

**McMASTER UNIVERSITY  
POSTGRADUATE MEDICAL EDUCATION  
POLICY AND PROCEDURES  
FOR THE EVALUATION OF POSTGRADUATE STUDENTS' PERFORMANCE**

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## **I. PREAMBLE**

The purpose of evaluating students is, two fold:

1. to assess their individual strengths and weaknesses in order that they may further develop their strengths and address their weaknesses
2. and to ensure that the graduates of the program meet or exceed defined levels of competence.

Evaluations should be based on both program and rotation specific goals and objectives. They should be both formative and summative and not a one-time report card. Evaluation should encourage continuous quality improvement and form the basis for an educational prescription for the student. It should not be punitive in nature.

The process of evaluating students must be fair and based on objective tools. The process should ensure that evaluations are constructive, accurate, timely and delivered in a face-to-face manner. Evaluation is a process that requires active participation of the faculty and student in order to share information. Once an evaluation has occurred it is important that the documentation is both entered and reviewed in a timely manner by the faculty and student.

This policy takes effect July 1<sup>st</sup>, 2009 for all new and outstanding matters, which have proceeded under the previous policy.

## **II. PURPOSE**

The purpose of this policy is:

- To provide minimum process and substantive standards for the evaluation and remediation, where necessary, of postgraduate students in order to ensure consistency with the standards of Faculty of Health Sciences, McMaster University, the requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC) / the College of Family Physicians of Canada (CFPC) and the College of Physicians and Surgeons of Ontario (CPSO).
- To provide minimum process and substantive standards for an appeal of a decision made through the evaluation process in order to ensure objectivity, fairness and consistency of treatment among students.

## **III. SCOPE**

This policy applies to all postgraduate students (Residents and Fellows) who are registered with the Postgraduate Medical Education Office, (collectively "Students"). All matters surrounding evaluation will fall within the jurisdiction of the Postgraduate Medical Education Office, Faculty of Health Sciences, McMaster University. Postgraduate Students do not have access to the University Senate process.

## **IV. DEFINITIONS**

### Clinical Supervisor:

The most responsible staff physician to whom the Student reports.

### Clinical Teaching Unit (CTU) Director:

The staff physician who is responsible for the overall functioning of the teaching unit. (It is recognized that in some departments the CTU Director and the Clinical Supervisor may be the same individual.)

Program Director/Home Program Director:

The Program Director of the Student's program who is the officer responsible for the overall conduct of the integrated residency program in a discipline, reporting to the head of the department concerned and to the Assistant Dean, Postgraduate Medical Education, for the Faculty.

Assistant Dean, Postgraduate Medical Education (or Postgraduate Dean):

The officer responsible for the overall conduct and supervision of postgraduate medical education within the Faculty, reporting to the Associate Dean (Education).

Dean, Faculty of Health Sciences

The officer responsible for all matters within the Faculty of Health Sciences

Appeals Review Board (ARB):

Is an arm's length body that adjudicates appeals and academic decisions that have been reviewed at the Program level (Level 1 Appeal). The ARB:

- Adjudicates and investigates on behalf of the Postgraduate Medical Education Office, Residency Program committees and/or the Assistant Dean, Postgraduate Medical Education concerning:
  - Level 2 appeals.
  - the dismissal, failure, suspension of postgraduate medical students.

Education Advisory Board (EAB)

Is an arm's length body that assists the programs and residents on academic matters. The EAB:

- Acts on behalf of the Postgraduate Medical Education Office:
- Acts as an educational advisor for residents and programs.
- Considers the performance of any Student whose name has been referred to it by a Program Director, and/or Residency Program Committee or by the Assistant Dean, Postgraduate Medical Education.

**V. EVALUATION PROCESS**

*Beginning of the rotation*

1. The Clinical Supervisor or CTU Director should meet with the Student at the beginning of the rotation to discuss the evaluation process, and in particular, should discuss the following:
  - a. delineate the Student's role during the rotation;
  - b. outline the duties and responsibilities expected of the Student;
  - c. outline the goals and objectives of the program and rotation, with reference to the standards of the RCPSC or the CFPC;
  - d. explain the structure and interrelationships of the health care team, where

- appropriate; and
- e. advise the student on what evaluation tools will be used in the evaluation process, the prescribed evaluation format particular to the Student's home program, how the ITER (in-training evaluation report) is completed and the timing of evaluations (including on-going informal feedback, the mid-rotation evaluation and the ITER).

*During the rotation*

2. The Clinical Supervisor should provide regular ongoing informal feedback to Students during the rotation.
3. Normally, a mid-rotation evaluation is recommended; however, where concerns or deficiencies regarding a Student's performance arise during a rotation, a formal mid-rotation evaluation must take place. The Clinical Supervisor should meet with the Student to discuss the concerns or deficiencies. This face-to-face meeting should occur as soon as reasonably possible during the rotation (generally within two weeks of the midpoint date) so that the Student has an opportunity to address and correct such concerns or deficiencies. A mid-rotation ITER will be completed and provided to the Student in a timely manner.
4. For rotations longer than 3 months the interval between written evaluations should be no longer than 3 months and a formal, documented mid-unit evaluation must take place.

*End of the rotation*

5. It is the responsibility of the Clinical Supervisor, and ultimately the Home Program Director, to ensure that an ITER is completed and submitted for each Student for each rotation.
6. In completing the ITER, the Clinical Supervisor should draw on the feedback of other members of the health care team; the Clinical Supervisor should synthesize all information (e.g., correspondence) received from the team about the Student's performance during the rotation.
7. Within each domain and for each goal and objective on the ITER, there may be several levels of competence identified. However, the overall (summative) evaluation on the ITER should indicate one of the following designations:

<b>Satisfactory</b>	Student has successfully met the goals and objectives of the rotation
<b>Provisional Satisfactory</b>	Student has <b><i>demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies</i></b> identified in the rotation objectives, or any other requirement of the rotation, and that while such deficiencies require remediation, <b><i>they are not so severe to necessitate the Student repeating the entire rotation</i></b> ; the Clinical Supervisor believes that the Student can satisfy the deficient rotation objective(s) or requirement(s) during other rotations.
<b>Unsatisfactory</b>	Student has <b><i>demonstrated significant deficiencies in one or more</i></b>

