

## **Max Rady College of Medicine**

## **Postgraduate Medical Education**

## **Remediation Agreement – Part A**

This Agreement shall be completed for every Resident receiving postgraduate medical education training at the University of Manitoba who has been placed on Remediation, prior to the start of each period of Remediation. The arrangements described in this agreement are subject to the Max Rady College of Medicine Postgraduate Medical Education (PGME) group of policies collectively entitled**: PGME Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy**.

Any resident placed on Remediation is strongly encouraged to access a mentor, who is not involved in the resident’s direct evaluation and, if necessary, to pursue appropriate counseling. Should the resident request a mentor, it is the responsibility of the Residency Program to appoint one.

A copy of this Agreement will be sent to the Associate Dean, PGME and Chair, PGME Committee for Education Support and Remediation (PGME-CESaR).

By signing this Agreement, the Resident indicates they understand the nature and structure of the Remediation period. This does not in any way preclude the Resident from pursuing an appeal of the decision for Remediation.

### **IDENTIFICATION OF PARTICIPANTS**

Dr. Click here to enter text. (hereafter referred to as the resident), a resident enrolled in the Click here to enter text.Program, which is a Time-Based Program or CBD/CCC Program.

This resident requires a Remediation, between the dates of Click here to enter text. and Click here to enter text. inclusive.

The Remediation Supervisor will be Dr. Click here to enter text..

The **current** anticipated End of Training Date is Click here to enter text..

The **revised** anticipated End of Training Date is Click here to enter text..

The **current** anticipated Step Change Date is Click here to enter text..

The **revised** anticipated Step Change Date is Click here to enter text..

### **RATIONALE FOR REMEDIATION ROTATION**

This Remediation is required on the basis of one or more of the following:

***Time Based Programs***

An unsatisfactory assessment on the following rotation: Click here to enter text. Between the dates of Click here to enter text. to Click here to enter text.

Two borderline assessments on the following rotations Click here to enter text. and Click here to enter text.

Consistent deficiencies identified on the resident’s summary assessment completed on Click here to enter text.

An unsatisfactory or a failing grade on a Residency Program examination taken on Click here to enter text.

***CBD & CCC Programs***

Resident is “*not progressing as expected”* in the following EPA or curriculum element

Click here to enter text.

Resident has demonstrated “*failure to progress”* in the following EPA or curriculum element

Click here to enter text.

Resident‘s status is “inactive” but it has been determined that the resident requires a Focused Learning Plan in order to achieve the required competencies upon return from a Leave of Absence or Suspension.

***All Programs***

A single egregious event or failure to maintain the standards of professionalism as described in the University of Manitoba, Max Rady College of Medicine, standards of ethical and professional behavior, including, in particular the following issues:

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**3. PURPOSE/OBJECTIVES OF THE REMEDIATION**

The purpose of the Remediation includes the following:

To provide a period of focused education to enable the Resident to meet the Goals and Objectives/Competencies of the Click here to enter text. Program for PGY Click here to enter text. Level

To provide a period of focused education to enable the Resident to attain and demonstrate competence in ­­­­­­­­­­­­­­ Click here to enter text. (list specific EPA(s) being remediated)

To undertake a focused assessment of clinical, technical, communication or other skill

To provide a period of focused education to: (Please complete fillable box)

Click here to enter text.

Other: (Please complete fillable box)

Click here to enter text.

### **4. REMEDIATION PLAN/FOCUSED LEARNING PLAN**

During the Remediation, the Resident agrees to:

1. Continue to meet all of the goals and objectives of the Residency Program appropriate to the level of training
2. Continue to meet all specific rotational goals and objectives of the particular rotation, EPA or other curricular element for which Remediation is required (if any)
3. Meet the specific Remediation Plan goals and objectives outlined in **Part A -** **Table 1:**

The Remediation Supervisor/Preceptor will be available to the resident to provide advice and guidance with meeting the Remediation goals and objectives/Competencies.

Specifically, the Residency Program Director and the Remediation Supervisor/Preceptor will assist the resident in meeting the goals and objectives of the Remediation by providing or by coordinating the resources outlined in **Part A - Table 1.**

**Part A- Table 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CanMEDS**  **Competency/**  **EPA** | **Goals and Objectives/**  **Milestone** | **Learning or**  **Teaching Strategy** | **Assessment of Achievement** | **Date of**  **Assessment** |
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### **5. MONITORING OF REMEDIATION ROTATION AND RESIDENT ASSESSMENT**

The Resident will meet with the Remediation Supervisor/Preceptor at Click here to enter text. intervals to discuss progress, the degree to which the goals of the Remediation rotation are being met, and what the Resident needs to do to meet them by the end of the Remediation rotation.

The Remediation Supervisor/Preceptor will document these meetings on an  **MRA or**  **ITAR**.

(MRA is preferable for most applications, but for remediations with a large number of specific milestones/objectives, it may me more appropriate to design an ITAR to be done ad hoc for these meetings)

The Remediation Supervisor/Preceptor will complete and sign the Final Assessment (Part B) to attest to the level of performance of the resident at the end of the remedial period.

The Resident will participate in any examinations and/or assessment strategies outlined in **Part A -** **Table 1.**

### **6. EXPECTED OUTCOMES OF THE REMEDIATION ROTATION**

When the resident has completed the Remediation, the Remediation Program Director, in consultation with the Residency Program Committee, will recommend one of the following outcomes to the Associate Dean, PGME, based on the resident’s performance and the extent to which the goals of the Remediation rotation were met by the resident:

***Time Based Programs***

* PASS - return to regularly scheduled Program. The success of the Remediation will be considered to result in a pass on the original failed rotation/other element (if any). The time spent in Remediation will not count toward the fulfillment of the requirements of training, and End of Training will be adjusted accordingly

If the Resident does not pass:

* Extension of the Remediation, the specific time frame and additional goals of which will be detailed in the Remediation Agreement Part A2 – Extended Remediation Documentation
* Probation
* Dismissal from the Residency Program

***CBD/CCC Programs***

* Resident is “progressing as expected” and returns to regularly scheduled Program
* Resident is “not progressing as expected” and requires further Remediation
* Resident has demonstrated “failure to progress” and requires one of the following:
  + Further Remediation
  + Probation
  + Dismissal/Withdrawal from the Residency Program

*After completion of all applicable fields in the Remediation Agreement – Part A, please print the entire document and have the Resident, Remediation Supervisor/Preceptor and Residency Program Director sign (Section 7 – Signatures).*

*Please send the entire* ***Original Remediation Agreement – Part A*** *to the PGME Office for review by the Associate Dean – PGME & Chair – PGME-CESaR:*

*Associate Dean – PGME & Chair, PGME-CESaR*

*C/O CESaR Administrator*

*Educational Programs Office*

*260 Brodie Centre – 727 McDermot Avenue*

*Winnipeg, Manitoba R3E 3P5*

### **7. SIGNATURES**

By signing this Agreement, the resident indicates they understand the nature and structure of the Remediation. This does not preclude the resident from pursuing an appeal of the decision for Remediation.

**Counterparts Execution & Delivery:** This Agreement may be executed in one or more counterparts, each of which shall constitute an original, and all of which when taken together shall constitute one and the same Agreement. The Parties agree that a facsimile signature or an electronic signature of this Agreement shall be deemed a valid and binding execution of this Agreement.

*Signature of the Resident Date*

*Signature of the Remediation Supervisor/Preceptor Date*

*Signature of the Residency Program Director Date*

*Signature of the Chair, PGME-CESaR Date*

*Signature of the Associate Dean, PGME Date*