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**Enhanced Education Plan (Template)**

The purpose of the Enhanced Education Plan (EEP) is to provide a framework to address repeated deficiencies found in one or more competencies across several training experiences. The goal is to develop a formal plan to address areas requiring improvement where gaps in progression have been identified.

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| **What triggers an EEP?** |
| * The learner has one or more Provisional Satisfactory summative assessments (eg. ITARs) |
| * Less than satisfactory assessment/not progressing as expected/failure to progress based on program assessments (eg. Portfolio review) |
| * Repeated deficiencies noted in one or more competencies |
| * Concerns about professionalism |

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| **The written EEP must specify at a minimum:** |
| **☐** Learning objectives based on the identified performance concerns/deficiencies |
| **☐** Teaching and learning strategies for improvement and correction |
| **☐** Assessment tools to be used to document performance |
| **☐** Time-frames for assessment of successful completion |
| **☐** Parameters of successful completion of EEP |
| **☐** Consequences of less than satisfactory completion of EEP |

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| **EEP Details:** |
| * Does not result in an increase in the duration of training (e.g. The performance concerns can be addressed within a subsequent training experience). |
| * May be forwarded by the PD to the Education Advisory Board (EAB) for review/assistance. |
| * Must be reviewed and agreed upon with the Learner and they must receive a copy of the plan. The PD/delegate and Learner must both sign the document outlining the EEP. |
| * Must be monitored and consideration given for referrals and for supports if needed. |

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| **Learner Information:** | |
| **Date:** |  |
| **Learner Name:** |  |
| **Program**: |  |
| **PGY Level:** |  |
| **Program Start Date:** |  |
| **Original Anticipated Program End Date:** |  |
| **☐ Off cycle *Reason:*** |  |
| **Academic Coach:** |  |
| **EEP Prepared by:** |  |
| **EEP Reviewed by:** |  |
| **Date of EEP Meeting:** |  |
| **Start Date of Plan:** |  |
| **End Date of Plan:** |  |
| **Follow Up Meeting Date:** |  |
| **Other relevant meetings and details:** |  |

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| **Trigger/Rationale for this EEP:** |
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| **Background Information:** | |
| **Academic History:**  *Medical school, study habits,*  *competing priorities* |  |
| **Relevant Social Circumstances:**  *Supports, family, life stressors* |  |
| **Relevant Health & Wellness Factors:**  *Habits, accommodations, learning challenges* |  |
| **Academic Relationships:**  *Supervisors, mentors, academic supports* |  |
| **Learning Context:**  *Supervision, format & frequency, feedback, attendance* |  |
| **Evaluation Review:**  *Summary of rotations/evaluations to date/field notes, with focus on those highlighting issues* | |
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| **Learner Reflection:** | |
| Identified Areas of Strength: |  |
| Identified Areas of Concern: |  |
| Learning Goals: |  |

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| **ITARs (areas of strength and/or identified concerns)**  *Programs are not required to utilize the format below. Use the format most suitable for your program.*  **\*SAT=satisfactory, PS=provisional satisfactory, US=unsatisfactory, INC=incomplete, PEN=pending** | | | | | | |
| **ROTATION** | **COMMENTS** | **SAT** | **PS** | **US** | **INC** | **PEN** |
| Block 1: |  |  |  |  |  |  |
| Block 2: |  |  |  |  |  |  |
| Block 3: |  |  |  |  |  |  |
| Block 4: |  |  |  |  |  |  |
| Block 5: |  |  |  |  |  |  |
| Block 6: |  |  |  |  |  |  |
| Block 7: |  |  |  |  |  |  |
| Block 8: |  |  |  |  |  |  |
| Block 9 |  |  |  |  |  |  |
| Block 10: |  |  |  |  |  |  |
| Block 11: |  |  |  |  |  |  |
| Block 12: |  |  |  |  |  |  |
| Block 13: |  |  |  |  |  |  |
| Add blocks as needed |  |  |  |  |  |  |
| Standardized Testing: *Areas of strength & concern:* |  |  |  |  |  |  |
| Meetings with Academic Coach: *Areas of strengths & concern:* |  |  |  |  |  |  |
| Meetings with PD: *Areas of strengths & concern* |  |  |  |  |  |  |

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| **Education Assessment and Plan:** | | |
| Problem Identification: Based on CanMEDS roles (see Page 6).  Can consider external info here, ie. tutor reports, neuropsych testing, etc. | |  |
| Learning Objectives: Based on the identified performance  concerns / areas in need of development | |  |
| Teaching & Learning Strategies**:** Consider different types of tutors / coaches  (i.e. knowledge, communication,  professionalism) personal study, tape reviews | |  |
| Feedback & Assessment Tools To be used to document feedback & performance.  Consider field notes, ITERs etc. | |  |
| Timeframe for assessment of EEP: For successful completion | |  |
| Parameters of successful completion of EEP: | |  |
| Consequences of less than satisfactory  completion of EEP:  *Progress to remediation, case forwarded to EAB* | |  |
| **Date Reviewed:** |  | |
| **Outcome of EEP:** |  | |
| **Signatures:** |  | |

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| **CanMEDS Roles and Expectations** | |
| **Medical Expert:**   * Knowledge base (hypothesis generation, premature closure, plan development) * Clinical skills (ability to do an appropriate and accurate physical exam and interpret the findings) * Clinical judgement (prioritizing, understanding context) * Emergency skills * Procedural skills | **Health Advocate**:   * uses community resources * assess broad health care need including social determinants of health * identifies and responds to vulnerable patients * identify system level opportunities |
| **Professionalism**:   * Completing tasks (proactive, anticipates needs) * Honesty * Responsibility (appropriate engagement of resources) * Respect of learning environment (contributes, improves and shares resources) * Balance of interest (balances the need of their patient / colleague) * Feedback (actively seeks and integrates feedback) * Personal limits and reflective practice (aware and able to acknowledge limits) * Personal development (commitment to growth in all domains of education) * Initiative / motivation * confidentiality (including limits of confidentiality) * patient handover * incorporates feedback * attendance / punctuality | **Leader**:   * setting the agenda * actively prioritizes multiple clinical responsibilities * manages times in appointment * comprehensiveness (identifying other issues that need to be addressed in the appointment such as preventative health) * identifies opportunities to improve practice efficiencies * manages practice admin tasks * Billing optimization * Arranging / coordinating necessary follow-up * Patient Safety |
| **Communicator:**   * building rapport / empathy * finding common ground * active listening / validation / reflecting patient’s story * motivational interviewing (ex. Med adherence, update in preventions, being on time for appointments) * uses nonverbal cues * appropriate referral requests with clear questions * case presentation clear and concise * SOAP note - accurate charting * appropriately updates EMR | **Scholar**:   * asks relevant questions * applies guidelines * adjusts guideline based on patient preference / circumstance / expertise * general evidence-based medicine * informed consent (risks and benefits) * deprescribing / polypharmacy |
| **Collaborator**:   * contribute to the team * actively seeks out contributions of others to optimize care * demonstrates leadership * respectful engagement of other members of the team |  |

# A special thanks and professional credit to Dr. Danielle O’Toole and Dr. Joyce Zazulak of Family Medicine for the creation and approval to share this template for the purpose of postgraduate education.