



This probation plan **must** be completed for every resident on probation at NOSM University, prior to the start of the probation period. The arrangements described in this plan are subject to the policy entitled: Postgraduate Medical Education Policy and Procedures for the Evaluation of Residents and the Probation Policy. It is recommended that any resident needing probation 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 probation 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 Program Director.

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

The plan was reviewed by the EAB before finalized

General Instructions:

1. The Program Director or designate **must** meet with the resident and conduct a structured comprehensive assessment prior to completing the form.
2. The plan **must** be completed by the Program Director or designate in collaboration with the resident.
3. All sections of the plan **must** be completed.
4. The plan **must** be reviewed by the EAB.
5. The plan **must** be signed by the Program Director, Resident, and Associate Dean of PGME.
6. The plan **must** be approved by the RPC.

## Section A: RESIDENT INFORMATION & PROJECTED TIMEFRAME

The following resident requires a remedial rotation/educational experience:

Resident Name	
Program	
PG Level	
Probation start date	
<b>Projected</b> probation end date	
Probation Location	

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**Section B: PROBATION COACH AND/OR SUPERVISOR INFORMATION (with timelines)**

**Probation 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 probation period, the coach agrees to meet with the resident regularly to focus on developing the identified knowledge, skills, and competencies as outlined in this probation 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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### Probation Supervisor

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

Name	
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Contact Information	
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Format of probation period:

Block	
Other	

During the probation period, the Probation Supervisor agrees to:

1. Provide supervision of the resident during the probation 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 probation period

- b) Keep record of the meetings and submit a weekly/bi-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 probation 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		

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

4. Attest at the end of the probation period whether the resident has or has not met the objectives of the period of probation and achieved the required competencies.

### Section C: REASONS FOR THE PROBATION

The reasons for being placed on probation are (check off all applicable points):

Unsatisfactory evaluations in a remedial rotation	
An unsuccessful remediation program	
Two remediation periods in a twelve month time frame, regardless of whether the first has been successful	
Issues related to lack of professionalism, collaboration and/or communication skills	
A continued pattern of unsubstantiated absence from the program	

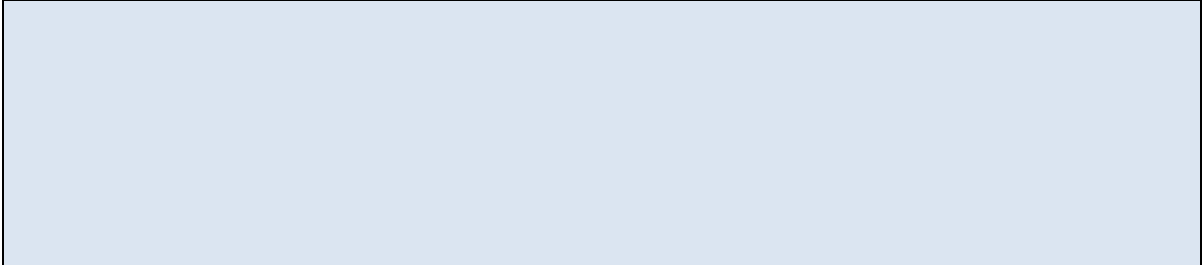
Please indicate which CanMEDS roles are being remediated:

Medical Expert	
Communicator	
Collaborator	
Leader	
Health Advocate	
Scholar	
Professional	

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## Postgraduate Medical Education (PGME) Resident Probation Plan