	<p><i>of the RCPSC/CFPC competencies</i> identified in the rotation objectives, or any other requirement, and the Clinical Supervisor believes that the rotation objective(s) or requirement(s) <b><u>can only be reasonably met by remediation and having the Student repeat the entire rotation.</u></b> (For example, a designation of “Unsatisfactory” is appropriate and remediation is necessary where the deficiency is in the “Medical Expert” category of the rotation.)<sup>1</sup></p>
<b>Incomplete</b>	<p>“Incomplete” indicates that the Clinical Supervisor has been <b>unable to properly and fully evaluate the Student because the Student’s time spent on the rotation was insufficient</b>, for whatever reason, e.g. illness, extenuating circumstances etc.<sup>2</sup> <b><u>As the rotation is incomplete, time will have to be made up to fulfill the requirements of the rotation.</u></b></p> <p>As a guideline, a designation of “Incomplete” may be appropriate where the Student has not spent at least 50% of the required time on the rotation. Even where a designation of “Incomplete” is indicated, the Clinical Supervisor should complete the ITER in order to document the Student’s time spent in the rotation and the Student’s performance during that limited time.</p>

8. Prior to the end of the Student’s rotation, the Clinical Supervisor should meet with the Student to discuss and review the completed ITER and all supporting documentation, which documentation is necessary to substantiate the ITER. Where a designation of “Unsatisfactory” or “Provisional Satisfactory” is indicated, the supporting documentation should include an identification of the Student’s deficiencies and, if appropriate, the Clinical Supervisor’s recommendation for remediation.
9. The Clinical Supervisor should sign (by written signature or electronically) and date the ITER and ask the Student to do the same. The Student should be advised that his/her signature does not imply agreement with the ITER but simply signifies that s/he has read it. The Student may add comments to the ITER, e.g. to indicate agreement or disagreement or to clarify specific points.
10. It is the responsibility of the Clinical Supervisor to ensure that the Home Program Director receives a signed copy of the ITER and all supporting documentation.
11. In exceptional circumstances where it is not possible for the Clinical Supervisor to meet with the Student prior to the end of the rotation, the Clinical Supervisor should attempt to meet with the Student as soon as possible thereafter. If the Clinical Supervisor and Student have not met within 10 working days after the

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<sup>1</sup> It is recognized that it is legitimate for a Program Director to inform the College of Physicians and Surgeons of Ontario or other authority that an unsatisfactory evaluation has been given. If an appeal is underway that should be indicated. If the results of the appeal are known then they must be indicated as well.

<sup>2</sup> Students should be aware that time away from rotations (e.g., vacation, professional leave, etc.) exceeding one week per one month rotation period may interfere with the acquisition of the competencies outlined by the goals and objectives of the rotation. While ultimately, the PAIRO collective agreement regulates time allowed away from rotations, students/residents and faculty are advised to consider this when requesting or authorizing time away from the rotation.

end of the rotation, the Clinical Supervisor should proceed to send the Home Program Director a copy of the ITER and all supporting documentation, including any documentation which evidences the Clinical Supervisor's failed attempt(s) to meet with the Student.

12. It is expected that a student will review his or her evaluation either on-line through Webeval or in paper format within 20 working days from the end of the rotation.

**VI. DESIGNATION OTHER THAN SATISFACTORY  
(PROVISIONAL SATISFACTORY, UNSATISFACTORY, INCOMPLETE)**

1. In all cases, the Home Program Director and Student should meet as soon as reasonably possible to discuss and review the ITER and all supporting documentation. This may lead to discussion at the Residency Program Committee.
2. The Student may elect to accept or reject the designation. If s/he elects to reject the designation, s/he may appeal the designation at Level 1 Appeals – Program Level, in accordance with Section VII (Appeals).

**Remediation Plan**

3. If the Student accepts the designation, a Remediation Plan designed to address the Student's deficiencies should be implemented as soon as possible.
4. The terms of the Remediation Plan shall be subject to the agreement of the Student, the Home Program Director and the Clinical Supervisor but should include:
  - a. Nature of the Remediation Plan;
  - b. A statement of the expected outcomes of the rotation;
  - c. Identification of the areas of deficiency;
  - d. Defined time frame for completion of the Remediation Plan;
  - e. Specification of how the Remediation Plan will be evaluated; and
  - f. Consequences of receiving a designation of "Unsatisfactory".
5. The Home Program Director shall provide a copy of the ITER and Remediation Plan to the Education Advisory Board and to the Student's file. The EAB will review the Remediation Plan and may or may not offer comments.
6. The Student and/or the Home Program Director may request the assistance of the Education Advisory Board in designing the Remediation Plan. Such requests should be made in writing to the Postgraduate Medical Education Office, outlining any specific concerns. The Postgraduate Medical Education Office will facilitate a meeting of the Education Advisory Board. (see below, *Meeting of the EAB*).
7. If the Student completes the Remediation Plan with a designation of "Satisfactory", as determined by the Home Program Director, then the Student will proceed in the program and the Home Program Director will notify the Education Advisory Board of the outcome. The documentation surrounding the remediation will remain part of the Student's file.

### **Meeting of the EAB**

8. In the event that the program requests assistance of the Education Advisory Board (as noted in #6 above), the EAB shall review the past performance of the Student with reference to documentation presented by the Home Program Director and the Student. Additional information may be presented to the EAB at the time of the meeting.
9. The purpose of the meeting will be to gather information to assist the EAB in developing recommendations and strategies that will help address the Student's issues. The Student will be offered the opportunity to invite an individual for support.
10. The Chair of the EAB shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the EAB's discussion and recommendations.
11. The Home Program Director and/or the Student may wish to discuss the recommendations made by the EAB, with the Assistant Dean, Postgraduate Medical Education.

