

# **PINNACLE HEALTH HOSPITALS GMEC**

**Policy #15  
Page 1 of 11**

## **Policy: The Assessment, Promotion, Discipline and Dismissal of Residents/Fellows in Graduate Medical Education Programs:**

### **I. GENERAL INFORMATION**

The responsibility for judging the competence and professionalism of residents and fellows in graduate medical education programs rests principally with the program directors. These directors are guided in their judgment of resident/fellow performance by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Council of Podiatric Medicine (CPME), by certifying and licensing Boards, and by applicable policies of Pinnacle Health Hospitals.

The following policies and procedures for the Assessment, Promotion, Discipline and Dismissal of Residents/Fellows in graduate medical education apply to all resident/fellows enrolled in accredited graduate medical education programs at Pinnacle Health Hospitals. This policy governs the qualification of residents/fellows to remain in training as well as their completion of residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

### **II. RESIDENCY/FELLOWSHIP PROGRAM ASSESSMENT STRUCTURE AND PLAN**

The program director for each residency/fellowship has primary responsibility for monitoring the competence and professionalism of program residents/fellows, for recommending promotion and certification and for initial counseling, probation or other remedial or adverse action. The resident/fellow will be evaluated on individual specialty requirements, program requirements and compliance with Pinnacle Health Hospitals' policies.

Given the large number of volunteer faculty, it is well recognized that formal written evaluation on standardized forms does not always fully reflect true resident/fellow performance. Individual programs may choose to form a "Core Clinical Faculty" advisory group that spends more consistent time with residents/fellows in the clinical and didactic settings. This advisory group may assist the program director in resident/fellow evaluations. Each program's assessment structure and plan must be in writing and all residents/fellows made aware.

### **III. PERFORMANCE REVIEW**

Each program must provide written summary performance reviews to residents/fellows at regular intervals, preferably in person. Each program's requirements for each specialty usually specify the desirable frequency of such reviews. At a minimum, a semiannual, written summary performance review must be provided to each resident/fellow in all programs. Summary performance reviews may be written by program directors, designated faculty members, or members of a program's advisory group consistent with the assessment plan of the program. It should be documented that each resident/fellow acknowledges receipt of each summary performance review in writing.

The program director must provide a summative evaluation (End of Training) for each resident/fellow upon completion of the program. This evaluation must become part of the resident/fellow's permanent record maintained by the Hospitals and must be accessible for review by the resident/fellow in accordance with this policy. This evaluation must document the resident/fellow's performance using the final period of education, and verify that the resident/fellow has demonstrated sufficient competence to enter practice without direct supervision. Each program director must also complete any additional summative evaluation(s) or records of completion at the request of the program's accreditation, certification or licensing agencies.

### **IV. PROMOTION**

Those residents/fellows judged by a program to have satisfactorily completed the requirement for a specific level of training will be promoted to the next higher level of responsibility unless the resident/fellow is enrolled in a training track of limited duration, not designed to achieve full certification (e.g. a one-year preliminary position). No resident/fellow may remain at the same level of training for more than 24 months, exclusive of leave. A resident/fellow whose performance is judged to be satisfactory will advance until the completion of the program/certification requirements.

It is the expectation that individuals entering graduate medical education programs will be promoted. However, the program has the right to non-promotion and to refuse to offer contract renewal for the next academic year to a resident/fellow.

#### **A. Notification of Promotion:**

In instances where a resident/fellow's contract is not going to be renewed or promoted to the next level, Pinnacle Health Hospitals requires that GME programs provide the resident/fellow(s) with a written notice of intent not to renew a resident/fellow's contract no later than four months prior to the end of the resident/fellow's current contract. However, if the primary reason(s) for the non-renewal occurs within the four month period prior to the end of the agreement,

Pinnacle Health Hospitals requires that its accredited programs provide the resident/fellow(s) with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

Resident/fellow(s) are allowed to implement the institution's GME Grievance and Appeals process if they receive written notice either of intent not to renew their contract or of intent to renew their contract but not promoted to the next level of training, as set forth in this policy.

## **V. DISCIPLINARY ACTION(S) –**

Disciplinary action means any academic or other action taken against a resident/fellow that could result in probation, suspension, dismissal, non-renewal of a resident/fellow's contract, non-promotion to the next level of training, or other actions that could significantly threaten a resident/fellow's intended career development and/or loss of pay.