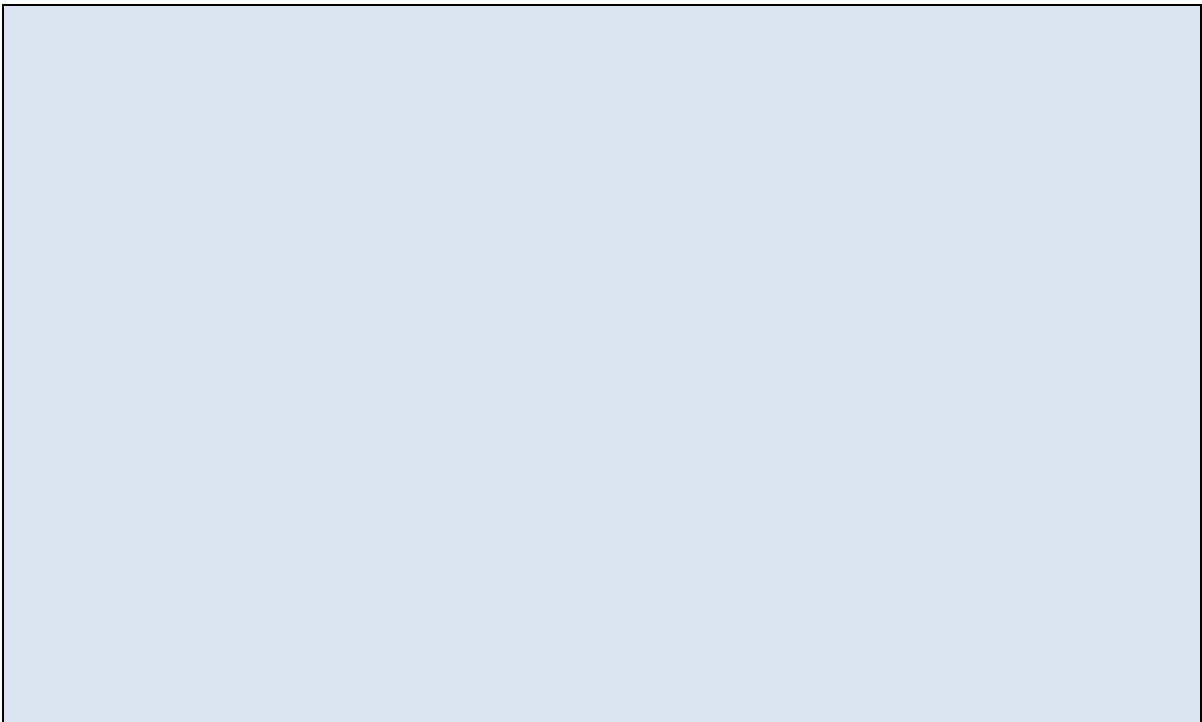
Please outline all background information and describe in details the aspects of the Resident's performance or behaviour that have led to the decision to place the resident on probation (e.g. knowledge, skills, attitudes).



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

### Section D: GOALS AND OBJECTIVES

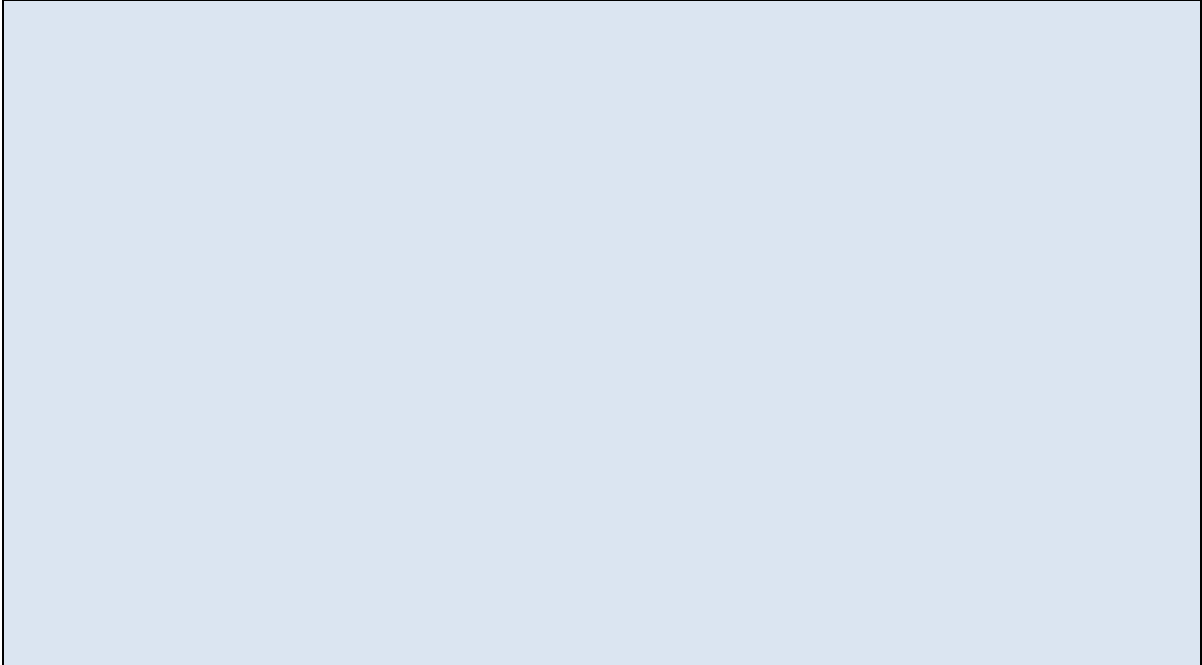
For each area of concern please list and describe specific goals and objectives, expected behaviours or performance changes that **must** be achieved by the end of the probation period). During the probation period, the Probation Supervisor may identify a competency that was not identified in the Probation Program Plan and that is deemed significant to address for the purpose of this Remediation. The Probation 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.



