UNIVERSITY OF OTTAWA FACULTY OF MEDICINE
PROCEDURE FOR THE EVALUATION OF POSTGRADUATE TRAINEE PERFORMANCE

Effective date: Immediately following approval from the Executive Committee of University Senate

Authorization: Postgraduate Education Committee

PURPOSE

1. The purpose of this procedure is to establish the specific steps in the evaluation of trainee performance and to establish the contents of the options that are available in case the trainee’s performance is deemed to be unsatisfactory.

STEPS IN THE EVALUATION OF PERFORMANCE

2. The evaluation of a trainee’s performance must follow the following steps:

   a) The evaluation process must be described for the trainee at the outset of a training program; this includes discussion of the tools for and timing of evaluation.

   b) Identification of the supervising physician(s) who will be doing the evaluation should occur at the beginning of each rotation.

   c) A written evaluation must be completed in a timely fashion at the end of a rotation. When an item is rated below expectations, supporting comments or examples should be included. Both the supervising physician and the trainee should sign the evaluation with the understanding that the trainee’s signature does not necessarily imply that he/she agrees with the evaluation. The trainee must have the opportunity to add written comments to the evaluation. In the exceptional case when the trainee refuses to sign, this should be documented on the evaluation.

   d) Semiannually, there will be a documented progress review made by the program director, or delegate and discussed with the trainee.

   e) The Residency Program Committee makes decisions regarding the successful completion of an assessment period, rotation, academic year or the program as well as completion of the CITER, STACER and FITER.
f) All decisions regarding dismissal, completion of program or the implementation of extra educational activities and periods of extension of training, remediation or probation must be ratified by the Associate Dean, PGME or delegate; this applies to all aspects of a remediation or probation plan including the RPC recommendation for remediation or probation, the remediation or probation plan as well as the outcome of the remediation or probation period.

IMMEDIATE SUSPENSION:

3. Where a trainee has been suspended from clinical duties, in accordance with section 19-20 of the Evaluation Policy, the Associate Dean, Postgraduate Medical Education (PGME) or delegate must be notified as soon as is practical by the trainee’s program director. The Associate Dean, PGME or delegate will refer the issue to the Professionalism Subcommittee of the PGEC for investigation and adjudication during which time the trainee will remain suspended from training.

4. Possible outcomes of the Professionalism Subcommittee’s investigation and adjudication may include recommendations for any of the following:

   • reinstatement into clinical training;
   • extra educational activities;
   • remediation;
   • probation; or
   • dismissal

   as outlined in sections 14 and 21 of the Policy for the Evaluation of Postgraduate Trainees.

5. As required by Schedule 2 (Health Professions Procedural Code) of the Regulated Health Professions Act, the PGME office will notify the CPSO that the trainee is suspended from clinical duties pending investigation and adjudication of the issue leading to suspension.

FAILURE OF A ROTATION

6. Supervising physicians will make recommendations pertaining to trainee performance. However, the program’s Residency Program Committee will make final pass/fail decisions for all rotations based upon all available documentation.
OPTIONS FOR UNSATISFACTORY PERFORMANCE

Extra Educational Activities

7. Recommendations for extra educational activities must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding extra educational activities will only be taken by the Program’s Residency Program Committee.

8. The nature and length of the extra educational activities will be determined by the Program’s Residency Program Committee, having given the trainee opportunity to comment, which shall inform the supervising physician(s) of the details of the activities.

9. If rotation(s) or learning experiences are required outside the trainee’s program, these will be discussed and arranged with the respective program director(s) or involved individual/organization prior to finalizing the extra educational activities plan.

10. The decision and plan for extra educational activities plan must be ratified by the Associate Dean, PGME or delegate prior to its implementation.

11. Upon completion of the extra educational activities, the Residency Program Committee will review the trainee’s performance in the planned activities and evaluate the success of these activities in addressing the perceived gaps in knowledge and/or skills.

Extension of Training

12. Recommendations for extension of training must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding an extension of training will only be taken by the Program’s Residency Program Committee. The decision must be ratified by the Associate Dean, PGME or delegate.

13. The nature and length of the extension of training period will be determined by the Program’s Residency Program Committee; having given the trainee opportunity to comment.

14. An Extension of Training form must be completed by the Program which must include
the following:

- details delineating the reasons for an extension of training;
- the duration of the extended period of training; and
- the activities to be undertaken by the trainee during the extension of training period.

15. The extension of training must be described for the trainee; the discussion should include all the steps described in section 14.

16. If rotation(s) are required outside the trainee’s program, these will be discussed and arranged with the respective program director(s) prior to finalizing the extension of training.

