



<b>Policy Name:</b>	<b>PGME Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy</b>
<b>Application/Scope:</b>	Postgraduate Medical Education Residents in Time-Based Residency Program Cohorts
<b>Approved (Date):</b>	FEC, January 16, 2009; Addendum, March 11, 2009; PGME Executive November 6, 2008, January 16, 2018; PGME Policy Development Committee, January 29, 2021; PGME Executive Committee, February 9, 2021
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## BACKGROUND

The training requirements of Residency Programs define specific competencies attained by residents in accordance with the standards (STR) and objectives (OTR) of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) or equivalent for the non-medical Residency Programs.

The processes of resident assessment, progression and promotion for time-based Residency Program cohorts are guided by the following principles:

- The assessment is linked to the rotation-specific learning objectives
- The assessment is criterion-based
- The process is clear and is uniformly applied
- The assessment provides informative, accurate and timely feedback to the residents and to the Residency Program Directors
- The formative assessment information supports ongoing resident development and provides valuable information to instructors in order to design appropriate Remediation experiences
- Summative assessment information obtained from end of rotation assessments support the ongoing learning of residents and assist in confirming that residents have met the required educational standards and are safe to practice upon completion of their residency training
- The process ensures fairness, including the right of the resident to be heard and to respond within a reasonable period of time
- All decisions pertaining to the assessment and the potential outcomes for residents must be justified and documented formally
- It is important that the process for identification of those residents who may be in academic difficulty is timely, transparent and fair

## DEFINITIONS

**Academic Year** – is the time interval that commences July 1<sup>st</sup> and finishes June 30<sup>th</sup> and constitutes thirteen (13) four (4)-week blocks of training for residents. In a hybrid competency-based medical education model of learning, a resident may be out-of-phase and may have a starting date other than July 1<sup>st</sup> and will be promoted to the next stage of training based on attainment of milestones, EPAs and competencies

**Anonymous materials** – materials in which the authorship has not been disclosed

**Assessment** – is a process of gathering and analyzing information on competencies from multiple and diverse sources in order to measure a resident's competence or performance to defined criteria. Components of the assessment process might include the following:

- **Formative assessment** – assessment for the purposes of providing feedback to guide further learning. Furthermore, it may provide diagnostic information regarding the need for Remediation
- **Summative assessment** – assessment for the purposes of advancement, credentialing or completion (e.g., end of term examination)
- **Criterion-referencing** – Comparing resident performance to defined criteria. This is required for summative assessment
- **Norm-referencing** – Comparing resident performance to a defined reference group. This is not sufficient for summative assessment, but may be useful as an adjunct to criterion referencing in formative assessment

**Block** – is one of thirteen (13) time intervals within each academic year. With the exception of Block one (1), Block seven (7) (Winter Holiday) and Block thirteen (13), all blocks consist of four (4)-week intervals of training and are considered equivalent for the purpose of scheduling educational activities for residents in the hybrid competency-based medical education model

**Borderline Assessment** – is one where the resident is deemed to have passed but there are weaknesses that warrant further attention. This may occur on a rotation assessment (ITAR/ITER) or on a summative assessment

**CanMEDS/CanMEDS-FM** – the RCPSC and CFPC frameworks describing the seven (7) physician roles: 1. Family Medicine Expert; 2. Communicator; 3. Collaborator; 4. Leader; 5. Health Advocate; 6. Scholar; 7. Professional

**Certification** – is formal recognition of satisfactory completion of all necessary training, assessment and credentialing requirements of a medical discipline, indicating competence to practice independently

**CMPA** – Canadian Medical Protective Association

**Competence** – is the array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience and settings

**Competency** – is an observable ability of a health care professional that develops through stages of expertise from novice to master

**Competent** – possessing the required abilities in all domains at a particular stage of medical education or practice

**Completion Rotation** – is a rotation put in place specifically to make up lost time from an

incomplete rotation, irrespective of the completion of rotation goals and objectives or rotation-specific EPAs

**CPSM** – College of Physicians and Surgeons of Manitoba

**Dismissal** – is the termination of the resident's enrollment in the training program due to academic, professionalism and/or other reasons

**Educational Handover** – is a process by which information about a resident's performance is shared with future supervisors in order to facilitate guidance and progress

**End of Rotation Assessment** – see ITAR/ITER

**FITER** – Final In-training Evaluation Report

**Incomplete Rotation** – means that the resident has completed less than the minimum seventy-five per cent time span of the rotation required in order to ensure patient safety, appropriate supervision and opportunities for observation and assessment

**ITAR/ITER** – In-training Assessment Report/In-training Evaluation Report is a tool for assessment at the end of each rotation/clinical learning experience for residents

**Leave of Absence (LOA)** – is an approved planned or unplanned interruption of training (greater than fourteen (14) consecutive calendar days) for any of a variety of reasons, including medical illness, bereavement, maternity, paternity, partner leave and educational leave. Vacation, Religious Observances, statutory holidays, examination days and unplanned sick days are **not** considered leaves of absence

**Modified Learning Plan** – is a formal educational intervention that is put in place to address specific performance gaps, with specific learning resources, timelines and outcomes tailored to the needs of the resident. It is inherent in education, that residents have the flexibility to adapt the pace and resources used for learning to their particular needs and context and this would be considered normal variation. A Modified Learning Plan does not necessarily indicate a Remediation. However, Modified Learning Plans are always included in a Remediation or Probation and they may be utilized outside of the context of Remediation as well, in an attempt to provide correction prior to a formal need for Remediation/Probation

**MRA** – Mid-rotation Assessment

**Must** – as it relates to this policy, the use of the word “must”, indicates that meeting the standard is absolutely necessary

**Objective (Learning Objective)** – is a clear, concise and specific statement of observable behaviors that can be assessed during and at the conclusion of the learning activity. It is also known as a performance objective or a competency