### **Remediation is designated Provisional Satisfactory, Unsatisfactory, or Incomplete**

12. If the Student completes the Remediation Plan with a designation of Provisional Satisfactory, Unsatisfactory or Incomplete, then the case would be reviewed by the Residency Program Committee. The Student may, at any time, elect to reject the designation, within the Appeal guidelines as outlined in the Level 1 Appeals – in accordance with Section VII.
13. The RPC should review and make one of the following recommendations to the Assistant Dean, Postgraduate Medical Education:
  - a. the Student be allowed to continue in his / her normal program;
  - b. the Student be allowed to continue in a modified program to be designed by the Student, the Home Program Director and the Clinical Supervisor, and approved by the Education Advisory Board;
  - c. that the Student be dismissed from the program; or
  - d. any other recommendation deemed by the Residency Program Committee to be just and reasonable in the circumstances.

The Program Director will advise the Assistant Dean, Postgraduate Medical Education of the RPC's decision, in writing.

14. In the case where the recommendation has been made that the Student be dismissed from the program, or any other recommendation from the Residency Program Committee, the Assistant Dean, PGME has the authority to request a meeting of the Appeals Review Board (ARB). The Assistant Dean, PGME, will advise the Student and the Home Program Director, in writing, of a decision to convene the ARB.

15. A meeting of the Appeals Review Board will be convened for the purpose of reviewing the case and making a recommendation to the Assistant Dean, Postgraduate Medical Education, of a course of action in respect of the Student's continued participation in the program. (Refer to Level 2 Appeals - Appeals Review Board (ARB), page 9).
16. The Assistant Dean, Postgraduate Medical Education, may suspend<sup>3</sup> the Student, without loss of pay, from all activities involving the care or investigation of patients, pending the findings and recommendations of the Appeals Review Board.
17. The Appeals Review Board will make written recommendations to the Assistant Dean, PGME and the Assistant Dean will make a decision based on those recommendations. (Refer to page 10, Decision of the Assistant Dean.)

## **VII. APPEALS**

### **Level 1 Appeals – Program Level**

*(Within 15 working days after having become aware of the decision under appeal.)*

1. A Student may submit an appeal, in writing, to the Home Program Director in respect of any process or substantive decision (i.e. decisions involving academic judgment or specialty specific skills) arising out of the Evaluation Process, including a decision to indicate a designation other than "Satisfactory" on the Student's ITER.

All appeals submitted at Level 1 must include a written statement from the Student clearly stating the decision(s) under appeal, providing detailed reasons why the decision is thought to be incorrect or inaccurate, and the desired result. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.

2. Level 1 Appeals should consider both the procedure of the evaluation as well as the substantive content.
3. *For decisions in respect of rotations within the Student's specialty*, the Student's home program appeals process will apply.<sup>4</sup> Other rotations may be arranged within McMaster teaching hospitals or at another academic centre to provide second opinions regarding specialty specific ability. This would be mutually agreed upon by student and program.

For appeals in respect of process and substantive decisions, if the appeal is denied, it may proceed to Level 2 Appeals – Appeals Review Board, in accordance with this Section VII.

4. *For decisions in respect of rotations outside the Student's specialty*, the Home Program Director should consider the appeal and will consult the Clinical Supervisor and / or the Program Director of that rotation, along with other appropriate individuals, e.g., the CTU Director. If the appeal is denied, the

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<sup>3</sup> See Appendix A in respect of suspensions for "Emergent Situations", such as situations involving danger to patient safety or lack of professionalism.

<sup>4</sup> Students should contact their home program for details of its appeals process.

appeal may proceed to Level 2 Appeals – Appeals Review Board, in accordance with this Section VII.

5. For Students completing a Pre-Entry Assessment Program (PEAP), an Assessment Verification Period (AVP), a Practice Ready Assessment (PRA), or clinical examinations (STACERs), the sole remedy that may be granted following a successful appeal is the ability to repeat relevant components of the assessment or the clinical event, as applicable, one more time only. In these instances, if the appeal is denied at Level 1 (Program), the student has the option to appeal to Levels 2 and 3 however, the sole remedy remains - to repeat relevant components, one more time only.
6. The Chair of the Residency Program Committee shall ensure that a record of the meeting be kept, including any written submissions and the findings and recommendation of the Residency Program Committee concerning the matters before it. The Chair of the Residency Program Committee shall provide the Student with a written report of the findings and recommendations of the committee. A copy of the report will be sent to the Assistant Dean, Postgraduate Medical Education.
7. The Student shall have the right to appeal the recommendation of the Residency Program Committee, to Level 2 Appeals, for both process and substantive issues. The Student must submit the appeal within 15 working days after having become aware of the decision.

### **Level 2 Appeals – Appeals Review Board (ARB)**

*(Within 15 working days after having become aware of the decision under appeal.)*

The ARB may be convened:

#### **Category 1**

**By the Student** - to submit an appeal in respect of a process and/or substantive recommendation denied at Level 1. Grounds of appeal may include medical, compassionate or extenuating circumstances, bias, inaccuracy or unfairness.

All appeals at Level 2 must be directed to the Postgraduate Medical Education Office, with a copy sent to the Home Program Director, and include a written statement from the Student clearly stating the recommendation(s) under appeal, providing detailed reasons why the recommendation at Level 1 is thought to have been incorrect, inaccurate or unfair, and the desired result. The Student must submit the appeal within 15 working days after having become aware of the recommendation under appeal.

#### **Category 2**

**By the Assistant Dean, Postgraduate Medical Education** - to review an adverse recommendation made by the Residency Program Committee.

On receipt of a Level 2 appeal, the Postgraduate Medical Education Office will convene a meeting of the Appeals Review Board at its earliest convenience to hear the appeal.

### ***Meeting of the Appeals Review Board (ARB)***

1. The Appeals Review Board shall review the past performance of the Student with reference to documentation presented by the Home Program Director and the

Student. All reports of the Education Advisory Board will be submitted. The Home Program Director and the Student shall be entitled to make written submissions to the Appeals Review Board. Additional information may be presented to the ARB in writing or orally through a party's own testimony or other individuals.

2. The Student, with counsel if desired, and the Home Program Director will be invited to attend the meeting of the ARB, along with any other appropriate individuals, as determined by the Appeals Review Board, e.g. the Clinical Supervisor who completed the ITER.
3. The Student and the Home Program Director shall be entitled to make written submissions to the ARB.
4. The Chair of the ARB shall ensure that a record of the meeting be kept, including any written submissions and the findings and recommendations of the ARB concerning the matters before it.
5. The Chair of the Appeals Review Board shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the ARB's recommendation, reasons for the recommendation and remedy, if any.

