

## **Max Rady College of Medicine**

## **Postgraduate Medical Education**

## **Remediation Agreement – Part B**

## **REMEDIATION ROTATION FINAL RESIDENT ASSESSMENT**

**University of Manitoba, Max Rady College of Medicine**

## **1. IDENTIFICATION OF PARTICIPANTS**

This form has been completed by the Rotation Supervisor/Preceptor, and the Residency Program Director regarding the following Resident:

Dr. Click here to enter text. (hereafter referred to as the resident), a resident enrolled in the Click here to enter text. program who required a Remediation in Click here to enter text.. The dates of the Remediation were from Click here to enter text. to Click here to enter text. inclusive.

## **2. FINAL RECOMMENDATION BY THE RESIDENCY PROGRAM COMMITTEE**

Taking all of the specific information below into account, the Resident’s performance on this Remediation is deemed to have been as follows:

***Time Based Programs***

 [ ] Satisfactory [ ]  Borderline [ ]  Unsatisfactory

***CBD – CCC Programs***

[ ]  Progressing as Expected [ ]  Not Progressing as Expected [ ]  Failing to Progress

The recommendation of the Residency Program Committee to the Associate Dean, PGME is:

[ ] Return to regularly scheduled Program, as a resident in the Click here to enter text. Program with an anticipated Training End Date of Click here to enter text. and a revised Step Change Date of Click here to enter text..

[ ] New Remediation based on new area of improvement identified during this Remediation

[ ] Probation

[ ] Dismissal from the Residency Program

### **3. SPECIFIC ASSESSMENT**

With specific reference to the Remediation goals and objectives set out in the Remediation Agreement, the outcome of the Remediation is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Area for Improvement** *(Include all areas identified in Part A – Table 1/Part A2 – Table 1 (if applicable).* *Please note outcomes other than resolved must be included.* | **Resolved** | **Partially Resolved** | **Not Resolved** |
|  1. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  2. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  3. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  4. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  5. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  6. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  7. Click here to enter text. | [ ]  | [ ]  | [ ]  |
|  8. Click here to enter text.  | [ ]  | [ ]  | [ ]  |
|  9. Click here to enter text.  | [ ]  | [ ]  | [ ]  |
|  10. Click here to enter text.  | [ ]  | [ ]  | [ ]  |

If the purpose of the Remediation rotation was to correct deficiencies of a specific failed rotation, then the Remediation Supervisor/Preceptor will complete a rotation evaluation for that rotation using the Residency Program’s assessment form (ITAR) for that rotation, on which the Remediation Supervisor/Preceptor will document the degree to which the resident has met the originally stated goals and objectives of the particular rotation.

[ ] ITAR attached

*After completion of all applicable fields in the Remediation Agreement – Part B, please print the entire document and have the Resident, Remediation Supervisor/Preceptor and Residency Program Director sign (Section 4 – Signatures). The Resident may add comments under the Resident Comment section if desired.*

*Please send the entire* ***Original Remediation Agreement Part A, (Part A2 if applicable) & Part B*** *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*

*If a New Remediation based on a* ***newly observed area*** *requiring improvement has been identified during this Remediation, please re-start the Remediation process with reference to the applicable PGME Resident Assessment, Progression/Promotion, Remediation, Probation, Suspension and Dismissal/Withdrawal Policy.*

## **4. SIGNATURES**

By signing this document, the resident indicates that they have met with the Residency Program Director to discuss the final outcome of the Remediation rotation and have reviewed this document. This does not preclude the resident from pursuing an appeal of the decision. A copy of this Agreement will be sent to the Associate Dean, PGME.

**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*

## **RESIDENT COMMENTS:**