**Objectives of Training (OTR)** – refers to the RCPSC document that outlines the competencies required to practice as a specialist in the specific discipline

**PARIM** – Professional Association of Residents and Interns of Manitoba

**PGME** – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, post-doctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training

programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

**PGME Committee for Education Support and Remediation (CESaR)** – is the subcommittee of the PGME Executive Committee which is responsible for reviewing and approving all major decisions related to resident progression and promotion by the Competence Committee or equivalent and by Program Directors, especially those related to possible Remediation, Probation, Suspension and Dismissal/Withdrawal from the Residency Program. The PGME-CESaR deals with issues of a clinical, academic or professional nature

**Probation** – is an interval/period of training during which the resident is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Residency Program. Probation implies the possibility of Dismissal from the Residency Program if sufficient improvement in performance is not identified at the end of the Probation Period. It is comprised of a formal program/plan of individualized educational support, assessment and monitoring designed to assist the resident in correcting identified serious performance deficiencies

**Probation Agreement** – is a formal document generated by the Residency Program Committee and approved by the Program Director, and thereafter approved by the Associate Dean, PGME detailing the terms, outcomes and specific conditions of a Probation. This document must be signed by the resident, Residency Program Director, Probation Supervisor, the Chair, PGME-CESaR and the Associate Dean, PGME

**Probation Plan** – is a formal document approved by the PGME Committee for Education Support and Remediation (PGME-CESaR) and the Associate Dean, PGME detailing the terms, possible outcomes and specific conditions of the Probation Period

**Provincial Medical Administration Office (PMAO)** – is the office or person designated to receive and maintain records, applications, correspondence and information pertaining to the Medical Staff (including residents) provincially

**RCPSC** – Royal College of Physicians and Surgeons of Canada

**Remediation** – is an interval of training consisting of a formal program of individualized educational support, assessment and monitoring which is designed to assist a resident in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the resident will successfully complete the Residency Program

**Remediation Agreement** – is a formal document generated by the Resident Program Committee and approved by the Program Director, and thereafter approved by the Associate Dean, PGME detailing the terms, outcomes and specific conditions of a Remediation. This document must be signed by the resident, Residency Program Director, Remediation Supervisor, the Chair, PGME-CESaR and the Associate Dean, PGME

**Remediation Plan** – is a formal document outlining the details pertaining to the competencies on which the resident will focus, the resources required and the Remediation Supervisor during the Remediation. The Remediation Plan is the central pillar of the Remediation Agreement

**Remediation Rotation** – is a formal supervised period of time included in the Remediation Plan

**Residency Program Committee (RPC)** – the committee and sub-committees, as applicable, chaired by the Program Director that supports the Program Director in the administration and coordination of the Residency Program. The Program Director is Chair of the RPC

**Resident** – an individual enrolled in one of the accredited Residency Programs under the authority

of the Associate Dean, PGME. The following is a listing of Resident categories within PGME at the Max Rady College of Medicine:

- A postgraduate resident who has obtained a Doctorate of Medicine (MD) or Doctorate of Osteopathic Medicine (DO) and has an educational or a general license from the College of Physicians and Surgeons of Manitoba (CPSM)
- A resident enrolled in the Clinical Health Psychology Program
- A resident enrolled in one of the Post-Doctoral Residency Programs:
  - Clinical Biochemistry
  - Genetic and Genomic Diagnostics
  - Clinical Microbiology
- A resident enrolled in one of the College of Dentistry Programs
  - Oral and Maxillofacial Surgery
  - Pediatric Dentistry

**Rotation** – is an interval of time, usually consisting of a portion (two (2) weeks) of a block to multiple blocks to which residents are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of horizontal rotations. Learning experiences are organized to allow the resident to acquire competencies and to demonstrate entrustment within a hybrid model of competency-based, timed rotations

**Shared Health** – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

**Should** – the use of the word “should”, indicates that meeting the standard is a highly desirable attribute

**Specialty/Subspecialty Training Requirements (STR)** – refers to the RCPSC document that outlines the required duration, content and sequence of training in time-based RCPSC Residency Programs. A resident who has successfully completed the STR should be able to demonstrate all of the competencies described in the OTR Document

**Summary Review Report** – is a summative narrative report documenting resident assessment and progress in the Residency Program

**Supervisor (Clinical)** – is the physician to whom the resident reports during a given interval of time, such as an on-call shift

**Supervisor (Rotation)** – is a member of the teaching faculty who has direct responsibility for the resident’s academic program activities, such as meeting the milestones and competencies during the rotation

**Supplementary Rotation** – is an additional rotation required for a resident to meet all of the goals and objectives or rotation-specific EPAs of an original rotation

**Suspension** – is the temporary removal of a resident from clinical and academic activities

**Trainee** – in the case of PGME, is any PGME Program resident or fellow who is appropriately registered with and licensed by CPSM or other applicable licensing authority and who is fulfilling the certification requirements for a primary discipline, subspecialty, certification of special competence or enrolled in a program designated as “Accreditation without Certification” or enrolled in a program to gain an educational experience beyond certification requirements

**Trigger Event** – is any event that sets a course of action in motion. Previous decisions are revisited and new needs are recognized. With respect to resident training, assessment and progression, the trigger event might be related to failure of the resident to achieve the required clinical or academic competencies or might be related to the resident’s professional conduct. This could lead to a series of actions, including Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program

**Working Days** – include Monday through Friday and exclude weekend days, statutory holidays and acknowledged University of Manitoba closure days

## 1. PURPOSE

- 1.1 Outline the policies and procedures for the fair and transparent assessment, progression and promotion of postgraduate residents in time-based Residency Program cohorts
- 1.2 Outline the policies and procedures for managing postgraduate residents with areas of deficiency in their training. The policies and procedures will include the following and are illustrated in the process flow chart in Appendix 1: PGME Assessment, Promotion process maps and Appendix 2: PGME Modified Learning Plan, Remediation, Probation, Suspension, Dismissal, Withdrawal process maps:
  - Modified Learning Plan
  - Remediation
  - Probation
  - Suspension
  - Dismissal/Withdrawal from the Residency Program