### ***Recommendations of the ARB***

Category 1 - ARB convened at the request of the Student

Category 2 – ARB convened at the request of the Assistant Dean, PGME

For both Category 1 and 2 the Chair of the ARB may recommend one of the following:

1. the Student be allowed to continue in his / her normal program;
2. where the Student had been suspended in accordance with paragraph 10, page 7, that the suspension be lifted and the Student be allowed to continue in a modified program to be designed by the Home Program Director and approved by the Education Advisory Board;
3. that the Student be dismissed from the program; or
4. any other recommendation deemed by the Appeals Review Board to be just and reasonable in the circumstances.

The Chair of the ARB will ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the ARB's findings and recommendations.

### ***Decision of the Assistant Dean, Postgraduate Medical Education***

1. As soon as possible following receipt of the findings and recommendations of the ARB, the Assistant Dean, Postgraduate Medical Education, shall, at his/her sole discretion, decide to accept the recommendation of the ARB or to substitute any other course of action.
2. The decision of the Assistant Dean, Postgraduate Medical Education will be final in

substantive matters.

3. The Student shall have the right to appeal the decision of the Assistant Dean, Postgraduate Medical Education, to Level 3 Appeals, for process issues only. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.

### **Level 3 Appeals – Dean, Faculty of Health Sciences**

*(Within 15 working days after having become aware of the decision under appeal.)*

1. A Student may submit a Level 3 appeal to the Dean, Faculty of Health Sciences in respect to any appeal of a process decision denied at Level 2. Grounds of appeal may include medical, compassionate or extenuating circumstances, bias, inaccuracy or unfairness. The Student must submit the appeal within 15 working days after having become aware of the decision under appeal.
2. The Student's submission must include a written statement outlining the decision(s) under appeal, providing detailed reasons why the decision at Level 2 is thought to have been incorrect, inaccurate or unfair, and the desired result.
3. The Dean shall arrange for a hearing to be held in accordance with Faculty-approved procedures before the Faculty Postgraduate Tribunal, defined by the Faculty, as the final adjudicator of this appeal.
4. The three members of the Faculty Postgraduate Tribunal will be chosen from a pre-selected group of faculty and postgraduate students (refer to Terms of Reference for the Postgraduate Tribunal).
5. The Designate appointed by the Dean, Faculty of Health Sciences, will request the Postgraduate Medical Education Office to prepare a file consisting of the Student's written evaluation reports, ITERs, other relevant reports and correspondence, and a summary statement of actions relevant to the appeal. The Deputy should ensure that the parties to the appeal (the Student and the Assistant Dean, Postgraduate Medical Education) have a copy of this file in reasonable time to prepare for the meeting to hear the appeal.
6. At any time throughout the process, the Tribunal may request documents from the Assistant Dean if the Tribunal finds that such documents are relevant to the proceeding.
7. The Postgraduate Tribunal has sole jurisdiction to hear and make a final adjudication on the appeal.
8. The Postgraduate Tribunal shall conduct itself in accordance with the principles of natural justice as maintained in the Statutory Powers Procedure Act. It is recommended that the Tribunal follow the procedures outlined in Appendix B, which are consistent with the Statutory Powers Procedure Act (Copies of the Statutory Powers Procedure Act are available in the University Secretariat, Room 210, Gilmour Hall).
9. The Postgraduate Tribunal shall give written notice of the decision, with reasons, to the student and to the other parties involved. This decision will be delivered as soon as reasonably possible following the conclusion of the hearing. The Postgraduate

Tribunal shall make one of the following decisions:

- a. to uphold the appeal and grant the remedy sought by the Student;
  - b. to uphold the appeal and re-instate the Student at the appropriate stage of his/her Postgraduate program, with no remedy; or
  - c. to uphold the appeal and fashion any remedy deemed just and reasonable in the circumstances,
  - d. to deny the appeal and to require the Student to complete a Remediation Plan developed by the Postgraduate program with a designation of "Satisfactory" prior to being permitted to continue in the Postgraduate program; or
  - e. to deny the appeal and to require the Student to withdraw from the Postgraduate program.
6. The decision of the Postgraduate Tribunal is final. Postgraduate Students do not have access to the University Senate process. (Refer to McMaster University, Student Appeals Procedures, September 1, 2009; page 6, item (vii).)

Approved PGEC: November 21, 2007  
Approved HSEC: April 22, 2009  
Approved Faculty Executive: May 27, 2009

Appendix A: Suspension for Emergent Situations

**Emergent situations include the following:**

- Danger to patient safety i.e., inappropriate and/or harmful clinical actions (e.g. improper technique, lack of judgment etc.). *Refer to Guidelines re Patient Safety.*
- Lack of professionalism i.e., inappropriate professional behaviours (e.g. sexual misconduct, blatant, inappropriate breaches of confidentiality, harassment, boundary issues etc.) *Refer to the McMaster University, Postgraduate Medical Education, Guidelines on Professional Behaviour and Ethical Performance,*

**Process:**

1. A Clinical Supervisor may make a decision to relieve a Postgraduate Student from clinical duties if there are grounds to show that patient care is likely to be adversely affected if the Student continues in the placement.
2. The Clinical Supervisor and/or Clinical Teaching Unit Director should recommend immediately to the Home Program Director that the Postgraduate Student be suspended.
3. The Home Program Director will investigate the situation. At the same time, the Program Director shall notify and consult with the Assistant Dean, Postgraduate Medical Education.

