



This remediation plan **must** be completed for every resident on remediation at NOSM University, prior to the start of each period of remediation. The arrangements described in this plan are subject to the policy entitled: Postgraduate Medical Education Policy and Procedures for the Evaluation of Residents. It is recommended that any resident needing remediation should have access to a mentor who is not involved in the resident’s direct assessment, and that all needed support be provided to the resident.

By signing this document (last page), the resident indicates that he/she understands the nature and structure of the remedial period. This does not in any way preclude the resident from pursuing an appeal of the decision for remediation, according to the Postgraduate Appeals Process.

**Remediation cannot begin prior to Associate Dean’s approval of the Remediation Plan**

- As part of developing the remediation plan, the Program Director or designate has offered the resident a meeting with the Assistant Dean Resident Affairs (ADRA) and/or the Learner Affairs Officer or member of the EAB Chair to ensure a comprehensive understanding of all potential contributing factors

The plan was reviewed by the EAB before finalized

1. The plan **must** be developed under the authority of the Program Director or designate in consultation with the resident.
2. All sections of the plan **must** be completed.
3. The plan **must** be reviewed by the EAB.
4. The plan **must** be signed by the Program Director, Resident, and Associate Dean of PGME.
5. The plan **must** be approved by the RPC or designated subcommittee.

## Section A: RESIDENT INFORMATION & PROJECTED TIMEFRAME

The following resident requires a remedial rotation/educational experience:

Resident Name	
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Program	
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PG Level	
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Remediation start date	
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<b>Projected</b> remediation end date <i>Note: Remediation period may be extended if progress is being made but competencies have not been fully achieved</i>	
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# NOSM University

## Postgraduate Medical Education (PGME) Resident Remediation Plan

### Section B: REMEDIATION COACH AND/OR SUPERVISOR INFORMATION (with timelines)

#### Remediation Coach

The physician, or other qualified person, who enters into a formal, structured, and confidential relationship with a resident as a longitudinal partnership. A coach provides formative feedback to the resident.

Name	
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Contact Information	
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During the remedial period, the remedial coach agrees to meet with the resident regularly to focus on developing the identified knowledge, skills, and competencies as outlined in this remediation plan.

Brief outline of coaching plan	
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Number of sessions	
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Duration of sessions	
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Other details	
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# NOSM University

## Postgraduate Medical Education (PGME) Resident Remediation Plan

### Remediation Supervisor

The physician who is directly responsible for supervising a resident in a clinical setting during the remedial period.

Name	
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Contact Information	
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Format of remediation period:

Block	
Longitudinal	

During the remedial period, the Remedial Supervisor agrees to:

1. Provide supervision of the resident during the remedial period from:

Start date	
End date	

2. On a  weekly  bi-weekly basis:

a) Meet with the resident to review and discuss progress in attaining the objectives of the remedial rotation

b) Keep record of the meetings and submit a weekly report to the resident's program director

c) Send an email summary to the resident following each session, outlining:

i) the goals and objectives for the meeting

ii) areas that still require ongoing work

iii) the plan that was discussed for the next meeting

3. Help the resident in achieving the objectives of remediation by (*check all that apply*):

Clarifying the difficulties the resident is having with knowledge base	
Providing extra teaching in clinical matters	
Providing supervision and training in procedural skills	
Coaching to address unprofessional behaviour and address issues related to negative attitude and lack of insight	

# NOSM University

## Postgraduate Medical Education (PGME) Resident Remediation Plan

Directing the resident to other specific sources of information on teaching	
Assessing the resident by means of: _____	
Other: _____	

- Attest at the end of the remedial period whether the resident has or has not met the objectives of the period of remediation and achieved the required competencies.

