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## Remediation Guidelines and Procedures for Residents in Family Medicine Programs

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### 1. Introduction

- 1.1. All residents who are enrolled in programs accredited by the College of Family Physicians of Canada (CFPC) are registered as postgraduate students in the Faculty of Medicine & Dentistry at the University of Alberta.
- 1.2. Residents carry out their training responsibilities in clinical education sites at the appropriate level of training, in accordance with the relevant professional requirements and subject to university regulations and those of the hospital, other clinical education sites or health authority.

- 1.3. The conditions governing the resident entering and remaining in the residency program are delineated in the letter of engagement which is a legally binding contract.
- 1.4. The mechanism in place to ensure the systematic collection and interpretation of assessment data on each Family Medicine resident enrolled in the program is the Competency-Based Achievement System (CBAS).
- 1.5. In addition to continuity of supervision (each resident has a Faculty Advisor throughout the program; in smaller programs, the Program Director may take on this role), documentation of direct observations (FieldNotes in CBAS), regular periodic progress reviews (Periodic Progress Reports) and (where required) in-training evaluation reports (ITERS) are the necessary components of residency training and assessment to ensure that residents progressing through programs acquire the necessary competence required of a practicing family physician.
- 1.6. Regular assessments enable the resident to adjust learning strategies to ensure that any weaknesses identified through FieldNotes and/or other assessment tools are successfully ameliorated and identified strengths are acknowledged.
- 1.7. Ultimately, it is the responsibility of the Program Director with the resident's Faculty Advisor and the Residency Program Committee (RPC) and its subcommittee, the Residency Operations Committee (ROC) to collect and interpret assessment data about each resident enrolled in the program.
- 1.8. The Periodic Progress Report uses a 3-point decision scale for global assessment: "Progressing as Expected", "Focused Attention Required", and "Program Attention Required"; rotation and integrated learning experience ITERS have a 2-point decision scale: "Pass" and "Requires Program Review" (See Policy and Procedure on Assessment).
- 1.9. A less than satisfactory assessment is defined as any ITER with a recommendation of "Requires Program Attention" or Periodic Progress Report having a global performance rating other than "Progressing as Expected".
- 1.10. A satisfactory ITER may have significant written concerns noted despite a "Pass" recommendation. This in itself may trigger a flag to the Program Director.
- 1.11. This document outlines the process in dealing with residents who receive less than satisfactory assessment reports.
- 1.12. It describes the guideline and procedure in the event of indication of need for Remediation, review by Academic Review Board, or possible requirement to withdraw.
- 1.13. Removal, whether temporarily or permanently from a rotation in the interest of public or workplace health and safety, is covered separately in the Practicum Intervention Policy.

## 2. **Definitions**

- "Academic Year" typically commences July 1 and finishes June 30. A resident may be out of phase at start or finish.

- “Associate Dean” means Associate Dean, Postgraduate Medical Education of the Faculty of Medicine and Dentistry, the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the Faculty. The Associate Dean reports to the Vice-Dean, Education.
- “Clinical Supervisor” is the most responsible physician to whom a resident reports clinical problems during a given period of time (including the physician on call for a service when a resident is on call).
- “CFPC” is the College of Family Physicians of Canada. The body is responsible for program accreditation, resident credentials and resident certification for Family Medicine education programs.
- “CPSA” is the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the practice of medicine in Alberta.
- “CBAS” refers to the Competency-Based Achievement System, the framework for assessment in the Family Medicine Residency Program.
- “eCBAS” refers to the online workbook in which FieldNotes and other assessment evidence are stored.
- “Faculty” refers to the Faculty of Medicine & Dentistry (“faculty” used in the lower case means any staff member in the Faculty who is involved in the training of residents).
- “Faculty Advisor” is the supervising physician who is responsible for continuity of assessment for an individual resident throughout the Family Medicine Residency Program. The Faculty Advisor is a surrogate for the Program Director in a large residency program. In small residency programs, the Program Director also acts as the Faculty Advisor.
- “FieldNote” is a form for the documentation of formative feedback given in the workplace.
- “Flagged ITER Reflection Exercise” (FIRE) refers to the family medicine form generated by an ITER summative decision other than “Progressing as Expected” or other concerning report or documentation received by the Program Director.
- “ITER” refers to in-training evaluation report used for assessment of performance on clinical rotations or blocks where the eCBAS system is not accessed.
- “PARA” means the Professional Association of Resident 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” is the Postgraduate Education Committee (PGEC), a committee responsible for the conduct of postgraduate medical education in the Faculty of Medicine and Dentistry.
- “Periodic Progress Report” refers to the summative assessment form that is the product of regularly scheduled meetings every 4 months between the resident and the Faculty Advisor(s) (in Core Family Medicine) or at the discretion of the Program Director (Enhanced Skills programs). The final Periodic Progress Report is a summative decision about whether the resident has successfully completed residency training. The Program Director reads and signs all Periodic Progress Reports, and is ultimately responsible for all assessment and remediation decisions.
- “PME” means Postgraduate Medical Education.
- “Program” means an accredited Residency Training program (or clinical fellowship program) in the Faculty of Medicine & Dentistry.