## 2. POLICY STATEMENTS – ASSESSMENT

- 2.1 For all Residency Programs, there must be a clear statement outlining the goals and the educational objectives for the residents
- 2.2 There must be clearly-defined rotation-specific objectives as follows:
  - 2.2.1 The objectives must cover the CanMEDS competencies for specialty programs
  - 2.2.2 The educational objectives must be reflected in the assessment of residents
  - 2.2.3 The current goals and objectives for the Residency Program must be distributed to all residents and faculty prior to the beginning of the rotation
  - 2.2.4 The statement of goals and objectives must be reviewed regularly (at least every two years) by the Residency Program Director and the Residency Program Committee
- 2.3 Resident assessment must comply with the following:
  - 2.3.1 For all Residency Programs, the residents must receive regular and timely feedback on their performance and progress by means of the use of appropriate performance-based assessment informed by direct observation
  - 2.3.2 Unsolicited anonymous materials/data may not be used in any evaluative or disciplinary proceeding or action involving a resident. The Dean or Associate Dean, PGME may inquire or investigate into matters raised by unsolicited anonymous

materials

- 2.3.3 The use of solicited aggregate anonymous materials/data such as multisource (360-degree) feedback designed to provide clinical performance measures as well as attitudinal and professional behavior assessment of the resident is allowable
- 2.3.4 Assessment must occur on a regular basis as follows:
  - 2.3.4.1 Mid-rotation assessment is very important as it is intended to be formative to guide the resident toward successful completion of the rotation. As such, it is not subject to appeal
  - 2.3.4.2 End-of-rotation assessment must occur and the Rotation Supervisor must discuss the assessment with the resident. The assessment and the encounter with the resident must be documented
  - 2.3.4.3 At least semi-annually, the Residency Program Director or designate must complete an online summary review report for each resident in the Residency Program and must discuss it with the resident at a meeting
    - 2.3.4.3.1 Summary assessments are based on multiple sources such as the following:
      - Rotation Assessments
      - Feedback from health care team members, patients and families
      - In-training and other examination results
- 2.3.5 Assessment must be timely
- 2.3.6 The assessment must meet the specific requirements of the Residency Program
- 2.3.7 The assessment must be appropriate for the competency being assessed
- 2.3.8 Assessment must be based on the rotation-specific goals and objectives
- 2.3.9 The assessment process must include identification of the expected level of resident performance
- 2.4 All Residency Programs must have formal online mid-rotation (MRA) and end-of-rotation assessment tools (ITAR/ITER) which must comply with the following:
  - 2.4.1 Approved by the RPC
  - 2.4.2 Include assessment of the rotation-specific goals and objectives
  - 2.4.3 Available to all residents prior to commencement of the rotation
  - 2.4.4 Include a clear indication of the performance of the residents
  - 2.4.5 Include ability for the resident to sign the assessment and to include comments
- 2.5 Assessments are the property of the resident and the University of Manitoba and will be kept confidential unless patient safety might be compromised in the process or for the purposes of educational handover
  - 2.5.1 Educational Handover to Rotation Supervisors of future rotations must be restricted to areas of deficiency requiring improvement. The decision to allow handover and the specific content must be approved by the RPC
- 2.6 The resident may appeal summative assessments (including ITAR/ITER) with aggregated data from multiple sources

### **3. PROCEDURES – ASSESSMENT (see Appendix 1: PGME Assessment, Promotion process maps)**

3.1 Prior to commencement of a rotation, the following procedures apply:

3.1.1 The resident must be provided with and must review information from their Home Residency Program that clearly outlines the goals and objectives and the assessment processes for the rotation

3.1.2 The resident should meet with the Rotation Supervisor and review the goals and objectives, clinical, academic and professional expectations and duties for the rotation

3.2 At the mid-point of a rotation, the following procedures apply:

3.2.1 For all rotations with a duration of four weeks or greater, the Rotation Supervisor must complete an online mid-rotation assessment (MRA) which should be discussed at a timely meeting with the resident

3.2.1.1 For rotations less than four weeks in duration, the completion of an online mid-rotation assessment is recommended but optional

3.2.2 For residents considered to require improvement or to have unsatisfactory performance at the midpoint of a rotation, regardless of the duration of the rotation, the Rotation Supervisor must complete an online mid-rotation report (MRA) and must discuss it at a meeting with the resident

3.2.2.1 The MRA must clearly state that the resident's performance requires improvement or is unsatisfactory and must outline the specific areas of deficiency that require improvement by the completion of the rotation

3.2.2.2 The resident must electronically verify that they have read the assessment

3.3 At the completion of a rotation, the following procedures apply:

3.3.1 The Rotation Supervisor must complete the online assessment (ITAR/ITER) which must be available to the resident within ten (10) working days of the last day of the rotation

3.3.2 The resident must electronically verify that they have read the assessment

3.3.2.1 The resident has the option of adding any comments to the report

3.3.3 For the resident whose overall performance meets or exceeds the expectations of the rotation, the Rotation Supervisor must discuss the assessment at a meeting with the resident, preferably prior to the last day of the rotation

3.4 For Borderline Rotation Assessments (ITAR), the following procedures apply:

3.4.1 The Rotation Supervisor must immediately inform the Home Residency Program Director that the resident has received a borderline assessment on the rotation

3.4.2 The Rotation supervisor or delegate must discuss the assessment at a meeting with the resident within five (5) working days of the end of the rotation and preferably by the last day of the rotation

3.4.3 The Home Residency Program Director must discuss the assessment with the resident within ten (10) working days of the last day of the rotation. (If completed



within five (5) working days, this may also serve as the meeting as per 3.4.2)