### Section C: REASONS FOR THE REMEDIATION

Please indicate which CanMEDS roles are being remediated:

Medical Expert	
Communicator	
Collaborator	
Leader	
Health Advocate	
Scholar	
Professional	

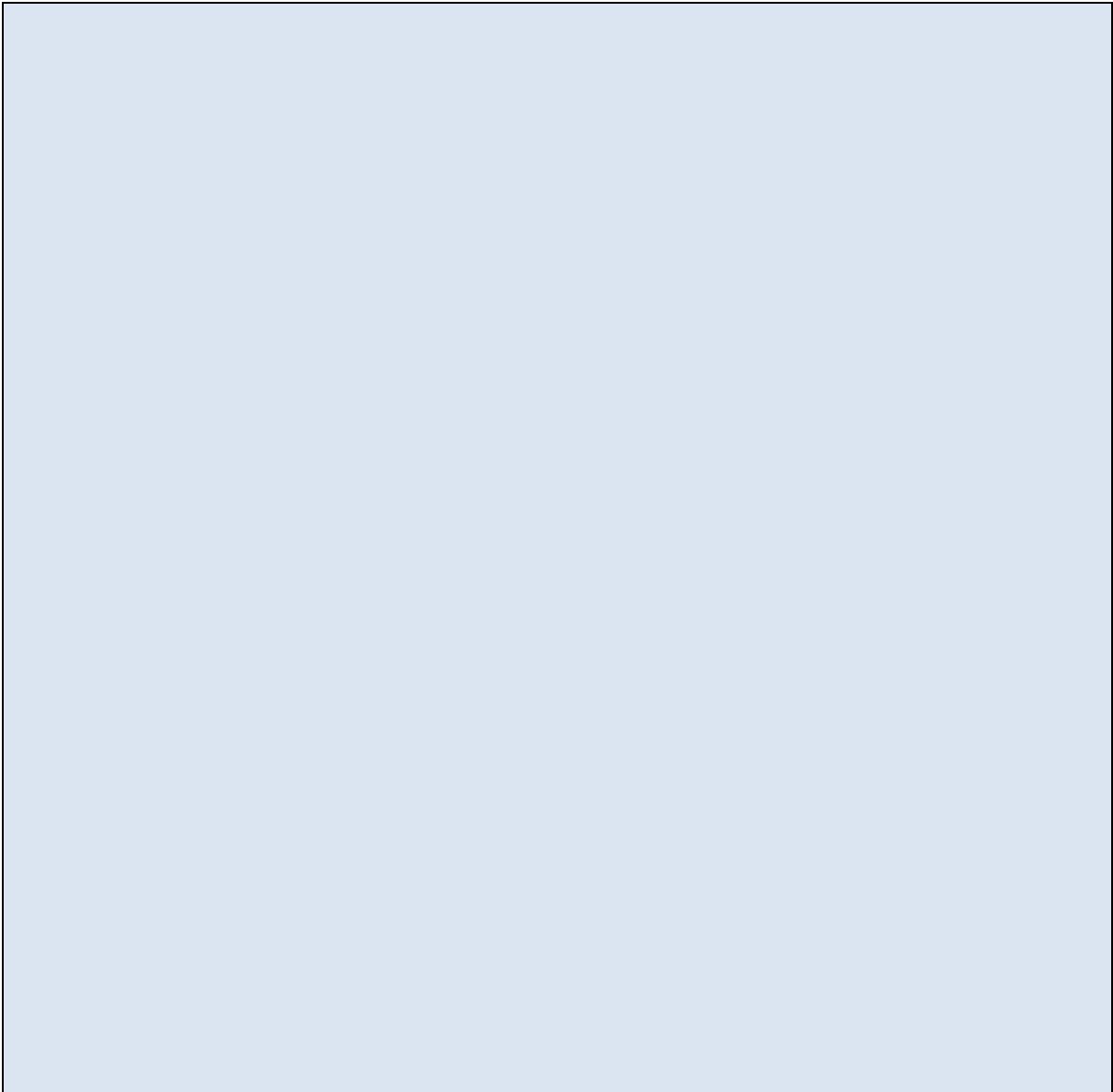
Please outline all background information and describe in details the aspects of the Resident's performance or behaviour that requires remedial attention (e.g. knowledge, skills, attitudes).