- “Program Director” is appointed by the Chair of the Department of Family Medicine. The Program Director (PD) is the university faculty member most responsible for the overall conduct of the residency program in Family Medicine. The PD is jointly responsible to the Head of the Division and/or Chair of the Department, to the Associate Dean, Postgraduate Medical Education, and to the CFPC. The Program Director may delegate responsibility for resident activities at distributed sites. The PD is the ultimate decision-maker on assessment, and signs off on all summative assessments submitted by Faculty Advisors.
- “Resident in Difficulty” (RiD) is considered to be any resident who meets any of the following: has had at least one low performance flag; may be passing assessments but is experiencing professional or global educational difficulties; through illness or other causes is absent from the program enough to have an educational impact.
- “Remediation” refers to a period of targeted training with a resident where advisors and preceptors focus specifically and intensively on area(s) where a resident is experiencing difficulty or demonstrating a lack of skills or knowledge. Areas of focus are specified in a signed remediation plan.
- “ROC” refers to the Residency Operations Committee, which advises the PD on selected residents who are identified as Residents in Difficulty. (See TOR of ROC)
- “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.
- “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 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.
- “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 reports to the Dean.

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

- 3.1. Consideration of Remediation can arise from a global assessment rating other than “Pass” on a rotation or horizontal learning experience ITER or “Progressing as Expected” on a Periodic Progress Report or other form of assessment tool determined by the family medicine residency or enhanced skills program (including any final cumulative examination in enhanced skills programs) or a “Stop/Important Correction” FieldNote or a FieldNote flagged for follow-up.
- 3.2. Consideration for Remediation can also be triggered by a documented statement of concern about resident competency shared with the Faculty Advisor, or Program Director or delegate. Verbally shared concerns must be documented before they can be considered triggers.

4. **Program Action in the event of Remediation Trigger**

- 4.1. In the event of a documented concern expressed about a resident the Program Director or designate must send written notification to the advisor and resident expressing the concern that has been identified.
- 4.2. This communication is most commonly in the form of an email sharing the concern and asking that a Flagged ITER Reflection (FIRE) form be completed by the Faculty Advisor and resident and submitted to the Program Director.
- 4.3. The written notification should be sent within five (5) working days of the concern being expressed to the Program Director or designate.
- 4.4. The Faculty Advisor and resident should respond with a signed FIRE to the written notification of concern within ten (10) working days.
- 4.5. Upon notification of a documented concern, the Faculty Advisor and resident should meet to discuss and decide whether:
  - 4.5.1. No further action is required or
  - 4.5.2. Concerns can be addressed in the current scheduled training or
  - 4.5.3. A Focused Attention Agreement or Remediation Plan should be considered
- 4.6. This decision is documented on the FIRE a copy of which is signed by the Faculty Advisor, the resident and the Program Director and placed in the resident file.
- 4.7. Further follow up may be required depending on the plan; any formal plans must be reviewed on the next Periodic Progress Report.

5. **Remediation**

- 5.1. Remediation is designed to assist the resident in addressing identified weaknesses and to correct deficiencies.
- 5.2. Process to determine need for Remediation
  - 5.2.1. Once the Program Director, in consultation with the Faculty Advisor, believes that Remediation should be considered, the Program Director should inform the RPC and the PME Office that Remediation is being considered.
  - 5.2.2. The Program Director or designate, the advisor, and the resident will meet to determine if remediation is needed.
  - 5.2.3. The Program Director, in consultation with the PME Office, will make the final decision regarding Remediation and will inform the resident and the RPC of his or her decision in writing. See 5.3 for the process for the Remediation Plan.
- 5.3. Remediation Plan
  - 5.3.1. Once it is determined that Remediation is needed, the Program Director or designate will assist the Faculty Advisor to develop a Remediation Plan with input from the resident.
  - 5.3.2. In the event of a Remediation Plan that specifies extra learning in an off-service experience, a signature will also be required by the remedial supervisor for that experience.

- 5.3.3. The ROC can serve as a content resource for the Program Director towards development of the Remediation Plan.
  - 5.3.4. If needed, the Program Director may seek input into the development of the Remediation Plan from the ARB and PME Office.
  - 5.3.5. The PME Office must be notified of and approve all Remediation plans.
  - 5.3.6. A Remediation Plan must be in writing and must address all of the following elements using the Remediation Plan Template:
    - 5.3.6.1. Identified areas of weakness requiring Remediation.
    - 5.3.6.2. Education plans to address and correct identified areas of weakness.
    - 5.3.6.3. Expected goals of the Remediation.
    - 5.3.6.4. The location, supervision, and duration of the Remediation.
    - 5.3.6.5. Methods for assessment during the Remediation.
    - 5.3.6.6. Possible consequences of successful or unsuccessful completion of the Remediation.
  - 5.3.7. The resident must be given the opportunity to review and discuss the Remediation Plan with the Program Director, Faculty Advisor, and ROC.
    - 5.3.7.1. If the Remediation Plan is due to professionalism issues, the resident may be asked to schedule a meeting with the PME Assistant or Associate Dean prior to the start of their remediation.
  - 5.3.8. The resident must complete both a pre- and post-remediation reflection exercise and return them to the Program Director. The pre-remediation exercise must be submitted prior to the commencement of the remediation; the post-remediation exercise will be due one week after the remediation completion date.
  - 5.3.9. The resident's signature will indicate his/her agreement to abide by the terms and conditions of the Remediation Plan.
  - 5.3.10. If there is disagreement on the specifics of the Remediation Plan an ARB consultation is needed for a binding decision.
  - 5.3.11. After the resident's signature, the final Remediation Contract must be forwarded to the PME office for approval and processing.
- 5.4. Consultation with Academic Review Board (ARB)
    - 5.4.1. If the resident disagrees with the specifics of the Remediation Plan, the ARB will review and finalize the Remediation Plan.
    - 5.4.2. The resident must be given the opportunity to make a separate written submission to the ARB for consideration. (See ARB Terms of Reference).
    - 5.4.3. In the event of an ARB review the Program Director or designate must forward the recommendation for remediation and/or the Remediation Plan and supporting documentation to the ARB within the timelines detailed in the ARB Terms of Reference Document.
    - 5.4.4. The ARB-finalized Remediation Plan will be forwarded to the Program Director or designate and to the PME office for information.