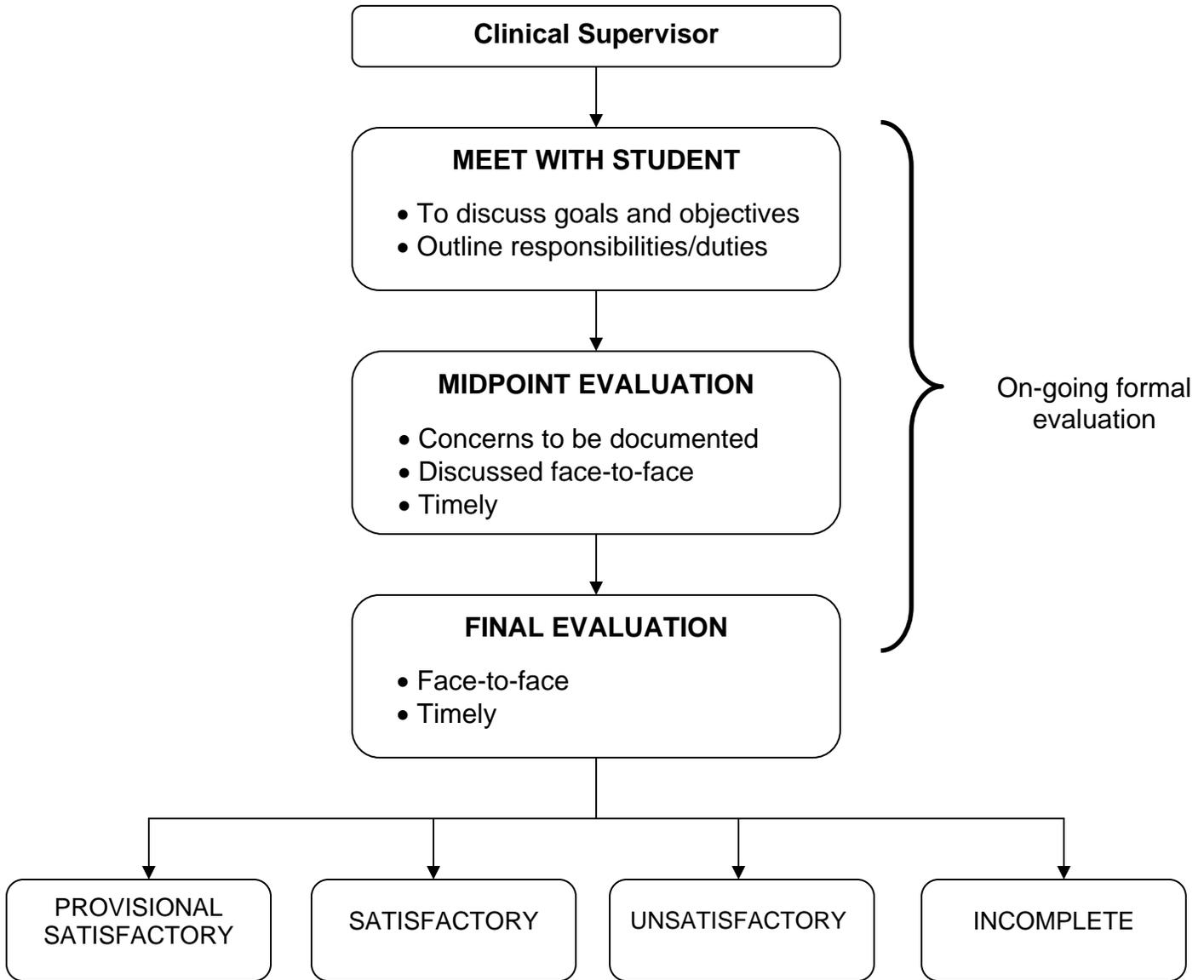
The Assistant Dean, Postgraduate Medical Education, shall notify the Student, in writing, that s/he has been suspended, without loss of pay pending the investigation of the Program Director.

4. On receipt of the written report and supporting documentation, at the discretion of the Assistant Dean, PGME, the Assistant Dean shall conduct an investigation as required. The Assistant Dean has the authority to request a meeting of the Appeals Review Board (ARB). The Assistant Dean, PGME, will advise the Student and the Home Program Director, in writing, of a decision to convene the ARB.
5. The ARB will conduct a thorough review of the documentation. The ARB may wish to meet with appropriate individuals, including the Student. The Student will have the opportunity to seek clarification of the documentation presented and will have the right to request clarification as required and invite appropriate individuals that can support his/her case.
6. The recommendation of the ARB shall be one of the following:
  - i) the postgraduate Student shall be re-instated;
  - ii) the postgraduate Student be re-assigned to another similar rotation;
  - iii) a Remediation Plan shall be implemented; or
  - iii) the postgraduate Student shall be dismissed from the program.
7. The Chair of the ARB shall ensure that the Assistant Dean, Postgraduate Medical Education, the Home Program Director and the Student are notified, in writing, of the Appeals Review Board findings and recommendations.
8. As soon as possible following receipt of the findings and recommendations of the ARB, the Assistant Dean, Postgraduate Medical Education, shall, at his/her sole discretion, decide to accept the recommendation of the ARB or to substitute any other course of action. The decision of the Assistant Dean, Postgraduate Medical Education, including reasons for the decision shall be provided in writing to the Student and the Home Program Director with copies to the ARB and the Student's file. The Student shall have the right to appeal the decision of the Assistant Dean, Postgraduate Medical Education, at Level 3 Appeals – Appeals Committee, in accordance with Section VII (Appeals).