- 3.4.4 While a single borderline assessment is not in and of itself a failure, the Residency Program Director may decide that Remediation is the most appropriate option, which should be documented in a summary review report detailing the context and rationale that justifies the Remediation
  - 3.4.5 Two (2) borderline assessments documented on an ITAR/ITER for a specific rotation must be considered equivalent to an unsatisfactory assessment. This situation constitutes grounds for Remediation, which should be documented in a summary review report detailing the context and rationale that justifies the Remediation
  - 3.4.6 The Home Program Director must notify the Associate Dean, PGME and the Chair, PGME-CESaR (by email or hard copy) upon completion of a summary review report indicating a need for Remediation
- 3.5 For Failed Rotation Assessments (ITAR/ITER), the following procedures apply:
- 3.5.1 The Rotation Supervisor will inform the Home Residency Program Director immediately that the resident has failed the rotation
  - 3.5.2 The Rotation Supervisor or delegate must discuss the assessment at a meeting with the resident within five (5) working days of the end of the rotation and preferably by the last day of the rotation
  - 3.5.3 The Residency Program Director must discuss the assessment at a meeting with the resident within ten (10) working days of the last day of the rotation. (If completed within five (5) working days, this may also serve as the meeting for 3.5.2)
  - 3.5.4 The Residency Program Director will inform the resident that they will require Remediation in light of the assessment
  - 3.5.5 The Residency Program Director will submit a request (email or hard copy) for Remediation, Probation or Dismissal to the Associate Dean, PGME and Chair of PGME-CESaR within five (5) working days of receiving notification of the assessment by the Rotation Supervisor
  - 3.5.6 The decision to request a Remediation should be documented in a summary review report detailing the context and rationale that justifies the Remediation
  - 3.5.7 In the case of an assessment that indicates unsatisfactory resident performance and the Residency Program Director considers there to be a clinical, academic or professional deficiency of a particularly serious nature, then the Residency Program Director must consult the Chair, PGME-CESaR and Associate Dean, PGME for advice with respect to considering Probation/Dismissal
- 3.6 For Incomplete Rotations, the following procedures apply:
- 3.6.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Residency Program Director will record this as an incomplete rotation on the rotation assessment
    - 3.6.1.1 Residents who are demonstrating a pattern of incomplete rotations will be subject to review by the Residency Program Director and/or the Associate Dean, PGME
  - 3.6.2 In order to receive credit on the rotation the resident must complete a Completion rotation and must meet all of the goals and objectives of the rotation, taking both the

original incomplete and the Completion rotation credits into account

- 3.6.2.1 The exact nature and duration of a Completion rotation may vary depending on the nature of the original rotation and the proportion missed, but shall not exceed the duration of the original rotation. This will be determined conjointly by the Rotation Supervisor and the Home Residency Program Director
  - 3.6.2.2 If a resident completes a Completion rotation and passes, then they will receive credit for a pass on one rotation
  - 3.6.2.3 If the resident's assessment is borderline or unsatisfactory on the combination of the incomplete and Completion rotations taken as a whole, then this will be considered to be the equivalent of a borderline or unsatisfactory assessment on the original rotation
- 3.6.3 Length of training will be extended by the duration of incomplete rotation
- 3.7 For summary review reports, the following procedures apply:
- 3.7.1 A summary review report will be completed by the Residency Program Director under the following circumstances:
    - Semi-annually for each resident
    - In the event of a decision to request Remediation, Probation or Dismissal, whether based on global performance or cumulative borderline ITARs
    - As often as determined necessary by the Residency Program Director to document ongoing progress in training
  - 3.7.2 The summary review report will include the resident's strengths and weaknesses and opportunities for improvement
  - 3.7.3 The summary review report will include a recommendation by the Residency Program Director as to the resident's progress in the Residency Program as follows:
    - The resident should continue with no interruption
    - The resident should continue with no interruption but must demonstrate resolution of noted areas of weakness by the next assessment
    - The resident should undertake a Remediation
    - The resident should undertake a Probation
  - 3.7.4 The summary review report may conclude that a resident's performance is deficient based on global outcomes despite the absence of similar outcomes on individual rotation assessment (ITAR)
  - 3.7.5 Upon completion of the summary review report as an online document, the Residency Program Director will arrange a timely meeting with the resident to discuss the report
  - 3.7.6 In the event of a recommendation for Remediation, Probation or Dismissal, the Residency Program Director must comply with the following:
    - Notify the Associate Dean, PGME and the Chair, PGME-CESaR (email or hard copy) immediately
    - Accelerate completion of the summary review report within five (5) working days

of the decision

- Discuss the summary review report with the resident at a meeting within ten (10) working days of the decision

3.7.7 The resident must verify online that they have read each summary review report

3.7.8 The resident may add any pertinent comments to the summary review report

3.7.9 In the case of an unsatisfactory summary review report in which the Residency Program Director considers there to be a clinical, academic or professional deficiency of a particularly serious nature, then the Residency Program Director must consult the Associate Dean, PGME for advice with respect to considering Probation (see Sections 10 and 11)

#### **4. POLICY STATEMENTS – PROMOTION**

4.1 A resident shall be promoted from one level to the next level of training when they have overall met expectations with respect to assessment for all rotations and summary assessments for the preceding academic year

4.2 Time spent on Remediation may or may not be counted toward the total of the thirteen blocks comprising the year of training

4.3 Time spent on Probation ordinarily would not be counted toward the total of the thirteen blocks comprising the year of training

#### **5. PROCEDURES – PROMOTION (see Appendix 1: PGME Assessment, Promotion process maps)**

5.1 The Residency Program Director in discussion with the Residency Program Committee (RPC) must approve all promotions of residents in the Residency Program

5.2 The Residency Program will ensure documentation of the resident's promotion online

5.2.1 Any changes in the resident's starting date for the next year of training must be documented

5.3 For a resident in their final year of training who is expected to successfully complete the Residency Program, the completed and signed Final In-Training Evaluation Report (FITER) must be submitted for signed approval by the Associate Dean, PGME