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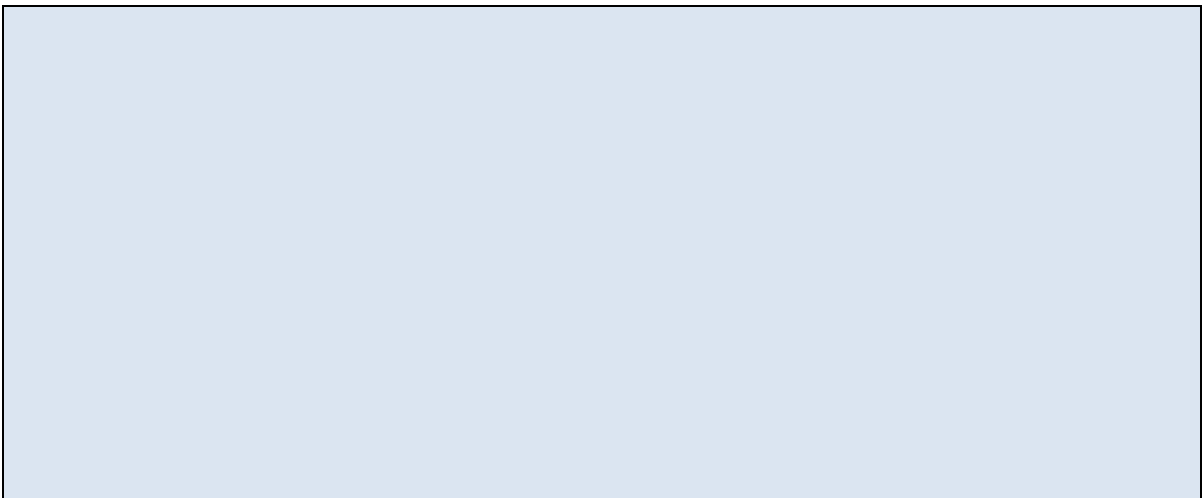
## **Section E: LEARNING STRATEGIES**

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. Please note that the resident must be assessed, in writing, weekly during the probation period.



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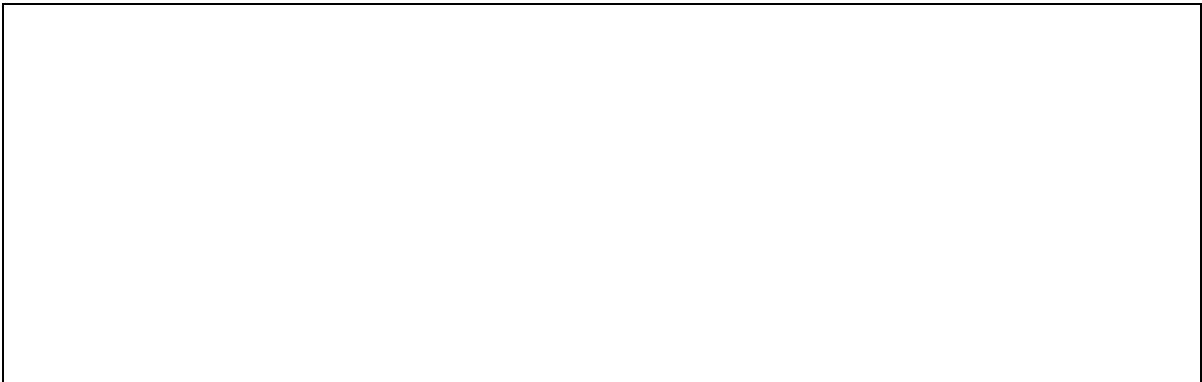
## **Section G: MONITORING OF PROGRESS DURING PROBATION**

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.



## **Section H: OUTLINE OF ALL SUSPENDED PROGRAM REQUIREMENTS**

A resident who is on probation is expected to focus their learning on the identified objectives/competencies to be achieved during the probation period. To that end, other program requirements will be suspended during the probation period, as listed below:



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**Section I: STATEMENT AS TO THE CONSEQUENCES OF PROBATION**

Upon completion of the probation 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, with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance	
Dismissal from the program	
Other: _____	

**Section J: EXPECTED PLAN UPON RETURN IF PROBATION SUCCESSFUL**



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## Section K: SIGNATURES

By signing this document, the resident indicates that he/she understands the nature and structure of the probation period. This does not in any way, preclude the resident from pursuing an appeal of the decision for probation, 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

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Signature of Resident

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Print Name

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Date

### Remedial Supervisor

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Signature of Remedial Supervisor

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Print Name

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Date

### Remedial Coach

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Signature of Remedial Coach

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Print Name

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Date

### Remedial Program Director

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Signature of Program Director

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Print Name

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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

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Print Name

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Date