UNIVERSITY OF MANITOBA

Faculty of Medicine
Postgraduate Medical Education

Remediation Agreement

This Agreement shall be completed for every Resident receiving postgraduate medical education training at the University of Manitoba who has been placed on Remediation, prior to the start of each period of Remediation. The arrangements described in this agreement are subject to the Faculty of Medicine Postgraduate Medical Education (FPGME) policy entitled**: Faculty Postgraduate Medical Education (FPGME) Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy**.

Any Resident placed on Remediation is strongly encouraged to access a mentor, who is not involved in the Resident's direct evaluation and, if necessary, to pursue appropriate counseling.

A copy of this Agreement will be sent to the Associate Dean, PGME.

By signing this Agreement, the Resident indicates that he/she understands the nature and structure of the Remediation period. This does not in anyway, preclude the Resident from pursuing an appeal of the decision for Remediation.

1. IDENTIFICATION OF PARTICIPANTS

Dr._____ (hereafter referred to as the Resident), a PGY _____Resident enrolled in _____, requires a Remediation rotation in _____. The dates of this Remediation rotation are from _____ to _____ inclusive.

The Remediation Supervisor for this rotation will be Dr._____.

2. RATIONALE FOR REMEDIATION ROTATION

This Remediation rotation is required on the basis of one or more of the following:

☐ Failure to achieve a satisfactory level of competence during the original rotation from _____ to _____.

☐ Recommendation of the Residency Program Committee following a previous Remediation rotation

☐ Consistent deficiencies identified on the Resident's summary assessment completed on _____.

☐ An unsatisfactory or a failing grade on a Residency Program examination taken on _____.

☐ Failure to maintain the standards of professionalism as described in the University of Manitoba, Faculty of Medicine, standards of ethical and professional behaviour, including in particular the following issues:

1. _____
2. _____
3. _____

The following specific areas (specific deficiencies must documented according to the CanMEDS / CanMEDS-FM competencies: Medical Expert; Communicator; Manager; Health Advocate; Collaborator; Scholar; Professional) for improvement have been identified:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

3. PURPOSE/OBJECTIVES OF THE REMEDIATION ROTATION

The purpose of the Remediation Rotation includes the following:

☐ To provide a period of focused education to enable the Resident to meet the Goals and Objectives of the _____ Program for PGY ___ Level

☐ To provide a period of focused education to: (Please complete fillable box)

☐ To undertake a focused assessment of clinical, technical, communication or other skill

☐ Other: (Please complete fillable box)

4. REMEDIATION PLAN

Specifically, the Remediation Plan will focus on meeting the goals and objectives related to the following:

☐ Medical Expert
☐ Collaborator
☐ Scholar
☐ Professional
☐ Communicator
☐ Health Advocate
☐ Manager

During the Remediation rotation, the Resident agrees to complete the objectives indicated in this section, as follows:

☐ Continue to meet all of the goals and objectives of the Residency Program appropriate to the level of training
☐ Continue to meet all specific rotational goals and objectives of the particular rotation for which Remediation is required (if any)
☐ Meet the specific Remediation Plan goals and objectives outlined in following table:

REMEDIATION PLAN				
Remediation Period	**CanMEDS Competency**	**Goals and Objectives**	**Learning or Teaching Strategy**	**Assessment Of Achievement**
To	_____			
To	_____			
To	_____			
To	_____			
To	_____			
To	_____			
To	_____			
To	_____			
To	_____			

Remediation Period	CanMEDS Competency	Goals and Objectives	Learning or Teaching Strategy	Assessment Of Achievement
To	_____			
To	_____			
To	_____			
To	_____			

5. MONITORING OF REMEDIATION ROTATION AND RESIDENT ASSESSMENT

The Resident will meet with the Remediation Supervisor at _____ intervals to discuss progress, the degree to which the goals of the Remediation rotation are being met, and what the Resident needs to do to meet them by the end of the Remediation rotation.

The Remediation Supervisor will provide a written summary of these meetings and a Progress Report/Table to the **Residency Program Director**.

The Remediation Supervisor will complete and sign the Assessment at the end of this document to attest to whether the Resident has achieved a pass, borderline or unsatisfactory assessment for the Remediation rotation.

The Resident will participate in the following examinations and/or assessments (indicate names and dates/intervals)

1. _____ Date-
2. _____ Date-
3. _____ Date-
4. _____ Date-

6. RESOURCES TO BE PROVIDED BY THE PROGRAM FOR THE REMEDIATION ROTATION

The Remediation Supervisor will be available to the Resident to provide advice and guidance with meeting the Remediation goals and objectives.

Specifically, the Residency Program Director and the Remediation Supervisor will assist the Resident in meeting the goals and objectives of the Remediation rotation by providing or by coordinating the following (check all that apply):

☐ One-on-one clinical teaching - _____ hours per week

☐ Direct supervision and instruction in procedural skills

☐ Counseling regarding professionalism

☐ Didactic sessions - _____ hours per week

Other: Please complete the fillable box

7. OUTCOME OF THE REMEDIATION ROTATION

When the Resident has completed the Remediation rotation, the Remediation Program Director in consultation with the Residency Program Committee, will recommend one of the following outcomes to the Associate Dean, PGME, based on the Resident's performance and the extent to which the goals of the Remediation rotation were met by the Resident:

☐ Reinstatement as a Resident in the Program, with the period of training extended. For the purposes of determining the end of training date, the success of the Remediation will be considered to result in a pass on the original failed rotation (if any), and the time Remediation will not count toward the fulfillment of the requirements of training.