#### **6. POLICY STATEMENTS – MODIFIED LEARNING PLAN**

6.1 The decision for a resident to undertake a Modified Learning Plan is determined by the Residency Program Committee under the following circumstances:

- When the trajectory of the resident is concerning but a formal Remediation trigger has not yet been encountered
- Resident's status is "*inactive*" but it has been determined that the resident requires a Modified Learning Plan in order to achieve the required competencies upon return from Leave of Absence or Suspension

6.2 A Modified Learning Plan, as a formal educational intervention, must comply with the

following principles:

- 6.2.1 Must be discussed explicitly with the resident
  - 6.2.2 Must be documented formally in the resident's file/electronic portfolio
  - 6.2.3 Must include specific deliverables by the resident
  - 6.2.4 Must include specific educational resources
  - 6.2.5 Must specify a timeline for completion
  - 6.2.6 Must specify the expected outcome
  - 6.2.7 Must include the targeted assessments to demonstrate the expected outcome
- 6.3 The Modified Learning Plan must be designed specifically to meet the needs of the resident and the context of the educational gap and thus it might not have a prescribed content or structure. Therefore, the Modified Learning Plan may include the following:
- Assessments of learning, emotional or general health of the resident
  - A wide range of specific learning resources
  - Various determinants of success for the resident

## **7. PROCEDURES – MODIFIED LEARNING PLAN**

- 7.1 The Residency Program Committee must discuss and will document in the resident's file/electronic portfolio, the specific area(s) of concern and the decision to implement a Modified Learning Plan
- 7.2 The Residency Program Committee will recommend a Modified Learning Plan to the Residency Program Director
- 7.3 The Residency Program Director, or delegate will design a Modified Learning Plan and submit it to the Chair, PGME-CESaR for review (see Appendix 7: Max Rady College of Medicine Modified Learning Plan Template)
- 7.4 The Chair, PGME-CESaR will review the Modified Learning Plan and will make recommendations to optimize the plan, if applicable
- 7.5 The Residency Program Director, or delegate will discuss the final Modified Learning Plan and will enter it into the resident's file/electronic portfolio
- 7.6 The Residency Program Director, or delegate will monitor the resident's progress with the Modified Learning Plan and will assist the resident with implementation, as applicable

## **8. POLICY STATEMENTS – REMEDIATION**

- 8.1 Remediation represents a formal, individualized learning opportunity intended to guide the resident to towards successful attainment of clinical, academic or professional competencies or objectives
- 8.2 A resident is required to undergo a Remediation rotation on the basis of one or more of the following "trigger events":
  - One (1) unsatisfactory rotation assessment

- Two (2) borderline rotation assessments
  - A pattern of consistent deficiency or weakness documented on a summary review report
  - A failing grade on an in-training examination or other progress assessment
- 8.3 The duration of a Remediation must be based on the expected time required to meet the goals and objectives of the Remediation
- 8.3.1 The Maximum allowed total duration of a Remediation for one “trigger event” is one (1) year after which the Remediation is deemed unsatisfactory
- 8.4 The PGME-CESaR and the Associate Dean, PGME must review and approve all Remediation Plans prior to their commencement
- 8.5 In the event that the Residency Program Director determines that a Leave of Absence (LOA) is necessary for a resident during the Remediation, then the Remediation Program is considered incomplete
- 8.5.1 The Remediation Plan will be redesigned upon the resident’s return from the LOA
- 8.6 During Remediation, the resident is allowed to apply to another Residency Program
- 8.7 The resident may appeal the outcome decision only at the conclusion of the Remediation

**9. PROCEDURES – REMEDIATION (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process map)**

- 9.1 The Residency Program Director, in consultation with the RPC must submit a formal request for Remediation to the Associate Dean, PGME and Chair, PGME-CESaR with a copy to the resident, within five (5) working days of the notification to the Program Director of the “trigger event” for the Remediation. The decision to request a remediation should be documented in a summary review report detailing the context and rationale that justifies the Remediation
- 9.1.1 The Associate Dean, PGME or the Chair, PGME-CESaR will confirm if the Remediation is warranted to proceed
- 9.2 The Residency Program Director must submit a formal Remediation Plan to the Associate Dean, PGME and the Chair of PGME-CESaR within fifteen (15) working days of the notification to the Residency Program Director of the occurrence of the “trigger event” for the Remediation. An extension of this timeline may be allowed, upon request to the Associate Dean, PGME in cases of marked complexity. The Remediation Plan must include the following:
- Description of the deficiencies
  - The specific resources being offered and deployed for correcting the deficiencies
  - Duration of the Remediation rotation
  - Intervals for interim assessments
  - Potential outcomes
  - Remediation Supervisor, who is one of the following:
    - One of the Residency Program faculty

