This document has been reviewed and ratified by the Evaluation SubCommittee of the PGEC

________________________________________________________________________________________
Signature of Assistant Dean or Delegate, PGME  Date
Faculty of Medicine, University of Ottawa

Comments: