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## Resident Remediation and Monitoring Guidelines and Procedures

<b>Office of Accountability:</b>	<b>Faculty of Medicine &amp; Dentistry</b>
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<b>Classification:</b>	<b>Residency Training</b>

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### 1. Introduction

All Residents enrolled in programs leading to certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) are registered as Postgraduate Medical Education (PME) students in the Faculty of Medicine & Dentistry at the University of Alberta.

Residents carry out their training responsibilities within a hospital, or other clinical education sites at the appropriate level of training and in accordance with the relevant professional requirements and subject to University regulations and those of the hospital, other clinical

education sites, or health authority. The conditions governing the resident entering and remaining in the residency program are delineated in the Letter of Engagement. .

There are guidelines in place to ensure the systematic collection and interpretation of assessment data on each resident enrolled in a program (See *Resident Assessment Guidelines and Procedures*). Regular in-training evaluations (ITER) and other forms of assessment ensure that residents progressing through programs acquire the necessary knowledge, skills and attitudes required of consultant physicians. Regular assessments enable the resident to adjust their learning strategies to ensure that any weaknesses identified are successfully ameliorated and identified strengths are acknowledged. It is the responsibility of the Program Director (PD) supported by the Training Program Committee to collect and interpret assessment data about each resident enrolled in the program.

The end-of-rotation ITER and other assessment tools should use a 3-point rating scale for global assessment:

1. Meets Expectations;
2. Borderline or Inconsistently Meets Expectations; and
3. Does not Meet Expectations (See *Assessment Guidelines for Postgraduate Medical Education Students*).

A Borderline Assessment is defined as any ITER having a global performance rating of “Borderline” or “Inconsistently Meets Expectations”. Criteria and assessment tools for definition of a Borderline Assessment are be defined by the Program.

An Unsatisfactory Assessment is defined as an ITER having a global performance rating of "Does not meet expectations". Criteria and assessment tools for definition of an Unsatisfactory Assessment are be defined by the Program.

## **2. Scope**

This document provides guidance for dealing with Borderline and/or Unsatisfactory assessments for all time-based residency programs in the Faculty of Medicine & Dentistry at the University of Alberta. In addition, it describes the steps that may be taken when: remediation or monitoring are being considering; requesting a review by the Academic Review Board; or considering a possible requirement to withdraw. This document does not apply to the Family Medicine program, which follows the Triple C Competency based Curriculum. Residents in Family Medicine programs will be covered under a separate Family Medicine Resident Remediation Guidelines and Procedure.

Removal, whether temporarily or permanently from a rotation in the interest of public or workplace health and safety, is covered separately in the University of Alberta’s Practicum Intervention Policy.

### 3. Definitions

- “Academic Year” normally commences July 1 and finishes June 30. A resident may be out of phase and have a starting date other than July 1.
- “Academic Standing” means any matter covered in the Faculty's academic standing regulations as approved by GFC, its Executive or the GFC Academic Standards Committee (ASC) and as published in the University calendar. Academic Standing comprises such matters as continuation in a program, promotion, graduation, and the requirement for a student to withdraw. Unless stated otherwise, changes to academic standing regulations affect new students, continuing students, and students readmitted to a program or Faculty. Students should refer annually to the University calendar for the Academic Standing regulations governing their degree programs.” (University Calendar, Section 23.6)
- “ARB” means the Academic Review Board. The body responsible for reviewing cases of Postgraduate Medical Education (PME) Students in academic difficulty.
- “Associate Dean” means Associate Dean, Postgraduate Medical Education of the Faculty of Medicine & Dentistry, the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education in the Faculty. The Associate Dean reports to the Vice-Dean, Education.
- “Borderline Assessment” means any ITER having a global performance rating of “Borderline” or “Inconsistently Meets Expectations”.
- “Clinical Supervisor” is the most responsible physician to whom a PME Student reports during a given period of time in a rotation (including the physician on call for a service when a PME Student is on call).
- “CFPC” means the College of Family Physicians of Canada. The body is responsible for program accreditation, PME Student credentials and PME Student certification for Family Medicine education programs.
- “CPSA” means the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the medical profession in Alberta.
- “Faculty” means the Faculty of Medicine & Dentistry and includes any person or body who has exercised, is exercising, or will exercise any power of the Faculty. (“faculty” used in the lower case means any staff member in the Faculty who is involved in the training of PME Students).
- “FITER” means the final in-training evaluation report.
- “ITER” means the in-training evaluation report.
- “Letter of engagement” is a legally binding contract signed by the Associate Dean, Postgraduate Dean and the PME student, outlining the conditions governing the PME Student entering and remaining in the residency program.
- “PARA” means the Professional Association of PME Student Physicians of Alberta, the non-profit organization that endeavors to provide effective representation of physicians completing further training in a residency program in Alberta.
- “PGEC” means the Postgraduate Medical Education Committee (PGEC), a committee responsible for the conduct of PME Students in the Faculty of Medicine and Dentistry.
- “PME” means Postgraduate Medical Education.

- “Resident” is a post-M.D. trainee registered in an approved postgraduate training program whose training for that contract term is credited towards certification by the Royal College of Physicians and Surgeons (RCPSC) or the College of Family Physicians of Canada (CFPC).
- “Program” means an accredited Residency Training program in the Faculty of Medicine & Dentistry.
- “Program Director” means the individual appointed by the RCPSC or CFPC, and the University, as the University faculty member most responsible for the overall conduct of the residency program in a given discipline and is responsible to the Head of the Division and Department and to the Associate Dean, Postgraduate Medical Education. As necessary, the Program Director may delegate responsibility for resident activities.
- “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for program accreditation, resident credentials, and resident certification for specialty medicine and surgery education programs.
- “Rotation” means the period of time a resident is assigned to a clinical or research service, for which there are specifically defined learning objectives. These periods of time may be in the form of block rotations, normally not shorter than 1 block and not longer than 6 blocks. Blocks are defined as four-week periods of time. The PME academic year is composed of thirteen blocks. Alternatively, a resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into a longer clinical experience or a model that places emphasis on the attainment of defined competencies somewhat independent from a strictly time-based curriculum.
- “Rotation Supervisor” means the faculty member who has direct responsibility for residents' clinical academic program during the rotation, including the completion of ITERs.
- “RPC” means the Residency Program Committee (also known as Residency Training Committee (RTC)), which oversees the planning for the residency program and overall operation of the program to ensure that all requirements as defined by the national certifying colleges are met; this includes recruitment of residents, evaluation of residents, on-going evaluations of the program including individual clinical supervisors.
- “Unsatisfactory Assessment” means an ITER having a global performance rating of "Does not meet expectations".
- “Vice-Dean” means Vice-Dean, Education, the senior faculty officer responsible for all facets of education in the Faculty of Medicine & Dentistry. The Vice-Dean, Education acts under delegated from the Dean to oversee, the Faculty of Medicine & Dentistry's appeals.

## **4. Monitoring**

### **4.1 Goal of Monitoring**

- When the program is concerned that remediation may be required, but triggers for remediation have not been met (See 5.0), a period of Monitoring can be implemented.
- Monitoring allows for defined and focused observation of weaknesses and deficiencies over a period of time to determine if Remediation is needed.

### **4.2 Monitoring Plan**

- The Program Director and the RPC will develop a formal monitoring plan, with input from the resident.
- The Program Director has the option to seek input into development of the monitoring plan from the PME Office.
- The Program Director will make the final decision regarding the monitoring plan and will inform the resident and the RPC of his or her decision in writing.
- The monitoring plan must be address all of the following elements (see Monitoring Plan Template):
  - Identified areas of weakness requiring monitoring.
  - Expected goals of the monitoring period.
  - The location, supervision, and duration of the monitoring period.
  - Methods for assessment during the monitoring period.
  - Consequences of successful or unsuccessful completion of the monitoring period.
- The resident will be given the opportunity to review and discuss the monitoring plan with the Program Director.
- The resident's signature will indicate his/her agreement to abide by the terms and conditions of the monitoring plan. Once signed by the resident and the Program Director, the monitoring plan will be forwarded to the PME office for approval and processing.

### **4.3 Monitoring Period**

- During the monitoring period, any leaves of absence and all holiday requests must be approved by the Program Director.
- Depending on the specifics of the monitoring plan, a resident is usually able to continue his/her usual training concurrently during the monitoring period.
- Assessment during the monitoring period is as detailed in the monitoring plan.
- At the end of the monitoring period, a monitoring assessment shall be completed. This will attest to the successful or unsuccessful completion of the monitoring. A copy will be forwarded to the PME office within ten (10) working days of the completion date of the monitoring.