- Not the Rotation Supervisor
  - Not administratively involved in the sequence of events that led to the Remediation
- 9.2.1 The PGME-CESaR will review all submitted documents and materials pertaining to the request for Remediation and the formal Remediation Plan from the Program Director in a timely manner and will reach a consensus with respect to approval of the request for Remediation
- 9.3 The PGME-CESaR must review all submitted formal Remediation Plan in a timely manner and must reach a consensus with respect to one of the following:
- Approval of the Remediation Plan without revision
  - Revision and approval of the Remediation Plan
- 9.4 The PGME-CESaR must communicate all Remediation Plan decisions to the Residency Program Director
- 9.5 The formal Remediation Plan must be detailed in conformity with the Remediation Agreement Document of the University of Manitoba, Max Rady College of Medicine and must be signed by the resident, Residency Program Director, Remediation Supervisor, Chair, PGME-CESaR and Associate Dean, PGME (see Appendix 4: PGME Remediation Agreement Template)
- 9.6 The Residency Program Director must discuss the approved Remediation Plan with the Remediation Supervisor prior to implementation
- 9.7 During the interval between the “trigger event” decision and the formal approval by the PGME-CESaR, the Residency Program Director may assign the resident to any of the following, as determined by the circumstances:
- 9.7.1 Commencement of the Remediation as planned - this would be the typical approach but if selected, would apply to initiation of a Modified Learning Plan without the formality of summative assessment or consequences until the Remediation is formally approved
- 9.7.2 Deployment of the resident to a non-Remediation rotation
- 9.7.3 Commencement of LOA if there are any concerns about safety of the resident or patients
- 9.8 The Remediation Supervisor is responsible for monitoring the resident’s progress during the Remediation, as follows:
- 9.8.1 Assessment feedback information from Clinical Supervisors and other teaching faculty is reviewed by the Remediation Supervisor
- 9.8.2 The Remediation Supervisor must meet with the resident regularly to discuss their progress with respect to the Remediation
- 9.8.3 The Remediation Supervisor must report the resident’s progress, including the outcome of the Remediation to the Residency Program Committee
- 9.9 A rotation assessment will be completed for the Remediation rotation
- 9.10 If the resident is given a clear pass on the final Remediation assessment, then they subsequently return to their regularly-scheduled rotations in the Residency Program

- 9.10.1 The time spent during Remediation may or may not be counted toward the final requirements of training
- 9.10.2 The Associate Dean, PGME will exercise discretion in determining whether the Remediation is credited in accordance with the requirements of the RCPSC
- 9.11 If the resident is given a borderline grade on the final Remediation assessment, then the Residency Program Director, in consultation with the Residency Program Committee will recommend to the Associate Dean, PGME, one of the following:
- Return to regularly-scheduled rotations, with a Modified Learning Plan in place
  - An extended Remediation rotation
- 9.12 If the resident is given a failing grade on the final Remediation assessment, then the Residency Program Director, in consultation with the Residency Program Committee will recommend to the Associate Dean, PGME, one of the following:
- An extended Remediation rotation
  - A Probation rotation
  - Dismissal from the Residency Program
- 9.13 The Associate Dean, PGME, in consultation with the PGME-CESaR will consider the recommendations of the Residency Program Director and prior to approval will ensure that all policies and procedures have been followed
- 9.14 The Residency Program Director must complete the Assessment and Outcome sections of the Remediation Agreement Document for review and approval by the Chair, PGME-CESaR and the Associate Dean, PGME

## **10. POLICY STATEMENTS – PROBATION**

- 10.1 Probation is a formal process in which the resident is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Residency Program
- 10.2 A resident may be required to undergo Probation on the basis of one or more of the following “trigger events”:
- One (1) unsatisfactory Remediation rotation assessment or a failure to progress at an interim assessment on a Remediation
  - One (1) unsatisfactory regular rotation assessment, if the clinical, academic or professional deficiency is considered by the PGME-CESaR to warrant immediate Probation
  - Two (2) borderline rotation assessments, if the clinical, academic, or professional deficiency is considered by the PGME-CESaR to warrant immediate Probation
  - A failing grade on an in-training examination, if the deficiency is considered by the PGME-CESaR to be of sufficient gravity to warrant immediate Probation
  - One (1) unsatisfactory summary review report, if the clinical, academic or professional deficiency is considered by the PGME-CESaR to warrant immediate Probation
  - The occurrence of a clinical, academic or professional event or incident that indicates a

deficiency considered by the PGME-CESaR to be either non-remediable or of sufficient gravity to warrant immediate Probation

- 10.3 If it is determined that immediate action is warranted as a result of the “trigger event”, the Residency Program Director or delegate has the option of implementing the Probation procedure in advance of the RPC discussion and decision
- 10.4 In situations where the “trigger event” leading to the possible Probation might cause self-harm to the resident or might pose a threat to the well-being or safety of patients, colleagues, students and/or the staff, the Residency Program Director or delegate must consider immediate Suspension of the resident as an interim measure prior to the RPC Probation discussion and decision
- 10.5 The resident’s participation in the Probation Plan is a prerequisite for ongoing participation in the Residency Program
- 10.6 The resident must fully comply with the conditions with the conditions specified in the Probation Plan
- 10.7 The resident must fully comply with any other conditions for the Probation prescribed by the PGME-CESaR and Associate Dean, PGME
- 10.8 The Residency Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling
- 10.9 In circumstances where the reason for Probation is related to issues of professionalism, the resident must meet with the Associate Dean, Professionalism for counselling
- 10.10 The duration of a Probation should be determined based on the time required to assess and/or to correct the underlying deficiencies
- 10.11 The duration of the Probation rotation shall not be less than four (4) weeks nor exceed twelve weeks
- 10.12 The PGME-CESaR and the Associate Dean, PGME must review and approve all Probation Plans prior to commencement
- 10.13 In the event that the Residency Program Director determines that LOA is necessary for a resident during the Probation, then the Probation is considered incomplete
  - 10.13.1 The Probation Plan will be redesigned upon the resident’s return from the LOA
- 10.14 During Probation, the resident is not allowed to apply for transfer to another Residency Program
- 10.15 The resident may appeal the outcome decision only at the conclusion of the Probation