- 5.4.5. The final Remediation Plan must be signed by the Program Director or designate and resident.
- 5.4.6. The Plan must be forwarded to the PME office for approval and processing.
- 5.4.7. The ARB-finalized Remediation Plan and recommendation for remediation is final and binding on the resident, the Program Director and the PME office.
- 5.5. Remediation Period
  - 5.5.1. During the Remediation period, any leaves of absence and all holiday requests must be approved by the Program Director or designate.
  - 5.5.2. It is expected that residents will confirm with their program regarding previously approved vacation requests.
  - 5.5.3. Depending on the specifics of the Remediation Plan a resident may be able to continue his/her usual training concurrently during the Remediation period.
  - 5.5.4. Assessment during the Remediation period is as per detailed in the Remediation Plan.
  - 5.5.5. At the end of the Remediation period, a Remediation Assessment must be completed.
    - 5.5.5.1. This will attest to the successful or unsuccessful completion of the Remediation.
    - 5.5.5.2. A copy will be forwarded to the PME office within fifteen (15) working days of the completion date of the Remediation.
  - 5.5.6. The resident shall be informed of the right to appeal the assessment during the Remediation period through the process set out in the Faculty of Medicine and Dentistry Academic Appeals Policy.
- 5.6. Outcome of Remediation
  - 5.6.1. In the event of successful completion of the Remediation, the resident continues in the program.
  - 5.6.2. 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.
  - 5.6.3. In the event of an unsuccessful completion of the Remediation, the Program Director or designate, in consultation with the Faculty Advisor, the ROC and/or PME Office, will determine the consequence.
  - 5.6.4. This may include Further Remediation (see 6.0), ARB review (see 6.0), or possible Request to Withdraw (see 8.0).

## 6. **Further Remediation**

- 6.1. Further Remediation may be considered if there is demonstrated progress made during the initial Remediation period despite its unsuccessful completion.
- 6.2. The goal of Further Remediation is to allow another period of time to assist the resident in addressing identified weaknesses and achieving the required competencies.

- 6.3. The Program Director or designate, with input from the Faculty Advisor and (if appropriate) the resident, will develop the further Remediation Plan based on weaknesses identified by the Remediation Assessment and with input from the resident and/or the ROC.
  - 6.4. Further Remediation must be approved by the PME office.
7. **Review by Academic Review Board in the event of unsuccessful remediation**
- 7.1. In the event of unsuccessful completion of Remediation, or other serious issue identified, the Program Director or designate can choose to have the ARB review and make a recommendation on the most appropriate plan to address and/or correct the weaknesses and deficiencies identified.
  - 7.2. The Program Director or designate 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.
  - 7.3. The resident must be given the opportunity to make a separate written submission to the ARB for consideration.
  - 7.4. The ARB will review the supplied documentation and decide on the outcome arising from the unsuccessful completion of the Remediation. This can be Further Remediation (see 6.0) and possible Requirement to Withdraw (see 8.0).
  - 7.5. The ARB decision will be forwarded to the Program Director or designate and the PME office.
  - 7.6. The ARB decision is final and binding on the resident and the Program Director, except in the case where requirement to withdraw was considered.
8. **Possible Requirement to Withdraw**
- 8.1. Possible Requirement to Withdraw may result from either:
    - 8.1.1. Lack of sufficient progress during Remediation
    - 8.1.2. On the recommendation after review by ARB
    - 8.1.3. In the interest of public health or safety (See Practicum Intervention Policy)
    - 8.1.4. Criminal activity
    - 8.1.5. The resident reaching the CFPC recommendation of maximum allowable training time in a competency-based education program (4 years for Family Medicine; double defined training time for Enhanced Skills programs).
  - 8.2. Process for Possible Requirement to Withdraw
    - 8.2.1. In the event of possible requirement to withdraw, the Program Director or designate forwards the resident's entire academic record to the ARB to determine if there are sufficient grounds to recommend Requirement to Withdraw.
    - 8.2.2. The ARB makes the recommendation to the Program Director.
    - 8.2.3. The Program Director makes the final decision on Requirement to Withdraw after receiving ARB's recommendation and consulting with the ROC.



- 8.2.4. The Program Director advises the PME Office on the Intent for the resident to Withdraw.
- 8.2.5. The resident will be notified in writing and in person of the decision by the Program Director.
- 8.2.6. The resident shall be informed by the Program Director of the right to appeal the Requirement to Withdraw through the process set out in the Faculty of Medicine & Dentistry's Academic Appeals Policy.
- 8.2.7. The PME Office must advise AHS administration and CPSA when a resident is required to withdraw.