Please include a copy of any comprehensive assessments completed by the Program Director and the letter form the RPC recommending a remedial program.

# NOSM University Postgraduate Medical Education (PGME) Resident Remediation Plan

## Section D: GOALS AND OBJECTIVES

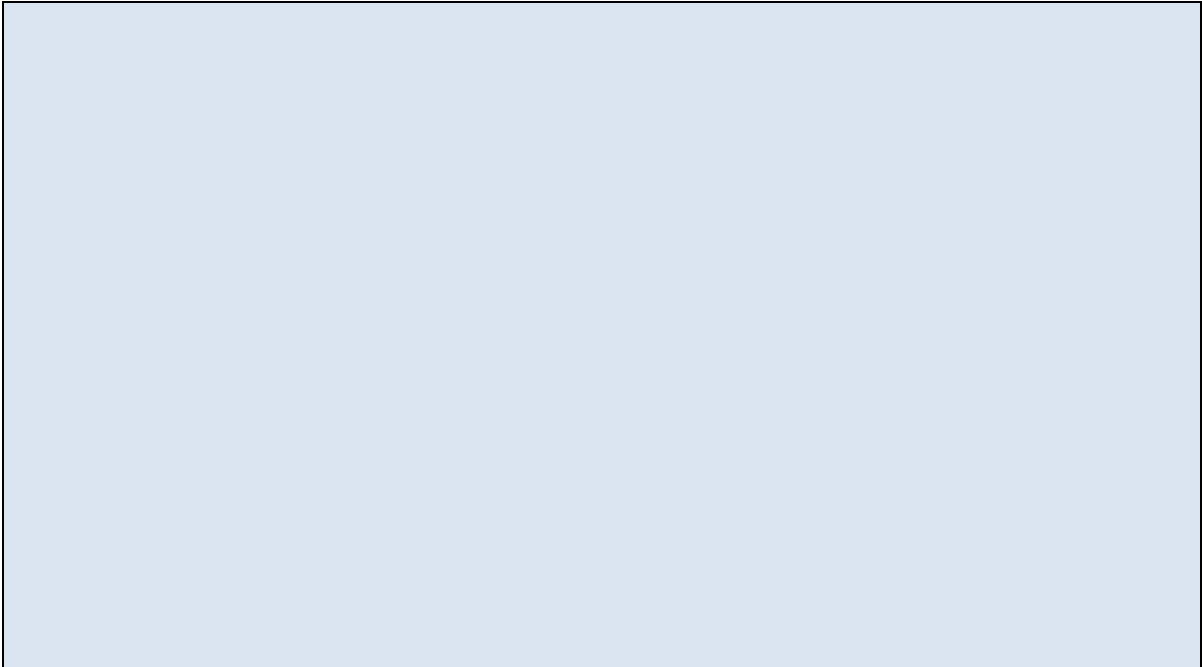
For each area of concern please list and describe specific goals and objectives, expected behaviours or performance changes that **must** be achieved by the end of the remediation period). During the remediation period, the Remediation Supervisor may identify a competency that was not identified in the Remediation Program Plan and that is deemed significant to address for the purpose of this Remediation. The Remediation Supervisor must discuss this competency with the resident and identify it as an objective for the Period of Remediation. This should be documented and appended to the original document.



