



Probation Agreement

This Agreement shall be completed for every Resident receiving postgraduate medical education training at the University of Manitoba who has been placed on Probation, prior to the start of each period of Probation. The arrangements described in this agreement are subject to the Faculty of Medicine Postgraduate Medical Education (FPGME) policy entitled: **Faculty Postgraduate Medical Education (FPGME) Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy.**

Any Resident placed on Probation is strongly encouraged to access a mentor, who is not involved in the Resident's direct evaluation and, if necessary, to pursue appropriate counseling.

A copy of this Agreement will be sent to the Associate Dean, PGME.

By signing this Agreement, the Resident indicates that he/she understands the nature and structure of the Probation period. This does not in anyway, preclude the Resident from pursuing an appeal of the decision for Probation.

1. IDENTIFICATION OF PARTICIPANTS

Dr. _____ (hereafter referred to as the Resident), a PGY _____ Resident enrolled in _____ requires a Probation rotation in _____ . The dates of this Probation rotation are from _____ to _____ inclusive.

The Probation Supervisor for this rotation will be Dr. _____ .

2. RATIONALE FOR PROBATION ROTATION

This Probation rotation is required on the basis of one or more of the following:

- Failure to achieve a satisfactory level of competence during the original rotation from: _____ to _____ .
- Recommendation of the Residency Program Committee following a Remediation rotation
- Consistent deficiencies identified on the Resident's summary assessment completed on _____ .
- An unsatisfactory or a failing grade on a Residency Program examination taken on:
- Failure to maintain the standards of professionalism as described in the University of Manitoba, Faculty of Medicine, standards of ethical and professional behaviour, including in particular the following issues:

1. _____
2. _____
3. _____

The following specific areas (specific deficiencies must be documented according to the CanMEDS / CanMEDS-FM competencies: Medical Expert; Communicator; Manager; Health Advocate; Collaborator; Scholar; Professional) for improvement have been identified:

CanMEDS Competency	Specific Areas for Improvement

3. PURPOSE/OBJECTIVES OF THE PROBATION ROTATION

The purpose of the Probation Rotation includes the following:

- To provide a period of focused education to enable the Resident to meet the _____ Goals and Objectives for PGY _____ Level
- To provide a period of focused education to:

- To undertake a focused assessment of clinical, technical, communication or other skill
- Other:

4. PROBATION PLAN

Specifically, the Probation Plan will focus on meeting the goals and objectives related to the following:

- | | |
|---|--|
| <input type="checkbox"/> Medical Expert | <input type="checkbox"/> Communicator |
| <input type="checkbox"/> Collaborator | <input type="checkbox"/> Health Advocate |
| <input type="checkbox"/> Scholar | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Professional | |

During the Probation rotation, the Resident agrees to complete the objectives indicated in this section, as follows:

- Continue to meet all of the goals and objectives of the Residency Program appropriate to the level of training
- Continue to meet all specific rotational goals and objectives of the particular rotation for which Probation is required (if any)
- Meet the specific Probation Plan goals and objectives outlined in following table:

PROBATION PLAN				
Probation Period	CanMEDS Competency	Goals and Objectives	Learning or Teaching Strategy	Assessment Of Achievement
To:				
To:				
To:				
To:				
To:				
To:				
To:				
To:				

5. MONITORING OF PROBATION ROTATION AND RESIDENT ASSESSMENT

The Resident will meet with the Probation Supervisor at _____ intervals to discuss progress, the degree to which the goals of the Probation rotation are being met, and what the Resident needs to do to meet them by the end of the Probation rotation.

The Probation Supervisor will provide a written summary of these meetings and a Progress Report/Table to the **Chair of the Probation Committee**.

The Probation Supervisor will complete and sign the Assessment at the end of this document to attest to whether the Resident has achieved a pass, borderline or unsatisfactory assessment for the Probation rotation.