☐ Extension of the Remediation, the specific time frame and additional goals of which will be detailed in the Remediation rotation assessment.

☐ Probation

☐ Dismissal from the Residency Program

8. SIGNATURES

By signing this Agreement, the Resident indicates that he/she understands the nature and structure of the Remediation rotation. This does not preclude the Resident from pursuing an appeal of the decision for remediation.

Signature of the Resident	*date*
Signature of the Remediation Supervisor	*date*
Signature of the Residency Program Director	*date*
Signature of the Associate Dean, PGME	*date*

MONITORING OF REMEDIATION ROTATION & RESIDENT ASSESSMENT

1. Progress During Remediation

Dr._____'s ITERs pertaining to _____
on remediation are as follows:

Date	Rotation Block	ITER Grading	Comments

NOTES: APPEND ITERS, other relevant evaluations, documents

2. Updates

Dr. _____'s progress against each area/CanMEDs role identified in the approved remedial plan are outlined below:

Note: INSERT details from approved remedial plan (table) into the table below. ADD comments on progress & outcomes of completed evaluations.

Period of Remedial Plan	CanMEDS ROLE	Goals & Objectives	Learning or Teaching Strategy	Evaluation of Achievement	PROGRESS	OUTCOME ***Indicate outcome of Evaluation (e.g. pass or fail)***
To	_____					
To	_____					
To	_____					
To	_____					

Period of Remedial Plan	CanMEDS ROLE	Goals & Objectives	Learning or Teaching Strategy	Evaluation of Achievement	PROGRESS	OUTCOME ***Indicate outcome of Evaluation (e.g. pass or fail)***
To	_____					
To	_____					
To	_____					

NOTES:

A. Name of supervisor (as noted in approved remedial plan): Dr _____

B. Name of mentor(s) during the remediation period (as noted in approved remedial plan)

Dr _____

Additional mentors:

Dr._____

Dr._____

Dr._____

C. INSERT other evaluation of remedial progress (as noted in approved remedial plan)

1. _____
2. _____
3. _____

3. INSERT typical week during remediation period from approved remedial plan.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

4. Summary of Current Status:

- Provide a brief narrative summary of this resident's progress with respect to program expectations.

- Comment on projected outcome at the end of this remediation period.

REMEDIATION ROTATION FINAL RESIDENT ASSESSMENT

University of Manitoba, Faculty of Medicine, FPGME Remediation Committee

This form has been completed by the Rotation Supervisor, and the Residency Program Director, as indicated below.

Taking all of the specific information below into account, the Resident's performance on this Remediation rotation is deemed to have been as follows:

☐ **Satisfactory** ☐ **Borderline** ☐ **Unsatisfactory**

1. FINAL RECOMMENDATION BY RESIDENCY TRAINING COMMITTEE

The recommendation of the Residency Program Committee to the Associate Dean, PGME is:

☐ Reinstatement as a Resident in the Residency Program, with the period of training extended by an interval of weeks

☐ Extension of the Remediation to meet specific objectives and/or to provide specific resources not provided by this Remediation rotation, as detailed in the attached supplementary Remediation Agreement.

☐ Probation

☐ Dismissal from the Residency Program

2. SPECIFIC ASSESSMENT

With specific reference to the Remediation goals and objectives set out in the Remediation Agreement, the outcome of the Remediation rotation is as follows:

Specific Area for Improvement *(all areas identified in section 2 Rationale must be included)*	Resolved	Partially resolved	Not resolved
1._____	☐	☐	☐
2._____	☐	☐	☐
3._____	☐	☐	☐
4._____	☐	☐	☐
5._____	☐	☐	☐
6._____	☐	☐	☐
7._____	☐	☐	☐

Specific Area for Improvement *(new areas identified during the Remediation rotation)*	Resolved	Partially resolved	Not resolved
1._____	☐	☐	☐
2._____	☐	☐	☐
3._____	☐	☐	☐

If the purpose of the Remediation rotation was to correct deficiencies of a specific failed rotation, then the Remediation Supervisor will complete a rotation evaluation for that rotation using the Residency Program's assessment form (ITER) for that rotation, on which the Remediation Supervisor will document the degree to which the Resident has met the originally stated goals and objectives of the particular rotation.

Specific Objective *(All objectives indicated in section 4 Remediation Plan must be included)*	Fails to meet expectations	Inconsistently meets expectations	Meets expectations	Sometimes exceeds expectations	Consistently exceeds expectations
General program objectives					
Specific rotational objectives from original rotation (if any)					
Medical Expert					
Communicator					
Collaborator					
Manager					
Health Advocate					
Scholar					
Professional					
Other					

3. SIGNATURES

By signing this document, the Resident indicates that he/she has met with the Residency Program Director to discuss the final outcome of the Remediation rotation and has reviewed this document. This does not preclude the Resident from pursuing an appeal of the decision. A copy of this Agreement will be sent to the Associate Dean, PGME.

_____ _____

Signature of the Resident *date*

_____ _____

Signature of the Remediation Supervisor *date*

_____ _____

Signature of the Residency Program Director *date*

_____ _____

Signature of the Associate Dean, PGME *date*

RESIDENT COMMENTS

RESET