## **11. PROCEDURES – PROBATION (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process map)**

- 11.1 The Residency Program Director, in consultation with the Residency Program Committee (RPC) will submit a formal request for Probation to the Associate Dean, PGME and Chair, PGME-CESaR with a copy to the resident within five (5) working days of the notification to the Program Director of the occurrence of the “trigger event” for the Probation. The decision to request a Probation should be documented in a summary review report detailing the context and rationale that justifies the Probation
- 11.2 The Associate Dean, PGME or the Chair, PGME-CESaR will confirm if the probation is



warranted to proceed

- 11.3 The Residency Program Director will submit a formal Probation Plan, in conformity with Probation Plan Agreement Document to the Associate Dean, PGME and the Chair, PGME-CESaR within fifteen (15) working days of the notification of the Residency Program Director of the “trigger event” decision of the RPC. The Probation Plan must include the following:
- Identified competency deficiencies on which to focus during Probation (Probation rotation)
  - Time frame for elements of the Probation and overall duration of the Probation
  - The specific resources being deployed for competency attainment during the Probation
  - Probation Supervisor, who shall be appointed by the PGME-CESaR as recommended by the Residency Program Director
  - Potential outcomes of the Probation
- 11.4 The PGME-CESaR will review all submitted documents and materials pertaining to the request for Probation and the formal Probation Plan from the Residency Program Director in a timely manner and will reach a consensus with respect to approval of the request for Probation
- 11.4.1 If the request for Probation is approved, then the PGME-CESaR must reach consensus with respect to one of the following:
- Approval of the Probation Plan without revision
  - Revision and approval of the Probation Plan
- 11.5 The Chair, PGME-CESaR will communicate the Probation Plan decision to the Residency Program Director
- 11.6 The formal Probation Plan must be detailed in conformity with the Probation Agreement Document of the Max Rady College of Medicine, University of Manitoba and must be signed by the resident, Residency Program Director, Probation Supervisor and Associate Dean, PGME
- 11.7 The Associate Dean, PGME and the Chair, PGME-CESaR must approve the Probation Plan decision prior to implementation (see Appendix 5: Max Rady College of Medicine Probation Agreement)
- 11.8 The Residency Program Director must meet with the resident to discuss the approved Probation Plan
- 11.9 The Residency Program Director must discuss the approved Probation Plan with the Probation Supervisor prior to implementation
- 11.10 During the interval between the “trigger event” decision and the formal approval by the PGME-CESaR, the Program Director may assign the resident to any of the following, as determined by the circumstances:
- Commencement of the Probation as planned - this would be the typical approach but if selected, would apply to initiation of a Modified Learning Plan without the formality of summative assessment or consequences until formally approved
  - Deployment of the resident to a remedial rotation to work on achievement of goals and

objectives

- Commencement of LOA if there are any concerns about safety of the resident or patients

11.11 The Probation Supervisor is responsible for monitoring the resident's progress during the Probation, as follows:

11.4.1 Assessment feedback information from Clinical Supervisors and other teaching faculty is reviewed by the Probation Supervisor

11.4.2 The Probation Supervisor must meet with the resident regularly to discuss their progress with respect to the Probation Plan

11.12 The Probation Supervisor must report the resident's progress, including the outcome of the Probation to the RPC which will review the resident's progress to decide on the outcome of the Probation as follows:

- Resident has successfully completed the Probation and may return to the regular Residency Program without the need of a Modified Learning Plan
- Resident requires further Probation
- Dismissal from the Residency Program

11.13 The Associate Dean, PGME in consultation with the PGME-CESaR will consider the recommendation of the Residency Program Director and prior to approval will ensure that all policies and procedures have been followed

11.14 The Residency Program Director must complete the Assessment and Outcome sections of the Probation Agreement Document for review and approval by the Chair, PGME-CESaR and the Associate Dean, PGME

## **12. POLICY STATEMENTS – SUSPENSION**

12.1 Suspension of a resident may be imposed as an interim measure while determining the best definitive course of action in the following circumstances

- There is a breach of the policies, by-laws or codes of conduct and/or suspension of clinical privileges by one of the following:
  - University of Manitoba
  - Shared Health/other relevant Health Authority
  - CPSM
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would cause self-harm to the resident and/or would pose a threat to the well-being or safety of patients, colleagues, students and/or the staff
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would pose a threat to the University of Manitoba, Shared Health/other relevant Health Authority or other property
- Failure of the resident to agree to or comply with an approved Remediation or Probation Plan

- 12.2 When the resident is placed on Suspension, the following principles apply:
- 12.2.1 Licensure and registration with CPSM are inactivated (lifted)
  - 12.2.2 Payment through PMAO might be suspended
  - 12.2.3 Medical malpractice coverage (CMPA) might be suspended
- 12.3 Time-based rotations will continue to be an organizing structure for residency training
- 12.3.1 Depending on the individual circumstance, Suspension might lead to an extension of the resident's training
  - 12.3.2 Limits to overall Residency Program training duration for the resident requiring extension of training will be based on discipline-specific guidelines regarding the typical duration of overall training
- 12.4 The Residency Program Director will advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling
- 12.5 In circumstances where the reason for Suspension is related to issues of Professionalism, resident must meet with the Associate Dean, Professionalism for counselling
- 12.6 The resident may appeal the decision for Suspension from the Residency Program
- 12.7 The University of Manitoba has the authority to implement a Disciplinary Suspension in accordance with the Student Discipline Bylaw

### **13. PROCEDURES – SUSPENSION (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)**

- 13.1 In a situation where a “trigger event” warrants Suspension of a resident, the Residency Program Director, acting on behalf of the Residency Program Committee, must notify the Department Head and the Associate Dean, PGME immediately through formal documentation (email or hard copy), the following:
- The “trigger event” leading to the Suspension
  - The request for the resident’s interim Suspension pending determination of the appropriate subsequent course of action
- 13.2 The Residency Program Director must inform the resident immediately through formal documentation (email or hard copy) of a request for Suspension
- 13.3 The resident should be provided the opportunity of a meeting with the Residency Program Director to discuss the following:
- Reason(s) for the Suspension
  - Expected duration of the Suspension
  - Expected outcome of the Suspension
- 13.4 The request for the resident’s Suspension must be reviewed by the Associate Dean, PGME who will determine the course of action, including one of the following:
- Denial of the request for Suspension
  - Affirmation of the Suspension on an interim basis pending further investigation

