**Probation Planning and Template**

Probationis an interval outside of scheduled training experiences designed to allow specific additional opportunities for a trainee to correct areas of serious clinical, academic, or professional deficiency, as well as to determine the trainee’s suitability for continuation in the residency program.

A Probation Plan is a formal document developed by the Program Director/Program Committee and Competence Committee outlining the performance difficulties the trainee is required to correct, clinical and academic resources, assessment and monitoring, and specific outcomes to be achieved. Trainee input is required in the development of the Probation Plan.

Training during probation does not count toward certification, therefore, a trainee cannot be promoted while in a period of probation. For further details on probation, please refer to the [Policy on the Assessment of Trainees in PGME Programs](https://pgme.mcmaster.ca/train/policies/).

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| **What triggers a Probation Plan? Triggers include but are not limited to the following:** |
| * Unsatisfactory/Failure to Progress assessment on completion of a remediation period. |
| * Repeated deficiencies after two prior remediation periods, even if prior remediation was successfully completed. |
| * A prior probation period for the same issue(s), even if prior probation was successfully completed. |
| * Following suspension, after an investigation of the critical incident has been conducted by the program, hospital and/or the PGME office. |
| * Critical incident related to professionalism and/or patient safety. |

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| **The Probation Plan must specify at a minimum:** |
| * Duration of the probation period (usually one 1-3 blocks, depending on the identified deficiencies and proposed educational experiences). |
| * Identified performance deficiencies, outlined according to CanMEDS/FM roles. |
| * 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. |
| * Schedule of feedback and assessment during the probation period (trainee must receive frequent verbal feedback on performance; trainee must receive documented interim assessments (minimum of every **two** [2] weeks) during each training experience of the probation period). |
| * Consequences if achievement of the probation requirements is less than satisfactory/Not Progressing as Expected/Failure to Progress. Dismissal from the program may occur after an unsuccessful probation period. |
| * Any practice restrictions during the probation period. |
| * Any extension of training required for successful completion of the program following a probation period. |
| * Program director/delegate and/or academic advisor should arrange regular meetings with the trainee to review progress and any concerns of the trainee. |

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| **Probation Process:** |
| * The decision for probation must be approved by the Associate Dean, PGME. |
| * The draft probation plan must be designed and reviewed by the trainee and the program director/delegate/CC (as appropriate). |
| * The program director must submit the draft probation plan to the EAB for review in advance of a case conference, which must be arranged. |
| * Submissions to the EAB must be made in writing to the PGME office, outlining the specific deficiencies. The PGME office will facilitate a case conference with the EAB. |
| * The trainee must be notified of any modifications to the probation plan. |
| * The probation plan must be reviewed and approved by the Program Committee. |
| * Recommendations of the EAB and the probation plan must be approved by the Associate Dean, PGME. |
| * The program director and trainee must both sign the finalized probation plan; the trainee must receive a copy of the plan. |
| * Faculty supervising the probation period must be made aware of the identified deficiencies, remediation plan, and expected assessments. |

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| [**CanMEDS**](https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e) **and** [**CanMEDS-FM**](https://www.cfpc.ca/CFPC/media/Resources/Medical-Education/CanMEDS-Family-Medicine-2017-ENG.pdf) **Roles** |
| Medical Expert |
| Communicator |
| Collaborator |
| Leader |
| Health Advocate |
| Scholar |
| Professional |

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| **Trainee – Education Program Details:** | |
| **Date:** |  |
| **Trainee Name:** |  |
| **Program**: |  |
| **PGY Level:** |  |
| **Program Start Date:** |  |
| **Original Anticipated Program End Date:** |  |
| **Current Anticipated Program End Date:** |  |
| **☐ Off cycle *Reason (LOA, program extension, repeated rotation):*** |  |
| **Academic Coach:** |  |
| **Probation Plan Prepared by:** |  |
| **Probation Plan Reviewed by:** |  |
| **Date of Program Probation Meeting:** |  |
| **Start Date of Probation Plan:** |  |
| **End Date of Probation Plan:** |  |
| **Dates/outcomes of prior Enhanced Education (EEP), Remediation and Probation Plans:** |  |

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| **Trigger/Rationale for this Probation Period:** |
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| **Contextual 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* |  |

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| **Evaluation Review Summary:**  *Summary of feedback and assessments including EPAs, work-based assessments (field notes, shift evals), portfolio reviews, projects, presentations…* | |
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| Standardized Exams/Test Results: |  |
| Academic Coach mtgs: *strengths & concerns* |  |
| PD mtgs: *strengths & concerns* |  |
| Summary of EPA progress |  |
| Summary of ITARs |  |

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| **Summary of ITARs (areas of strength and concern)**  *Programs are not required to utilize the format below. Use the format most suitable for your program. Actual ITARs will be accessed via MedSIS and reviewed by the EAB.*  **\*SAT=satisfactory, PS=provisional satisfactory, US=unsatisfactory, INC=incomplete, PEN=pending** | | |
| **ROTATION** | **Key Comments/Summary** | **Status (SAT, PS, US, INC, PEN)** |
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| **Trainee Reflection:** | |
| Self-Identified Areas of Strength: |  |
| Self-Identified Areas for Growth: |  |
| Personal Learning Goals: |  |

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| **Probation Plan:** | |
| Problem Identification: Based on **CanMEDS roles** (see end of document). |  |
| Learning Objectives: Based on the identified CanMEDS performance  concerns/areas in need of development |  |
| Teaching & Learning Strategies: Consider different types of supports (i.e., tutors, coaches, personal study, simulations) |  |
| Feedback & Assessment Tools: To document feedback & performance.  Consider work-based assessments, ITARs, exams, simulations, etc. |  |
| Timeframe for Probation Plan: By the end of which achievement of requirements will be assessed |  |
| Parameters for successful completion of Probation Plan: *Requirements* |  |
| Consequences of less than satisfactory  achievement of Probation Plan requirements:  *Dismissal or Probation extension* |  |

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| **Date Reviewed with Trainee:** |  |
| **Signatures:** |  |

*Special thanks and professional credit to Dr. Danielle O’Toole and Dr. Joyce Zazulak of Family Medicine for supplying their template to be adapted for the purpose of Postgraduate Medical Education at McMaster University.*