The Resident will participate in the following examinations and/or assessments (indicate names and dates/intervals)

- 1. _____
Name of Examination/Assessment _____ *Date*
- 2. _____
Name of Examination/Assessment _____ *Date*
- 3. _____
Name of Examination/Assessment _____ *Date*

6. RESOURCES TO BE PROVIDED BY THE PROGRAM FOR THE PROBATION ROTATION

The Probation Supervisor will be available to the Resident to provide advice and guidance with meeting the Probation goals and objectives.

Specifically, the Residency Program Director and the Probation Supervisor will assist the Resident in meeting the goals and objectives of the Probation rotation by providing or by coordinating the following (check all that apply):

- One-on-one clinical teaching - _____ hours per week
- Direct supervision and instruction in procedural skills
- Counseling regarding professionalism
- Didactic sessions - _____ hours per week

Other:

- _____
- _____
- _____
- _____

7. OUTCOME OF THE PROBATION ROTATION

When the Resident has completed the Probation rotation, the Probation Committee will recommend one of the following outcomes to the Associate Dean, PGME, based on the Resident's performance and the extent to which the goals of the Probation rotation were met by the Resident:

- Reinstatement as a Resident in the Program, with the period of training extended. For the purposes of determining the end of training date, the success of the Probation will be considered to result in a pass on the original failed rotation (if any), and the time Probation will not count toward the fulfillment of the requirements of training.

- Extension of the Probation, the specific time frame and additional goals of which will be detailed in the Probation rotation assessment.

- Dismissal from the Residency Program

SIGNATURES

By signing this Agreement, the Resident indicates that he/she understands the nature and structure of the Probation rotation. This does not preclude the Resident from pursuing an appeal of the decision for remediation.

Signature of the Chair of the Probation Committee

date

Signature of the Resident

date

Signature of the Probation Supervisor

date

Signature of the Residency Program Director

date

Signature of the Associate Dean, PGME

date

PROBATION ROTATION FINAL RESIDENT ASSESSMENT

University of Manitoba, Faculty of Medicine, FPGME Probation Committee

This form has been completed by the Probation Supervisor, and the Chair of the Probation Committee, as indicated below. It has been ratified by the Probation Committee on _____ (date), as reflected in the minutes of the Probation assessment meeting.

Taking all of the specific information below into account, the Resident's performance on this Probation rotation is deemed to have been as follows:

- Satisfactory**
 Borderline
 Unsatisfactory

1. FINAL RECOMMENDATION BY RESIDENCY TRAINING COMMITTEE

The recommendation of the Residency Program Committee to the Associate Dean, PGME is:

- Reinstatement as a Resident in the Residency Program, with the period of training extended by an interval of _____ weeks
- Extension of the Probation to meet specific objectives and/or to provide specific resources not provided by this Probation rotation, as detailed in the attached supplementary Probation Agreement.
- Dismissal from the Residency Program

2. SPECIFIC ASSESSMENT

With specific reference to the Probation goals and objectives set out in the Remediation Agreement, the outcome of the Probation rotation is as follows:

Specific Area for Improvement <i>(all areas identified in section 2 Rationale must be included)</i>	Resolved	Partially resolved	Not resolved
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific Area for Improvement <i>(new areas identified during the Probation rotation)</i>	Resolved	Partially resolved	Not resolved
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the purpose of the Probation rotation was to correct deficiencies of a specific failed rotation, then the Probation Supervisor will complete a rotation evaluation for that rotation using the Residency Program's assessment form (ITER) for that rotation, on which the Probation Supervisor will document the degree to which the Resident has met the originally stated goals and objectives of the particular rotation.

Specific Objective <i>(All objectives indicated in section 4 Probation Plan must be included)</i>	Fails to meet expectations	Inconsistently meets expectations	Meets expectations	Sometimes exceeds expectations	Consistently exceeds expectations
General Program Objectives					
Specific Rotational Objectives from Original Rotation (if any)					
Medical Expert					
Communicator					
Collaborator					
Manager					
Health Advocate					
Scholar					
Professional					
Other					