#### **4.4 Outcome of Monitoring**

- If the monitoring is successfully completed, the resident will continue in the Program, and will be given academic credit.
- If the monitoring is unsuccessful, the Program Director, in consultation with the RPC and/or PME Office, will confirm that Remediation is needed.

#### **5. Triggers for Consideration of Remediation**

- Consideration of remediation can arise from a global rating other than “Satisfactory” or “Meet Expectations” on an end-ITER or other forms of assessment tools determined by the Program.
- Remediation can result after an unsuccessful period of Monitoring.
- Each Program shall determine the assessment outcomes which can serve as “triggers” whereby remediation may be considered.
- Triggers for consideration of remediation are specific to the Program, and should be documented in the training manual.
- Residents must be aware of triggers for consideration of remediation specific to their Program.

#### **6. Program Action in the Event of Remediation Trigger**

##### **6.1 Process**

In the event of a remediation trigger, the Program Director must meet with the resident to determine if there are extenuating circumstances contributing to the assessment outcome. The face to face meeting with the resident should ideally occur within ten (10) working days of the assessment.

##### **6.2 Possible Outcome**

After meeting with the resident, the Program Director may determine that there are extenuating circumstances leading to the assessment outcome, and that remediation is not needed. The meeting discussion and decision should be documented in writing, and placed in the resident program file as part of the resident academic record.

If the Program Director determines that remediation should be considered the resident must be informed that remediation is being considered, and the subsequent process towards a final decision on the need for remediation.

## **7. Remediation**

### **7.1 Goal of Remediation**

Remediation is designed to assist the resident in addressing identified weaknesses and to correct deficiencies.

### **7.2 Process to Determine Need for Remediation**

Once the Program Director believes that remediation should be considered, the Program Director must submit all relevant documentation in support of remediation for an assessment consultation with the PME Office.

The Program Director should inform the RPC that remediation is being considered, and that an assessment consultation is in progress.

The assessment consultation at this juncture, serves as a process review for the Program Director to determine if there is sufficient grounds and documentation to support proceeding with remediation.

After a review of all relevant documentation, the PME office will make a recommendation to the Program Director regarding remediation.

The Program Director will make the final decision regarding remediation and will inform the resident and the RPC of his or her decision in writing.

### **7.3 Developing the Remediation Plan**

Once it is determined that remediation is needed, the Program Director will seek input from the resident, and will consult with the RPC and the PME office to develop a formal remediation plan.

The RPC and the PME office serve as a resource for the Program Director in the development of the remediation plan.

The Program Director will make the final decision regarding the remediation plan and will inform the resident and the RPC of his or her decision in writing.

The remediation plan must address all of the following elements (see Remediation Plan Template):

- Identified areas of weakness requiring remediation.
- Education plans to address and correct identified areas of weakness.
- Expected goals of the remediation.
- The location, supervision, and duration of the remediation.
- Methods for assessment during the remediation.

- Consequences of successful or unsuccessful completion of the Remediation.

The resident will be given the opportunity to review and discuss the remediation plan with the Program Director.

The resident's signature will indicate his/her agreement to abide by the terms and conditions of the remediation plan. Once signed by the resident and the Program Director, the remediation plan will be forwarded to the PME office for approval and processing.

#### **7.4 Finalization of Remediation Plan by Academic Review Board (ARB)**

If the resident disagrees with the specifics of the remediation plan, the ARB will review and finalize the remediation plan. The resident must be given the opportunity to make a separate written submission to the ARB for consideration (See *Faculty of Medicine & Dentistry Postgraduate Medical Education Academic Review Board*).

The ARB will also review the remediation plan when the PME deems that further review is needed.

In the event of an ARB review, the Program Director must forward the remediation plan and supporting documentation (relevant ITERs, etc.) to the ARB within the timelines detailed in the *Faculty of Medicine & Dentistry Postgraduate Medical Education Academic Review Board* document.

The ARB will finalize the remediation plan which is final and binding on the resident and the Program Director.

The remediation plan must be signed by the Program Director and resident and forwarded to the PME office for approval and processing.

#### **7.5 Remediation Period**

During the remediation period, any leaves of absence and all holiday requests must be approved by the Program Director.