### **A. Grounds**

Grounds for disciplinary action of a resident/fellow include, but are not limited to, the following:

1. Failure to comply with the policies, rules, or regulations of Pinnacle Health Hospitals, affiliated hospitals, the Medical Staff, the program or with the provisions of this policy.
2. Commission by the resident/fellow of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the resident/fellow to appropriately perform his/her duties in the residency program.
3. Conduct which violates professional and/or ethical standards; disrupts the operation of the Hospitals, its departments, or affiliated hospitals; or disregards the rights and welfare of patients, visitors, or hospital/clinical staff.
4. A failed rotation.
5. Relevant exam scores below program satisfaction (if applicable – can not be used as the sole criterion).
6. Marginal or unsatisfactory performance – (as evident by faculty and each program's assessment structure and plan). These areas include but are not limited to:
  - o Clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient management communication skills, interactions with patients and other health care professionals, professional appearance and demeanor, and/or motivation and initiative.

## VI. PROBATION

### A. Initial Probation

The program director must document counseling of a resident/fellow who is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program in which he/she is enrolled. If the resident/fellow does not demonstrate sufficient improvement (as defined by the program director or advisory group) following counseling then the resident/fellow may be placed on probation.

The purpose of probation is to give the resident/fellow specific notice of performance and/or behavioral deficiencies and an opportunity to correct those deficiencies.

#### Procedures:

1. The resident/fellow must be informed in person of probation decisions and include where appropriate, the specific nature of the allegations that led to this decision. At this time, the resident/fellow will be given the opportunity to respond to the allegations.
2. Verbal notification must be followed by written notification by the program director within 72 hours that includes the following:
  - Grounds for probation, including identified deficiencies or problem behaviors.
  - The duration of the probationary period including effective date.
  - A planned opportunity for remediation and criteria by which successful remediation will be judged.
  - An evaluation method to monitor progress to include a timeframe, preferable monthly, but at a minimum, every six weeks.
  - Notice that failure to meet the conditions of probation could result in extended probation, additional training time, non-promotion, non-renewal of contract, suspension or dismissal from the program during or at the conclusion of the probationary period.
  - Written acknowledgement by the resident/fellow of the receipt of the probation document.

If an act of suspected behavior warrants an investigation by the program director to be conducted over several days and patient or employee safety is at risk, it may be necessary to place the resident/fellow on a "*temporary leave of absence*" with pay to relieve him/her from their duties until the investigation is complete and further action is then taken if needed. Notice of any further action will be given to the resident/fellow as set forth in this policy

3. Depending on the resident/fellow's performance during probation, the possible outcomes of the probationary period are:
  - Removal from probation with a return to good academic standing.
  - Extended probation with new or remaining deficiencies cited.
  - Non-promotion to the next training level with further probationary training required.
  - Non-promotion to the next level of training. (Repeating a year at the same level – not to exceed 24 months at the same level of training)
  - Contract non-renewal.
  - Dismissal.

#### **B. Extended Probation**

If, at the end of the initial period of probation, the resident/fellow's performance remains unsatisfactory, probation may be extended in accordance with the above guidelines.

#### **Procedures:**

1. The resident/fellow must be informed in person of an extended probation decision and include where appropriate, the specific nature of the allegations that led to this decision. At this time, the resident/fellow will be given the opportunity to respond to the allegations.
2. Verbal notification must be followed by written notification by the program director within 72 hours that includes the following:
  - Grounds for the extended probationary period, including identified deficiencies or problem behaviors.
  - The duration of the extended probationary period, including effective date.
  - A planned opportunity for remediation and criteria by which successful remediation will be judged.
  - An evaluation method to monitor progress to include a timeframe, preferable monthly, but at a minimum, every six weeks.
  - Notice that failure to meet the conditions of extended probation could result in extended probation, additional training time, non-promotion, non-renewal of contract, suspension or dismissal from the program during or at the conclusion of the probationary period.
  - Written acknowledgement by the resident/fellow of the receipt of the probation document.

The Resident Grievance and Appeals process set forth within this policy does **NOT** apply to the placement of a resident/fellow on probationary status.

### **C. Dismissal During or at the Conclusion of Probation**

Probationary status in a residency/fellowship program constitutes notification to the resident/fellow that dismissal from the program may occur at anytime (i.e., during or at the conclusion of probation). Dismissal prior to the conclusion of a probationary period may occur if the conduct which gave rise to probation is repeated or if grounds for program suspension or dismissal exist. Dismissal at the end of a probationary period may occur if the resident/fellow's performance remains unsatisfactory.

#### **Procedures:**

1. Guidelines set forth in Section IV.A. (Notification of Promotion) of this policy should be followed.

All probationary actions must be reported to the Graduate Medical Education (GME) Office and probation documents must be forwarded to the GME Office for review before they are issued.

