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**Remediation Plan (Template)**

The purpose of a remediation plan is to remedy identified ongoing deficiencies. Some remediation plans may include an extension of duration of training in a program. In such instances, review and approval is required by the Education Advisory Board and the Associate Dean, Postgraduate Medical Education.

The remediation plan should be designed by the program within four weeks of when the deficiency is identified.

For further details please refer to the [Policy on the Assessment of Learners in PGME Programs](https://pgme.mcmaster.ca/app/uploads/2019/11/Assessment-Policy-November-2019.pdf).

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| **What triggers a Remediation Plan? Triggers include but are not limited to the following:** |
| * One or more Provisional Satisfactory/Not Progressing as Expected summative assessments i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required) |
| * Less than satisfactory assessment/Not Progressing as Expected; Failure to Progress based on program assessment plan,(e.g. ITARs, tests for knowledge base, results on examinations -written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines |
| * Repeated deficiencies noted in one or more competencies across training experiences |
| * Concerns about the professional conduct of the Learner. Refer [to Promoting Professionalism in Postgraduate Medical Education](https://pgme.mcmaster.ca/app/uploads/2019/02/Promoting-Professionalism-Policy-Procedures-PGME-2014.pdf) |
| * Review from a suspension has determined that remediation is required |
| * Unsatisfactory/Failure to Progress Enhanced Education Plan |
| * Modifications to clinical responsibilities/practice restrictions |
| * Repeated deficiencies noted in one or more competencies across several training experiences even if the Learner has received Satisfactory on summative assessments i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required) |

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| **The written Remediation Plan must specify at a minimum:** |
| * Learning objectives/competencies based on the identified performance deficiencies |
| * Teaching and learning strategies for improvement and correction |
| * Assessment tools to be used to document performance |
| * Timeframe of assessment for Remediation |
| * Parameter of successful completion of Remediation |
| * Consequences if completion of the Remediation is less than Satisfactory/Not Progressing as Expected/Failure to Progress |
| * Any practice restrictions during the Remediation period |
| * Any extension of training that may be required for successful completion of the program |
| **Remediation Details:** |
| * The Remediation Plan must be designed and reviewed by the Learner and the Program Director/Delegate |
| * The Program Director and Learner must both sign the Remediation Plan; the Learner must receive a copy of the plan |
| * The Remediation Plan must be reviewed and approved by the Program Committee |
| * The Program Director, at their discretion, may submit the Remediation Plan to the Education Advisory Board (EAB) for approval; the Program Director may wish to request assistance with the plan. If there is a disagreement with the Learner with regards to specific details of the remediation plan, involvement of the EAB is highly recommended |
| * Submissions to the EAB must be made in writing to the Postgraduate Medical Education Office, outlining the specific deficiencies. The Postgraduate Medical Education Office will facilitate a face- to-face meeting of the Education Advisory Board, as required. The Remediation Plan will be reviewed by the EAB who may have recommendations/suggestions |
| * The Learner must be notified of any modifications to the Remediation Plan |

**SAMPLE REMEDIATION TEMPLATE - INSERT PROGRAM LETTERHEAD HERE**

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| **Learner Information:** | |
| **Date:** |  |
| **Learner Name:** |  |
| **Program**: |  |
| **PGY Level:** |  |
| **Program Start Date:** |  |
| **Original Anticipated Program End Date:**  **New Anticipated Program End Date:** |  |
| **☐ Off cycle *Reason:*** |  |
| **Academic Coach:** |  |
| **Remediation Plan Prepared by:** |  |
| **Remediation Plan Reviewed by:** |  |
| **Date of Remediation 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 Remediation:** |
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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* |  | |  |  |  |  |  |
| **Remediation Plan:** | | | | | | | |
| Problem Identification: Based on CanMEDS roles (see Page 6).  Can consider external info here, i.e. 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 Remediation Plan: For successful completion | |  | | | | | |
| Parameters of successful completion of Remediation Plan: | |  | | | | | |
| Consequences of less than satisfactory  completion of Remediation Plan:  *Progress to remediation, case forwarded to EAB* | |  | | | | | |

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| **Date Reviewed:** |  |
| **Outcome of Remediation:** |  |
| **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 supplying their template for the purpose of postgraduate education at McMaster University.