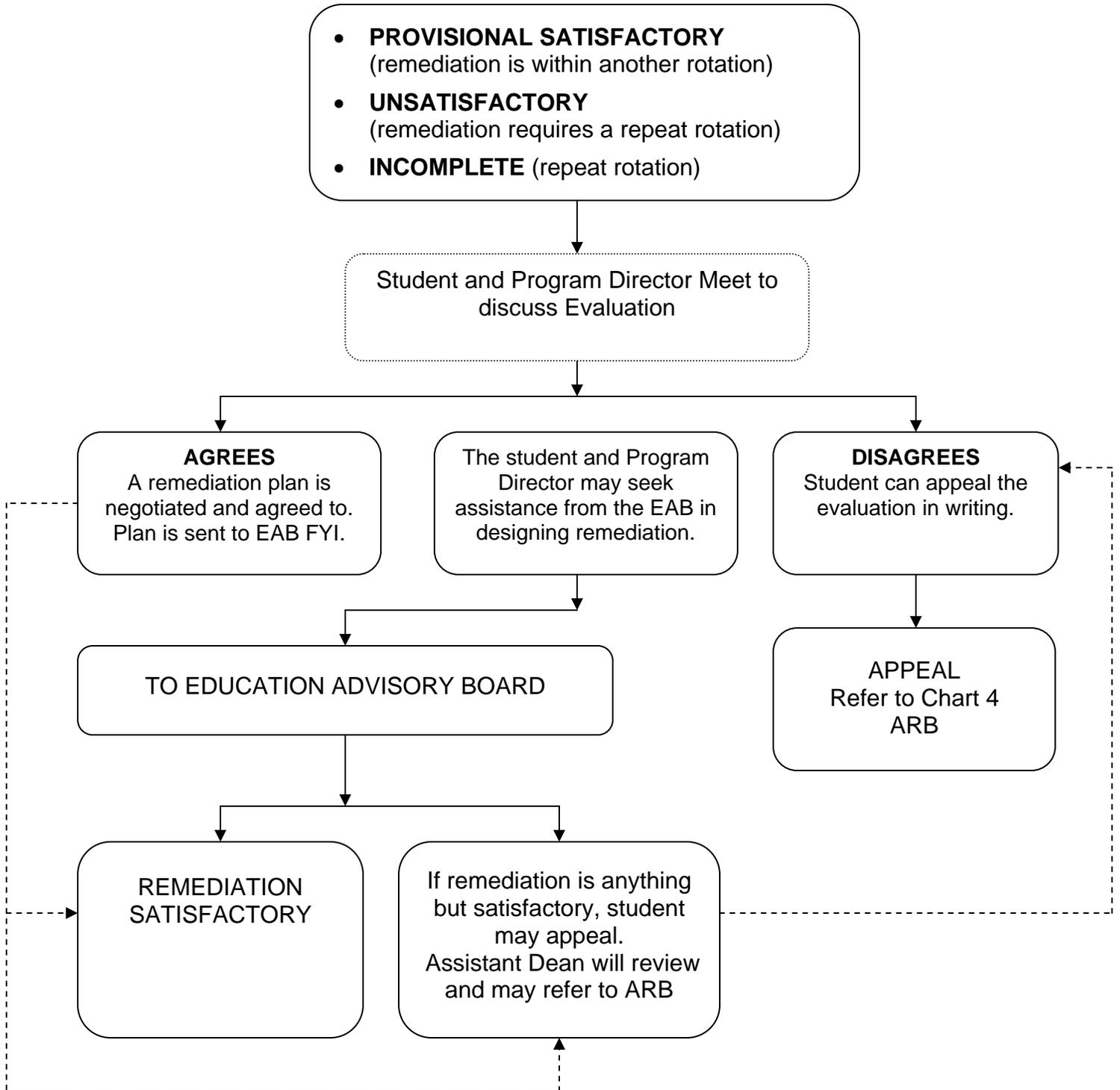
Documents for Further Reference:

1. McMaster University, Postgraduate Medical Education, Guidelines on Professional Behaviour and Ethical Performance.
2. Guidelines re Patient Safety.
3. Terms of Reference Education Advisory Board.
4. Terms of Reference Appeals Review Board.
5. Terms of Reference Faculty Postgraduate Tribunal
6. Appendix B-Rules of Procedure for Faculty Postgraduate Tribunal
7. McMaster University Student Appeal Procedures