Depending on the specifics of the remediation plan, a resident may be able to continue his/her usual training concurrently during the remediation period.

Assessment during the remediation period is as per detailed in the remediation plan.

At the end of the remediation period, an assessment must be completed to determine if the remediation was successful or unsuccessful. A copy of the assessment will be forwarded to the PME office within ten (10) working days of the completion date of the remediation.



## **7.6 Outcome of Remediation**

If the remediation is successfully completed, the resident will continue in the Program, and will be given academic credit. Remediation may be taken in lieu of electives if this time has not yet been used; otherwise, the resident will continue in the training Program out of phase.

After successful completion of Remediation, the Program can stipulate that the Resident may be required to withdraw from the program in the event of significant recurring deficiency of the same remediated competency.

If the remediation is unsuccessful, the Program Director, in consultation with the RPC and/or PME Office, will determine the consequence. This may include Repeat Remediation (see 8.0), ARB review (see 9.0), or Require to Withdraw (see 10.0).

In cases where a resident is assigned a failure in the remediation or is required to withdraw from his or her Program, the resident shall be informed of the right to appeal the final grade or the requirement to withdraw to the Faculty Academic Appeals Committee.

## **8. Repeat Remediation**

Repeat remediation may be considered if there is definite demonstrated progress made during the initial remediation period despite its unsuccessful completion.

The goal of repeat remediation is to allow another period of time to assist the resident in addressing identified weaknesses and achieving the required competencies.

The Program Director will develop a repeat remediation plan based on weaknesses identified by the remediation assessment, with input from the resident and the RPC.

Sections 7.3 to 7.6 of this document apply when considering repeat remediation.

## **9. Review by the Academic Review Board**

In the event of an unsuccessful completion of remediation, the Program Director can choose to have the ARB review and make recommendation on the most appropriate plan to address and/or correct the weaknesses and deficiencies identified.

The Program Director will forward all relevant documentation (ITERS, previous remediation plan and assessment) to the ARB within the timelines detailed in the ARB Terms of Reference and Function document.

The resident must be given the opportunity to make a separate written submission to the ARB for consideration.

The ARB will review the supplied documentation and decide on the outcome arising from the unsuccessful completion of the remediation plan.

The decision of the ARB is final and binding to all parties except in the case of Requirement to Withdraw (see 10.0 below).

The decision of the ARB will be forwarded to the Program Director, the resident and the PME office.

## **10. Requirement to Withdraw**

### **10.1 Reasons for Requirement to Withdraw**

Requirement to Withdraw may result from:

- Lack of any demonstrated progress during remediation
- More than one unsuccessful completion of remediation
- Recurring significant deficiency in the same competency after a previous successful remediation
- ARB review and recommendation
- In the interest of public health or safety (See Practicum Intervention Policy)
- Criminal activity

### **10.2 Process for Requirement to Withdraw**

In the event of requirement to withdraw, the Program Director forwards the resident's entire academic record to the ARB (via the PME office) to determine if there are sufficient grounds to recommend requirement to withdraw.

The ARB makes the recommendation to the Program Director.

The Program Director makes the final decision on requirement to withdraw after receiving ARB's recommendation and consulting with the RPC.

The Program Director advises the PME Office on the intent for the resident to be required to withdraw.

The Program Director will advise the resident of the decision both in person and in writing. The PME Office must advise AHS administration and CPSA when a resident is required to withdraw.

The resident shall be informed of the right to appeal the requirement to withdraw through the process set out in the *Faculty of Medicine & Dentistry's Academic Appeals Policy for Postgraduate Medical Education Students*.

## **11. Matters Subject to Appeal to the Faculty Academic Appeals Committee**

The Program Director's final decision to fail a Student in a rotation (core or remedial) or a final decision which would affect a Student's Academic Standing in his or her program may be appealed by the Student to the Faculty Academic Appeals Committee. The Program Director is responsible for notifying the Student of the appropriate deadlines. See the *Faculty of Medicine & Dentistry Academic Appeals Policy for Postgraduate Medical Education Students*, Sections 2.0 and 3.0 for deadlines and information relevant to the formal appeal process.

Adapted with permissions in part from PME Evaluations, Promotions, and Appeals Policy, Queens University, and Board of Examination documents, University of Toronto.