## **VII. SUSPENSION**

### **A. Clinical Activities Suspension**

A resident/fellow may be suspended from clinical activities by his or her program director. This action may be taken in any situation in which continuation of clinical activities by the resident/fellow is deemed potentially detrimental or threatening to patient safety or the quality of patient care. Unless otherwise directed, a resident/fellow suspended from clinical activities may participate in other program activities as directed by the program director and will receive compensation.

### **B. Program Suspension**

A resident/fellow may be suspended from all program activities and duties without pay by his/her program director. Program suspension may be imposed for conduct that is deemed to be unprofessional, incompetent, erratic, potentially criminal, or threatening to the well-being of patients, staff, visitors, or the resident/fellow.

#### **Procedure:**

1. The resident/fellow must be informed in person of suspension decisions and include where appropriate, the specific nature of the allegations that led to this decision. At this time, the resident/fellow will be given the opportunity to respond to the allegations.
2. Verbal notification must be followed by written notification by the program director within 72 hours that includes the following:

- Grounds for suspension, including identified deficiencies or problem behaviors.
- The duration of the suspension period, including effective date and notification of any extension of residency training time, if applicable.
- A planned opportunity for remediation and criteria by which successful remediation will be judged.
- An evaluation method to monitor progress to include a timeframe with a minimum of at least the midpoint of the suspension period.
- Notice that failure to meet the conditions of suspension could result in additional training time, non-promotion, non-renewal of contract or dismissal from the program during or at the conclusion of the suspension period.
- A copy of the institution's GME Grievance and Appeals Process as set forth in this policy.
- Written acknowledgement by the resident/fellow of the receipt of the probation document.

If an act of suspected behavior warrants an investigation by the program director to be conducted over several days and patient or employee safety is at risk, it may be necessary to place the resident/fellow on a "*temporary leave of absence*" with pay to relieve him/her from their duties until the investigation is complete and further action is then taken if needed. Notice of any further action will be given to the resident/fellow as set forth in this policy.

The GME office must be notified prior to the suspension of any resident/fellow.

### **VIII. DISMISSAL**

Dismissal means dismissal during or at the conclusion of probation, dismissal following a suspension and/or immediate dismissal. For serious acts of incompetence, impairment, or unprofessional behavior, a program director may immediately dismiss a resident/fellow from all program activities and duties. The resident/fellow does not need to be on probation nor at the end of a probationary period or previously on suspension for this action to be taken.

#### **Procedure:**

1. The resident/fellow must be informed in person of dismissal from the program and include where appropriate, the specific nature of the allegations that led to this decision. At this time, the resident/fellow will be given the opportunity to respond to the allegations.
2. Verbal notification must be followed by written notification by the program director within 72 hours that includes the following:
  - Grounds for dismissal, including identified deficiencies or problem behaviors.

- The effective date of the dismissal.
- Given a copy of the institution's GME Grievance and Appeals Process as set forth in this policy.
- Written acknowledgement by the resident/fellow of the receipt of the dismissal document.

The GME office must be notified prior to the notice of dismissal of any resident/fellow.

## **IX. GME GRIEVANCE AND APPEALS PROCESS**

This section sets forth the procedure for resident/fellow grievance and due process. "Grievance" means any academic or other disciplinary action taken against a resident/fellow that could result in suspension, dismissal, non-renewal of a resident/fellow's contract, non-promotion to the next level of training, or other actions that could significantly threaten a resident/fellow's intended career development and/or loss of pay. "Grievance" also includes a resident/fellow's complaint related to the work environment or issues related to the program or faculty. Use of the Grievance and Appeal process will not prejudice or jeopardize the resident/fellow in any way.

### **A. Complaints Related to Work Environment or Issues Related to the Program or Faculty**

A resident with a Grievance must first submit the Grievance, in writing, to the program director of the resident/fellow's assigned program and discuss the same with the program director in an effort to resolve the Grievance. If, after discussing the Grievance with the program director, the Grievance is not resolved, or in situations where the Grievance relates to the program director and the resident/fellow believes that the Grievance cannot be resolved with the program director, the resident/fellow may appeal the action using the procedure outlined below in Section IX.C.

### **B. Grievances Related to Academic or Other Disciplinary Action**

The program director shall provide the resident/fellow with written notice of the disciplinary action using the procedures set forth in Sections V through VIII. This notification shall be delivered to the resident/fellow in person or by certified or registered mail. A copy of the notice shall be forwarded to the Vice President of Education & Research. The resident/fellow may appeal any non-probationary action using the procedure set forth in Section IX.C.

