

**Probation Plan
Residency Training Program
University of Ottawa**

This probation plan shall be completed for every resident on probation in the Faculty of Medicine, prior to the start of each period of probation. The arrangements described in this plan are subject to the Faculty of Medicine policy entitled: Policies and Procedures for the Evaluation of Postgraduate Trainees. It is further recommended that any resident placed on probation should have access to a mentor, who is not involved in the resident's direct evaluation and, if necessary, that appropriate counselling be arranged.

By signing this document (last page), the resident indicates that he/she understands the nature and structure of the probation period. This does not in any way, preclude the resident from pursuing an appeal of the decision for probation, according to the Faculty of Medicine's Policies and Procedures for the Evaluation of Postgraduate Trainees and the Appeal Mechanism. An appeal must be submitted in writing to the Program Director.

Dr. _____, a PGY __ resident in _____ (name of program) is hereby being placed on probation from _____ to _____. The reasons for being placed on probation are: (check off all applicable points)

- failure to achieve a satisfactory level of competence during the following rotation(s)

_____ (service) from _____ to _____ (dates).

(add more if necessary)

- consistent difficulties identified throughout residency training in the following areas:

- Inadequate attention to, or, failure to maintain the standards of the profession as described in the Faculty's Standards of Ethical and Professional Behaviour, including in particular, the following points:

The following specific weaknesses have been identified:

1. _____

2. _____

3. _____

4. _____

5. _____

(add more as necessary)

PROBATION PLAN FOR Dr. _____

I. Objectives of the Probation:

A. The Resident:

During the probation period, Dr. _____ agrees to:

1. Increase their reading in the area of _____, paying particular attention to the following (*Check all that apply.*)

- basic science
- clinical presentation
- pathophysiology
- management and approach
- evidence based medicine
- therapeutics

other: _____

Reading should be done from the following sources:

2. Improve their clinical performance by:

3. Improve the following behaviors during clinical rotations:

- Interactions with patients
- Interactions with peers
- Interactions with allied health professionals
- Interactions with faculty and attending staff
- Punctuality / Accessibility / Participation
- Sense of Responsibility
- Other _____

4. Participate in examinations: (*specify type, frequency*) _____

PROBATION PLAN FOR Dr. _____

5. Meet with Dr. _____ at _____ (*specify: daily, weekly, monthly*) intervals during the probation period to discuss progress and ongoing objectives.

6. Other: (*specify*) _____

B. The Probation Supervisor:

During the probation period, Dr. _____ (*probation supervisor*) agrees to:

1. Provide supervision of Dr. _____ during the probation period from _____ to _____.
2. Meet with Dr. _____ weekly to review and discuss progress or lack thereof in attaining the objectives of the probation, and to keep records of these meetings, and to submit these weekly to the resident's program director.

3. Help Dr. _____ in achieving the objectives of probation by:

(*check all that apply*):

- Clarifying the difficulties the resident is having with knowledge base
- Providing extra teaching in clinical matters
- Providing supervision and training in procedural skills
- Counselling regarding attitudes
- Directing the resident to other specific sources of information on teaching
- Assessing Dr. _____ by means of _____
- Other: _____

4. Attest at the end of the probation period whether the resident has or has not met the objectives of the probation period.

PROBATION PLAN FOR Dr. _____**II. Outcome of the Probation:**

Upon completion of the probation period, the following outcome may occur, as determined by the Residency Program Director, in consultation with the Residency Program Committee, depending on the resident's performance: (*Check all possible outcomes*)

- Reinstatement as a resident in the program with no loss of time or extension of training.
- Reinstatement as a resident, with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance.
- An additional period of probation
- Dismissal from the program
- Other (specify): _____

III. Signatures:

By signing this document, the resident indicates that he/she understands the nature and structure of the probation period. This does not in any way, preclude the resident from pursuing an appeal of the decision for probation, according to the Faculty of Medicine's Policies and Procedures for the Evaluation of Postgraduate Trainees.

By signing this document (last page), the resident indicates that he/she understands the nature and structure of the probation period. This does not in any way, preclude the resident from pursuing an appeal of the decision for probation, according to the Faculty of Medicine's Policies and Procedures for the Evaluation of Postgraduate Trainees and the Appeal Mechanism. An appeal must be submitted in writing to the Program Director.

signature of resident

date

signature of probation supervisor

date

signature of program director

date

*signature of Associate Dean or Delegate, PGME
Faculty of Medicine, University of Ottawa*

date

Approval by Faculty Evaluation Subcommittee

date

**Final Outcome of Probation
Residency Training Program
University of Ottawa**

This form has been completed by the Program Director and has been ratified by the Residency Training Committee at its meeting of: _____ (date).

Dr. _____ has completed a period of probation from _____ to _____.

The final outcome of the period of probation is as follows:

Specific areas of weaknesses	Resolved	Partially resolved	Not resolved
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- 1.
- 2.
- 3.
- 4.
- 5.

Specific Objectives of the period of probation	Exceeds Expectations	Fully Meets Expectations	Fails to meet of the Expectations
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1. Reading and demonstration of core knowledge
2. Clinical performance
3. Interactions with
 - a) patients
 - b) peers
 - c) allied health professionals
 - d) attending staff
 - e) other
4. Punctuality/ Accessibility/ Participation
5. Sense of Responsibility
6. Other: (*specify*) _____

Add additional pages as required

Signatures on next page

Final Outcome of Probation for Dr. _____

New Weaknesses identified since the period of probation began (if any):

1. _____

2. _____

Final Outcome of the period of probation:

Overall, the period of probation is considered:

successful # unsuccessful

The result of the period of probation is:

- Reinstatement as a resident in the program with no loss of time or extension of training
- Reinstatement as a resident, with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance. The extended period of training will occur from _____ (date) to _____ (date).
- An additional period of probation, from _____ (date) to _____ (date).
- Dismissal from the program, effective: _____ (date)
- Other (specify): _____

Comments: (by Program Director or resident):

Signatures:

By signing this document, the resident indicates that he/she has met with the program director to discuss the final outcome of the period of probation, and has reviewed this document. This does not, in any way, preclude the resident from pursuing an appeal of the final outcome of probation, according to the Faculty of Medicine Policy on Evaluation.

By signing this document (last page), the resident indicates that he/she understands the nature and structure of the probation period. This does not in any way, preclude the resident from pursuing an appeal of the decision for probation, according to the Faculty of Medicine's Policies and Procedures for the Evaluation of Postgraduate Trainees and the Appeal Mechanism. An appeal must be submitted in writing to the Program Director.

_____	_____
<i>signature of resident</i>	<i>date</i>

_____	_____
<i>signature of probation supervisor</i>	<i>date</i>

_____	_____
<i>signature of program director</i>	<i>date</i>

_____	_____
<i>signature of Associate Dean or Delegate, PGME Faculty of Medicine, University of Ottawa</i>	<i>date</i>