# NOSM University Postgraduate Medical Education (PGME) Resident Remediation Plan

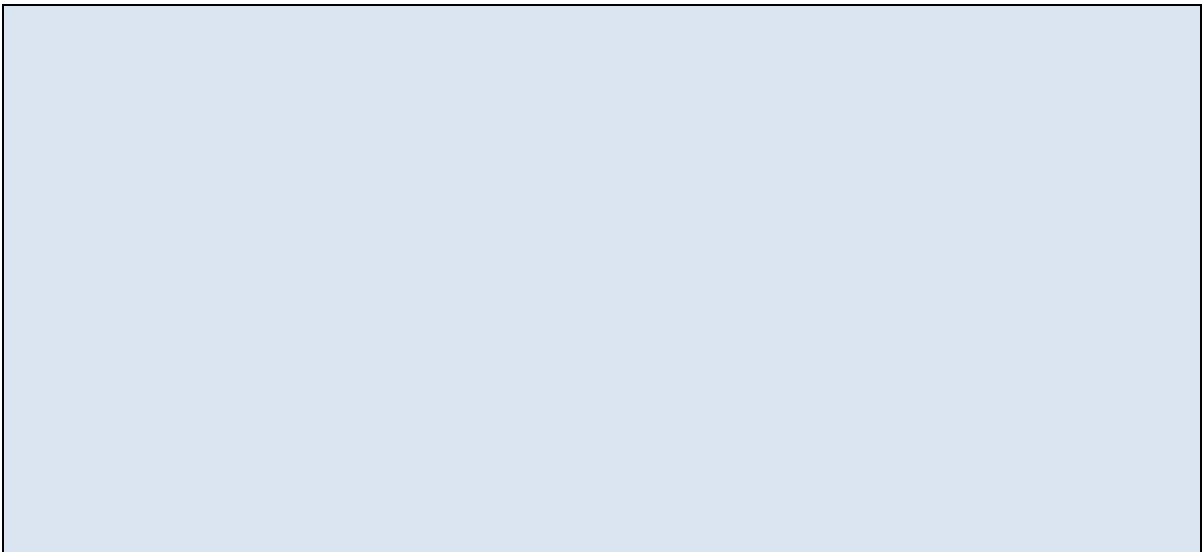
## Section E: LEARNING STRATEGIES

List and describe in detail the strategies that will be used to address each of the areas of concern e.g. simulation and direct observation, reflective exercises, role appreciation, journaling.



## Section F: ASSESSMENT AND EVALUATION

Describe what measures, tools and resources will be used to ensure that the goals, objectives and competencies have been met.



# NOSM University Postgraduate Medical Education (PGME) Resident Remediation Plan

## Section G: MONITORING OF PROGRESS DURING REMIEDIATION

Describe how progress towards achieving the necessary competencies will be assessed and documented - the frequency and form of the meetings and feedback given to the resident; provide a meeting schedule.

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## Section H: STATEMENT AS TO THE CONSEQUENCES OF REMIEDIATION

Upon completion of the remediation period, the following outcomes may occur, as determined by the Residency Program Director, in consultation with the Residency Program Committee, depending on the resident's performance: *(Check all possible outcomes)*

Reinstatement as a resident in the program with no loss of time or extension of training	
Reinstatement as a resident, with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance	
An additional period of remediation	
Placed on probation	
Other: _____	

# NOSM University Postgraduate Medical Education (PGME) Resident Remediation Plan

## Section I: SIGNATURES

By signing this document, the resident indicates that he/she understands the nature and structure of the remedial period. This does not in any way, preclude the resident from pursuing an appeal of the decision for remediation, according to the Postgraduate Appeals Process. An appeal must be submitted in writing to the Postgraduate Education Director.

Please note: residents who have completed or are now completing, any post graduate remedial training in Ontario for deficiencies or issues relating to professionalism, professional conduct, professional attitudes, interpersonal skills or communication skills are required to self-disclose this information during the annual CPSO re-application process.

### Resident

\_\_\_\_\_

Signature of Resident

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

### Remedial Supervisor

\_\_\_\_\_

Signature of Remedial Supervisor

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

### Remedial Coach

\_\_\_\_\_

Signature of Remedial Coach

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

### Remedial Program Director

\_\_\_\_\_

Signature of Program Director

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

### Associate Dean, PGE

This document has been reviewed and ratified by the Associate Dean, PGE

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Signature of Associate  
Dean, Postgraduate Medical  
Education NOSM University

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date