**Chart 1: Evaluation Process**

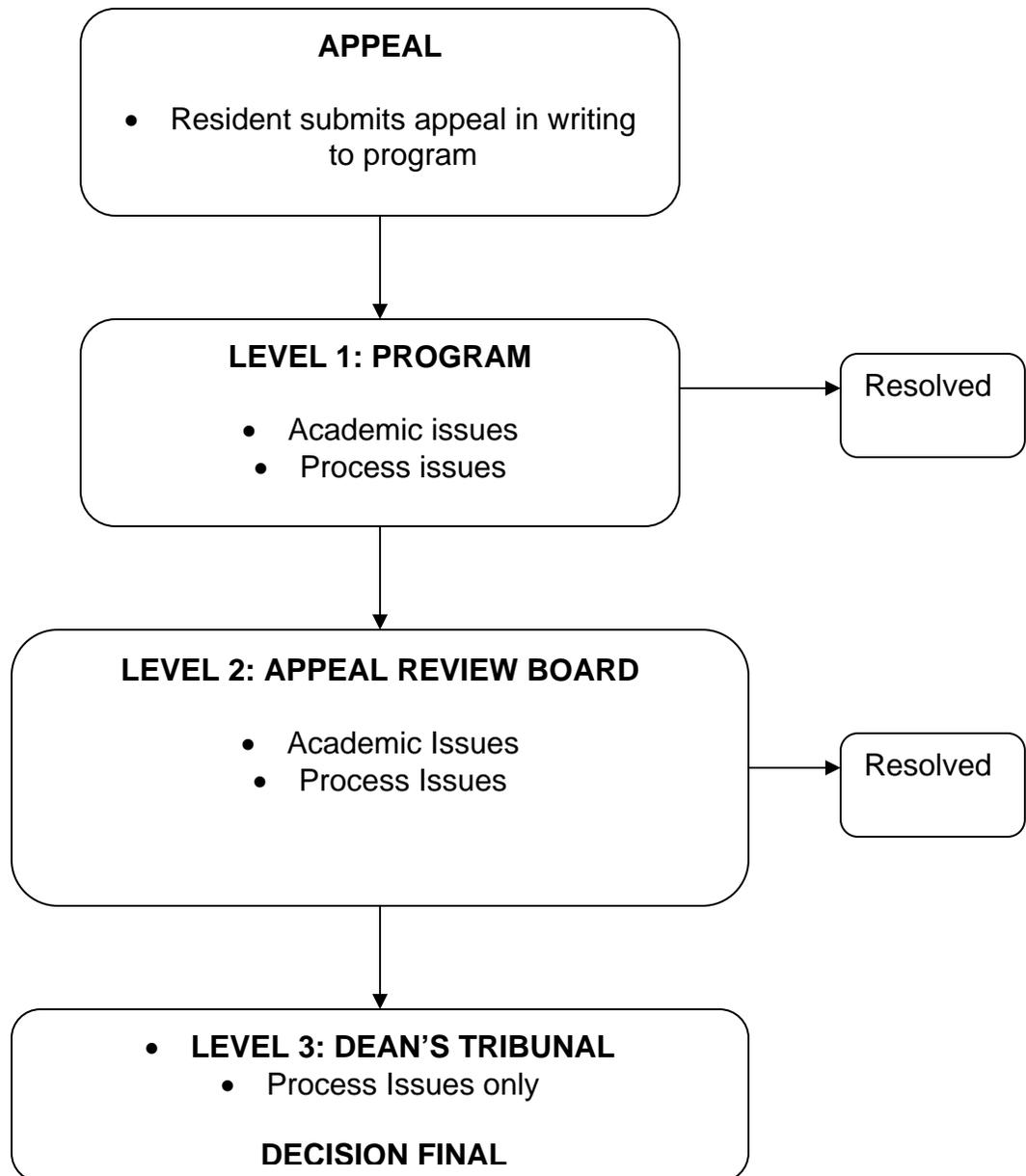


**Chart 2: DESIGNATION OTHER THAN SATISFACTORY**  
 (Refer to Section VI, page 5 for details)

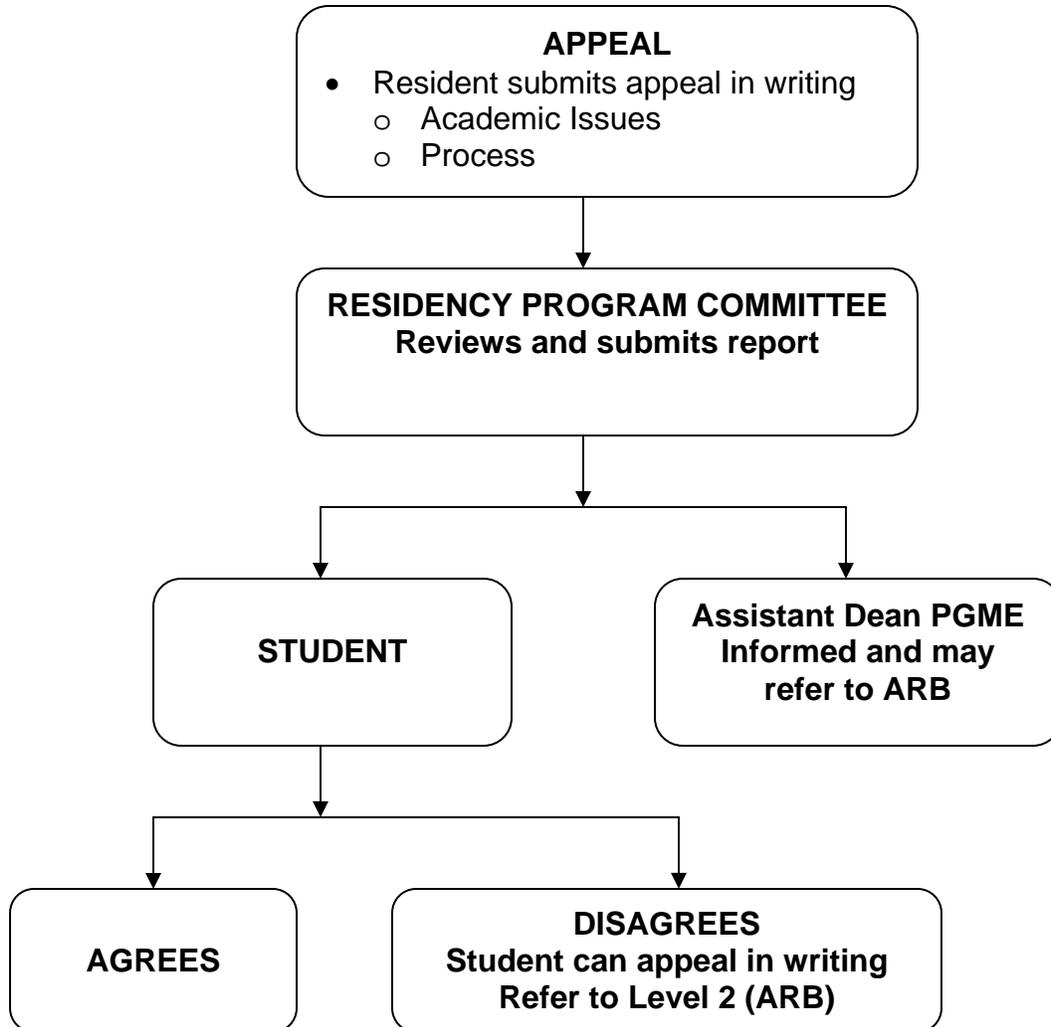


### Chart 3: APPEALS - OVERVIEW

(All appeals must be made within 15 working days after having become aware of situation)  
(Refer to Section VII, page 7 for details)

