Remediation Plan

School of Medicine, Queen’s University

This remediation plan shall be completed by the Program Director in consultation with Residency Program Committee for residents identified as in need of remediation.

It is recommended that Dr. ____________________, a PGY _____, resident in _______________ (name of program) follow a program of remediation for a period of _________ (length), to begin ___________ and end ______________ (dates).

The need for remediation was identified during the ______________ rotation(s) beginning on ___________ and ending on ______________ (dates) at ______________ (location).

☐ This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.

Additional Background: (domain specific, independent remediation need)

Defined Needs: The following specific areas of weaknesses have been identified:

<table>
<thead>
<tr>
<th>Identified areas of weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
</tr>
<tr>
<td>3)</td>
</tr>
</tbody>
</table>

(Add more as required)

Define Objectives: The following objectives have been defined for the purpose of remediation:

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

(Add more as required)
Methods of intervention: During the remediation period, Dr. __________ must: (indicate all that apply)

1) Follow a structured reading program in the area of ________________, paying particular attention to the following (Check all that apply.)

☐ Basic science ☐ Clinical presentation
☐ Pathophysiology ☐ Therapeutics
☐ Management and approach ☐ Evidence based medicine
☐ Other: (e.g. increased protected time) ______________________________

Reading should be done from the following sources: __________________________

2) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), please specify:

___________________________________________________________

3) Follow remedial program (e.g. communication skills, skills training), please specify:

___________________________________________________________

4) Counseling recommended (e.g. A commitment to meet with the Director of Resident Wellness and to participate in any recommended assessments or treatments to try to address these concerns)

___________________________________________________________

5) Other: (e.g. leave of absence, suspension, please specify) _____________________________

___________________________________________________________

Monitoring schedule:

1) Mentor/Academic Advisor (not involved in assessing resident’s performance)
Dr. ______________ (resident) will meet with Dr. __________ at intervals of ________ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

2) Supervisor
Dr. ______________ (resident) will meet with Dr. __________ at intervals of ________ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

3) Program Director
Dr. ______________ (resident) will meet with Dr. __________ at intervals of ________ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.
objectives.

**Documentation of Monitoring Meetings**

The following meeting template *(or reasonable equivalent)* will be used to document all meetings:

<table>
<thead>
<tr>
<th>(a) Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director</td>
</tr>
<tr>
<td>(c) Other, Please specify______________________________</td>
</tr>
<tr>
<td>(d) In attendance:</td>
</tr>
<tr>
<td>(e) Focus of discussion:</td>
</tr>
<tr>
<td>(f) Outcomes/plan:</td>
</tr>
</tbody>
</table>

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is **recommended**

**Documented Outcomes:**
Successful remediation will require Dr. ________________ (resident) to meet listed objectives to the defined level of performance:

<table>
<thead>
<tr>
<th>Expected level of performance</th>
<th>Sources of Evidence (Assessment strategies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives: as listed above</td>
<td>e.g. Documented direct observations, Multisource feedback data, Practice examination, OSCEs, etc.</td>
</tr>
<tr>
<td>Defined expectations in keeping with resident’s year in program. (Describe what that looks like)</td>
<td></td>
</tr>
</tbody>
</table>

Assessment, Promotion, & Appeals Policy
The Residency Program Committee will review all relevant documentation to determine the outcome of the remediation period.

I understand the following about the remediation program:

- The identified areas to be remediated
- The expected level of performance on remediation objectives
- The nature of the remedial program
- The time frame of the remedial program
- The assessment techniques to be used
- The consequences of a successful/failed remediation period
- I have been given the chance to clarify all components of this remediation plan.
- I have access to an independent mentor and I know how to reach him/her

The document *Assessment, Promotion and Appeals* is on the Queen’s University School of Medicine Postgraduate Website and available as a reference


Of note, Section 9 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful remediation period.

Links to Resident Health and Wellness Resources are available here:

[http://meds.queensu.ca/education/postgraduate/wellness/resources](http://meds.queensu.ca/education/postgraduate/wellness/resources)

- I have been made aware of this document

- I have been made aware that further revisions of this plan may be required based on EAB recommendations.

__________________________________  __________________________________
Resident/date                                      Program Director/date

Assessment, Promotion, & Appeals Policy