

MODIFIED LEARNING PLAN TEMPLATE

Modified Learning Plan

School of Medicine, Queen's University

This Modified Learning plan shall be completed by the Program Director in consultation with Competence Committee (RCPSC programs) or Resident Assessment Committee (CFPC programs) for residents identified as in need of additional support.

It is recommended that Dr. _____, a PGY _____, resident in _____(name of program) follow a modified learning plan for a period of _____(length), to begin _____ and end _____(dates). During the modified learning plan period, vacation and other absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the plan.

The need for a modified learning plan 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 learning need)

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

Identified areas of weaknesses
1)
2)
3)

(Add more as required)

Define Objectives: The following objectives have been defined for this plan:

- 1) _____
- 2) _____
- 3) _____

(Add more as required)

Methods of intervention: During the modified learning plan period, Dr. _____ must:
(indicate all that apply – and remove those that don't)

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: _____

The following Reading Journal Template should be used to document reading program progress.

Date	Reading Reference (title and source of reading)	Key concepts taken from reading	Application to patient care & clinical context

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

Dr. X will meet with Dr. Melissa Andrew, Director Resident Wellness ideally prior to the initiation of this Plan, but within two weeks of beginning the plan unless otherwise arranged. **Dr. X** will follow up with Dr. Andrew as needed, based on Dr. Andrew's recommendations. The program will provide protected time during the workday for these meetings. **Dr. X** will provide consent for Dr. Andrew to confirm with the program when this requirement has been met.

Monitoring schedule:

Note: roles and responsibilities may be adjusted to accommodate program structures.

1) Supervisor/Academic Advisor

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify: weekly, biweekly, monthly) during the modified learning plan period to discuss progress.

2) Program Director

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify: weekly, biweekly, monthly) during the modified learning plan period to discuss progress.

Mentor (not involved in assessing resident's performance): (optional)

Dr. _____ has agreed to function in a mentoring capacity during this remediation period.

Documentation of Monitoring Meetings

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

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director
(c) Other, Please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- 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 but not required**

Assessment Plan:

A successful modified learning plan outcome will require **Dr. XXX** fulfill requirements of the assessment plan detailed below. Assessment requirements may be adjusted based on periodic review of resident performance over the course of the plan.

Note: Determination of the outcome of the modified learning plan is made by Competence Committee (RCPSC programs) or Resident Assessment Committee (CFPC programs) based on a comprehensive review of all assessment data and recommendations from the Academic Advisor and Program Director or delegate.

EPAs & Other program requirements	Sources of evidence (Assessments)	Required level of performance
EPA 1(example)	<ul style="list-style-type: none">• 4 supervisor forms	<ul style="list-style-type: none">• Global ratings of achieves or higher

The Competence Committee (RCPSC programs) or Resident Assessment Committee (CFPC programs) will review all relevant documentation to determine the outcome.

I understand the following about the modified learning plan:

- ☐ The identified areas for improvement
- ☐ The expected level of performance on modified learning plan objectives
- ☐ The nature of the modified learning plan
- ☐ The time frame of the modified learning plan
- ☐ The assessment techniques to be used
- ☐ The consequences of a successful/failed modified learning plan period
- ☐ I have been given the chance to clarify all components of this *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

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Links to Resident Health and Wellness Resources are available here:

<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