- Recommendation of proceeding directly to Remediation, Probation or Dismissal/Withdrawal from the Residency Program
- 13.5 Where a Suspension of the resident is affirmed, the Associate Dean, PGME must conduct a timely investigation of matters related to the “trigger event” that led to the Suspension and thereafter must make a final decision as to how the matters should be addressed
- 13.5.1 The Associate Dean, PGME has the option of requesting the assistance of the PGME-CESaR in the investigation and the final decision with respect to the Suspension
- 13.6 When the resident is placed on or taken off Suspension, the PGME Office must ensure the following:
- Notification of CPSM regarding licensure and registration of the resident
  - Notification of PMAO regarding payment and medical malpractice coverage (CMPA)
  - Notification of PARIM through immediate formal documentation (email or hard copy) that the resident has been placed on Suspension

#### **14. POLICY STATEMENTS – DISMISSAL/WITHDRAWAL (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)**

- 14.1 A resident may be dismissed from the Residency Program under the following circumstances:
- The resident has been given a failing assessment on a Probation Final Assessment
  - Following an unsatisfactory (failing) assessment on a *third* rotation in any given academic year of a Residency Program. A failed Remediation would count toward this total
  - The resident is on an extended Leave of Absence (LOA) or Suspension and it has been determined that successful return to or completion of the Residency Program is unlikely
  - The resident has exceeded or is reasonably expected to exceed the time specified by the Specialty Committee of the RCPSC as the maximum time of training for the Residency Program, pro-rated for part-time training and approved LOA
  - There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would cause self-harm to the resident and/or would pose a threat to the well-being or safety of patients, colleagues, students and/or the staff
  - There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would pose a threat to University of Manitoba, Shared Health/other relevant Health Authority or other property
  - The resident is considered unsuitable for practice on the basis of behaviour that would be considered inconsistent with reasonable standards of professionalism, ethics, competence and judgment
- 14.2 At the discretion of the Associate Dean, PGME the resident may voluntarily withdraw from the Residency Program prior to the decision for Dismissal or at any time for reason(s) independent of Dismissal (PGME Voluntary Withdrawal from PGME Residency Training

Policy)

- 14.2.1 A resident who voluntarily withdraws from the Residency Program may reapply for future postgraduate training at the University of Manitoba
- 14.3 The Residency Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling
- 14.4 In circumstances where the reason for Dismissal is related to issues of professionalism, the resident must meet with the Associate Dean, Professionalism for counselling
- 14.5 The resident may appeal the decision for Dismissal from the Residency Program

**15. PROCEDURES – DISMISSAL/ WITHDRAWAL (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)**

- 15.1 The Residency Program Director, after consultation with the Residency Program Committee must submit a formal (email or hard copy) request for Dismissal to the Associate Dean, PGME within five (5) working days of the notification to the Program Director of the occurrence of the “trigger event “for the Dismissal, including the reason(s) for the request
  - 15.1.1 A copy of the request must be sent to the resident
- 15.2 The Associate Dean, PGME must notify the Chair, PGME-CESaR of the request for Dismissal from the Residency Program immediately
- 15.3 The Chair, PGME-CESaR will convene a meeting of the PGME-CESaR to review and to consider approval of the request for Dismissal within ten (10) working days of notification by the Associate Dean, PGME
  - 15.3.1 If the PGME-CESaR upholds the Dismissal, then the Chair, PGME-CESaR will inform the Associate Dean, PGME immediately through formal documentation (email or hard copy)
- 15.4 The Associate Dean, PGME must present the decision regarding Dismissal to the PGME Executive Committee for final review and approval
  - 15.4.1 If the PGME Executive Committee upholds the decision for Dismissal, then the resident will be dismissed from all further postgraduate training at the University of Manitoba immediately and may not reapply for future postgraduate training at the University of Manitoba
- 15.5 When the resident is dismissed or withdraws from the Residency Program, the PGME Office must ensure the following:
  - Notification of CPSM by formal documentation regarding licensure and registration
  - Notification of PMAO regarding payment and medical malpractice coverage (CMPA)
  - Notification of PARIM by formal documentation (email or hard copy) that the resident has been dismissed/has withdrawn within twenty-four (24) hours of such Dismissal/Withdrawal

**POLICY CONTACT:** Associate Dean, PGME

## REFERENCES

CanERA Excellence in Residency Accreditation- standards of accreditation

<http://www.canrac.ca/canrac/general-standards-e>

University of Manitoba, Governing Documents: Senate Committee on Appeals Policy and Procedure

[http://umanitoba.ca/admin/governance/governing\\_documents/students/senate\\_committee\\_on\\_appeals\\_policy.html](http://umanitoba.ca/admin/governance/governing_documents/students/senate_committee_on_appeals_policy.html)

University of Manitoba, Max Rady College of Medicine, Appropriate Disclosure of Learner Needs (Educational Handover)

[https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user\\_Assessments\\_Attendance\\_and\\_Evaluation](https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation)

University of Manitoba, Max Rady College of Medicine, Resident Appeals - Residency Program and Departmental Process

[https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user\\_Appeals](https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appeals)

University of Manitoba, Max Rady College of Medicine, Student Appeals Policy

[https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user\\_Appeals](https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appeals)

University of Manitoba Student Discipline Bylaw

[https://umanitoba.ca/admin/governance/governing\\_documents/students/student\\_discipline.html](https://umanitoba.ca/admin/governance/governing_documents/students/student_discipline.html)

University of Manitoba – Voluntary Withdrawal from PGME Residency Training Policy

[https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit:pgme\\_policies\\_and\\_procedures](https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit:pgme_policies_and_procedures)

## APPENDICES

Appendix 1: [PGME Assessment, Promotion process maps](#)

Appendix 2: [PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process maps](#)

Appendix 3: [PGME Committee for Education Support and Remediation – Terms of Reference](#)

Appendix 4: [Max Rady College of Medicine Remediation Agreement](#)

Appendix 5: [Max Rady College of Medicine Probation Agreement](#)

Appendix 6: [PGME Voluntary Withdrawal from PGME Residency Training Policy](#)

Appendix 7: [Max Rady College of Medicine Modified Learning Plan Template](#)