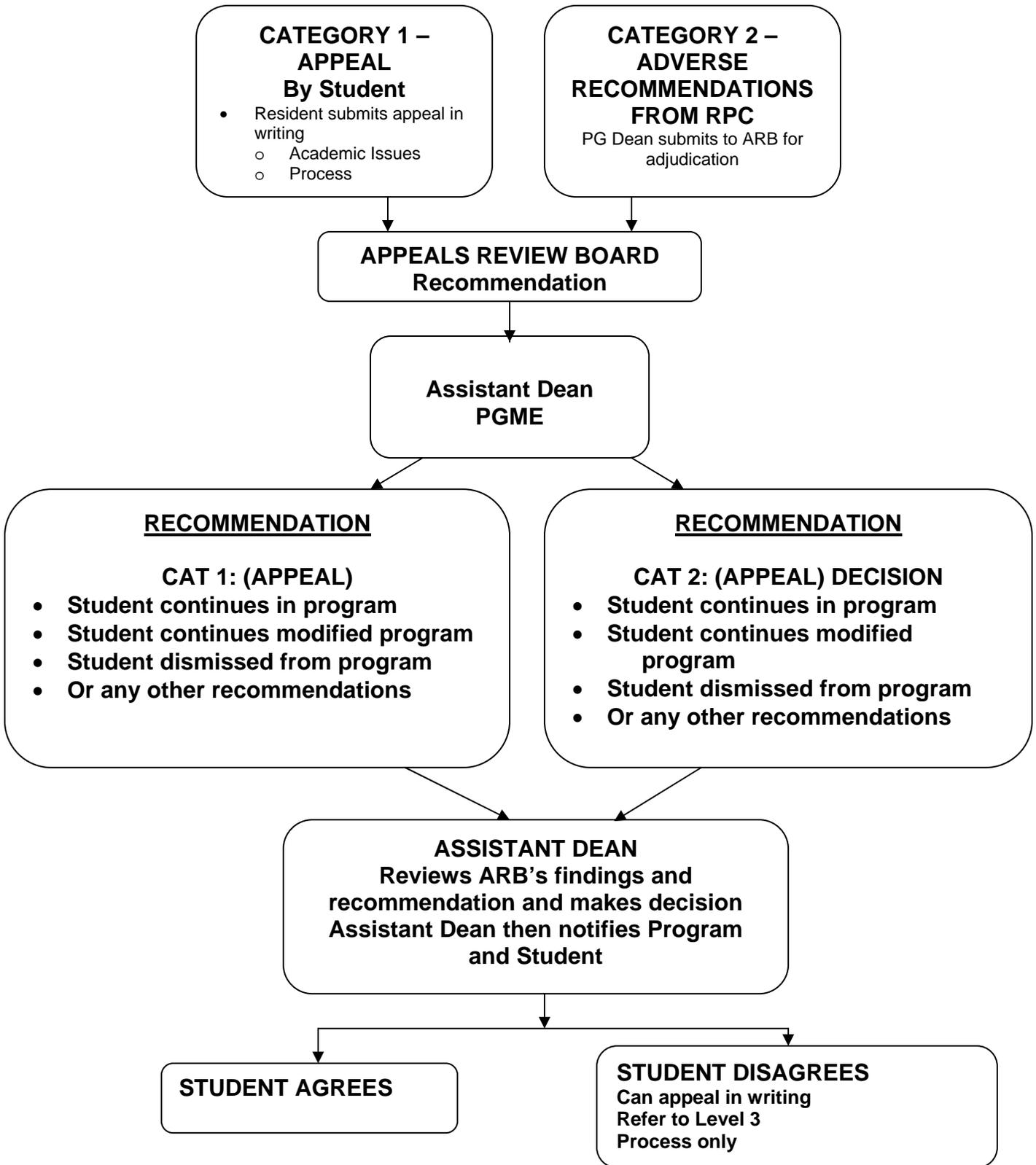


**Chart 4: APPEALS LEVEL 1 (PROGRAM)**  
(within 15 working days after having become aware of situation)

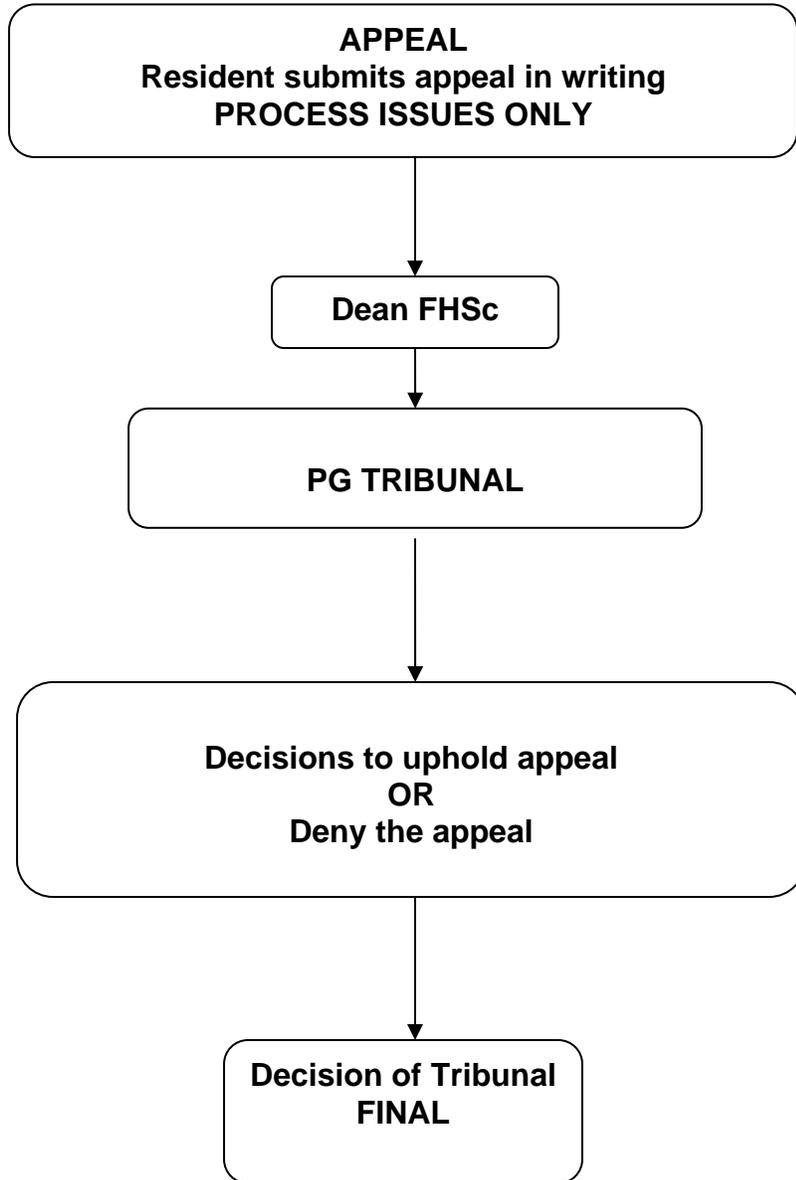


### Chart 5: APPEALS LEVEL 2

(within 15 working days after having become aware of situation)



**Chart 6: APPEALS LEVEL 3 (DEAN'S TRIBUNAL)**  
(within 15 working days after having become aware of situation)



**Chart 7: EMERGENT SITUATION** – refer to Appendix A, page 11 for details