17. The Program’s plan for the Extension of Training period must be ratified by the Associate Dean, PGME or delegate prior to its implementation.

18. At the end of the Extension of Training period, the Residency Program Committee will review the trainee’s performance and determine the appropriate outcomes as per the Evaluation Policy.

Remediation

19. Recommendations for remediation must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding remediation will only be taken by the Program’s Residency Program Committee. The decision must be ratified by the Associate Dean, PGME or delegate.

20. The nature and length of the remediation period will be determined by the Program’s Residency Program Committee, having given the trainee opportunity to comment, which shall inform the supervising physician(s) of the details of the remediation.

21. A remediation plan must be completed by the Program which must address the following:

- details regarding the reasons for remediation;
- the specific areas of deficiency;
• the educational objectives during remediation;
• the methods of assessment during the remediation; and
• the possible outcomes of the remediation.

22. The remediation plan must be described for the trainee; the discussion should include all the steps described in section 21.

23. If rotation(s) are required outside the trainee’s program, these will be discussed and arranged with the respective program director(s) prior to finalizing the period of remediation.

24. The remediation plan must be ratified by the Associate Dean, PGME or delegate prior to its implementation.

25. At the end of a remediation period the Program’s Residency Program Committee, must complete a Final Remediation Outcome form. The Program Director will inform the trainee in person and in writing as to the results of the remediation and the decision(s) of the RPC. The outcome of the remediation must be ratified by the Associate Dean, PGME or delegate.

26. A trainee may receive credit for training which is successfully completed during a period of remediation as decided by the RPC.

27. If the trainee’s performance in remediation is unsatisfactory, he/she will be placed in his/her home program pending the deliberations of the RPC.

Probation

28. Recommendations for probation must be brought to the Program’s Residency Program Committee by the Program Director. A decision regarding probation will only be taken by the Program’s Residency Program Committee. The decision must be ratified by the Associate Dean, PGME or delegate.

29. The nature and length of the probation period will be determined by the Program’s Residency Program Committee, having given the trainee opportunity to comment, which shall inform the supervising physician(s) of the details of the remediation.
30. A probation plan must be completed by the Program which must address the following:

- details regarding the reasons for probation;
- the specific areas of deficiency;
- the educational objectives during probation;
- the methods of assessment during the probation; and
- the possible outcomes of the probation.

31. The probation plan must be described for the trainee; the discussion should include all the steps described in section 30.

32. If rotation(s) are required outside the trainee’s program, these will be discussed and arranged with the respective program director(s) prior to finalizing the period of probation.

33. The probation plan must be ratified by the Associate Dean, PGME or delegate prior to its implementation.

34. At the completion of the probation period, the trainee will be placed on leave from clinical duties pending the deliberations of the RPC.

35. At the end of the probation period the Program’s Residency Program Committee, must complete a Final Probation Outcome form. The Program Director will inform the trainee in person and in writing as to the results of the probation and the decision(s) of the RPC. The outcome of the probation must be ratified by the Associate Dean, PGME or delegate.

36. A trainee may receive credit for training which is successfully completed during a period of probation as decided by the RPC.

DISMISSAL

37. A decision regarding dismissal of a trainee will only be taken by the Program’s Residency Program Committee. The decision must be ratified by the Associate Dean, PGME or delegate.

APPEALS
38. A trainee has the right to appeal an RPC decision regarding extra educational activities, extension of training, remediation, probation, suspension or dismissal as ratified by the Associate Dean, PGME or delegate to the Faculty Council Appeal Committee. The procedures of the Faculty Council Appeals Committee will apply.

39. While a trainee may appeal an RPC decision regarding extra educational activities, extension of training, remediation or probation, as ratified by the Associate Dean, PGME or delegate, to the Faculty Council Appeals Committee he/she is required to undertake the planned activities, period of extension, remediation or probation plan pending the results of the Appeal. Failure to do so will result in his/her being placed on leave from training for the duration of the appeal process. If the appeal is upheld for the trainee, the period of training will receive credit to the extent possible.

40. While a trainee may appeal an RPC decision regarding suspension or dismissal, as ratified by the Associate Dean, PGME or delegate to the Faculty Council Appeals Committee, he/she will remain on leave from training pending the results of the Appeal.

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<tr>
<th>Committee</th>
<th>Date</th>
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<tbody>
<tr>
<td>Faculty Advisory Board</td>
<td>November 29, 2011</td>
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<tr>
<td>Faculty Council</td>
<td>December 14, 2011</td>
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<tr>
<td>Executive Committee of the Senate</td>
<td>February 13, 2012</td>
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