### **C. Appeal to the Vice President of Education & Research (VPER)**

A resident/fellow may initiate an appeal by submitting a written notice of appeal to the VPER within fifteen (15) days of the date of the appealable action. The resident/fellow must state as clearly and as fully as possible the reasons for seeking modification of the action. The VPER will review the resident/fellow's training file, evidence supporting the action and any other relevant materials. The VPER responsibilities and action will include:

1. Determine whether applicable hospital and program policies were fairly and appropriately applied.
2. Determine whether there is sufficient evidence to support the adverse action.
3. Affirm or reject the adverse action.

The VPER's decision will be submitted to the resident/fellow and program director within ten (10) days of receipt of the notice of appeal.

The appeal process set forth in Section IX does not apply to the placement of a resident/fellow on probationary status.

Failure by the resident/fellow to file a notice of appeal within the timeframe and in the manner set forth in Section IX.C constitutes a waiver of the right to an appeal to which the resident/fellow might otherwise have been entitled.

### **D. Appeals Committee**

The resident/fellow may, within ten (10) days of the decision by the VPER, appeal the decision by written notice to the GME Office. The GME Office will notify the Senior Vice President of Medical Affairs who will arrange to hear the appeal through the Appeals Committee.

### **E. Appeals Committee Procedure**

1. The Appeals Committee will be composed of:
  - a. Senior Vice President of Medical Affairs (Chairperson)
  - b. Director of Osteopathic Medical Education
  - c. The following will be appointed by the Chairperson:
    - Program Director from a training program outside of the program involved in the appeal.
    - Senior Teaching Faculty from a training program outside of the program involved in the appeal.
    - One resident with two or more years of training at Pinnacle Health Hospitals.
    - GME Office staff –(non-voting – for record of appeal hearing)

2. The Committee Chairperson shall provide the resident/fellow with reasonable written notice to allow for preparation for the meeting of the Appeals Committee which shall include the following:
  - a. The date, time and location of the meeting.
  - b. The names of the members of the Appeals Committee.
  - c. If the resident/fellow has any objection to the composition of the Appeals Committee, the resident/fellow must deliver the same in writing to the Committee Chairperson at least ten (10) days prior to the scheduled meeting. The resident/fellow's objection must state in sufficient detail the reasons for the objections.

The Committee Chairperson, in his or her sole discretion, will take action upon the resident/fellow's objection which shall consist of one of the following:

- a. Overruling the objection and proceeding with the meeting on the scheduled date.
  - b. Sustaining the objection, replacing the Committee member(s), and proceeding with the meeting on the scheduled date.
  - c. Sustaining the objection, replacing the Committee member(s), and rescheduling the meeting.
3. If the resident/fellow fails without good cause, to appear at the meeting the resident/fellow shall be deemed to have waived the right to an appeal to which the resident/fellow might otherwise have been entitled.


A request for postponement of the meeting shall be granted by the Committee Chairperson only upon a showing of good cause and only if the request is made as soon as reasonably practicable.

4. The following procedural rules shall apply at the meeting of the Appeals Committee:
  - a. The Committee will perform a formal review of all relevant materials and documentation. This may require; upon request; the program and/or resident/fellow to submit this documentation to the Committee Chairperson.
  - b. The Committee Chairperson maintains decorum and assures that all participants have a reasonable opportunity to present relevant witnesses and documents.
  - c. The program director shall present his or her case in support of the action given.
  - d. The resident/fellow shall present his or her case in opposition to the action taken.
  - e. The Committee shall have the right to call, examine, and cross-examine witnesses and the right to present evidence which is determined to be relevant by the Committee Chairperson.

5. Following the presentations by the program director and by the resident/fellow the Committee shall meet in closed session to consider its decision. A decision shall be made by a simple majority vote to take one of the following actions:
  - a. Affirm the decision of the program.
  - b. Modify the decision of the program.
  - c. Reverse the decision of the program.

The action of the Appeals Committee shall be considered the final action of Pinnacle Health Hospitals. The Committee's decision shall be forwarded to resident/fellow and the program director within ten (10) days of the close of the meeting.

A record of the meeting will be kept on file in the GME Office. Documentation regarding the imposition of the adverse action and the result of any appeal from the Committee shall be part of the resident's graduate medical education file.



Chair, Graduate Medical Education Committee



Designated Institutional Official

*Effective: July 1, 2008*

*Approved by GMEC (date): March 5, 2008*

*Reviewed:*