

Policies and Procedures

Section: School of Medicine		<i>NO.</i>				
Chapter: Graduate Medical Education	<i>Issued:</i> <i>DATE</i> <i>10.2016</i>	<i>REV. A</i> <i>DATE</i> <i>01.2017</i>	<i>REV. B</i> <i>DATE</i> <i>03.2019</i>	<i>REV. C</i>		
Policy: Corrective Action Policy		<i>Page 1 of 7</i>				

PREAMBLE

Medical education and patient care at Creighton University are critically dependent on the commitment of trainees and faculty to professional values that are anchored in the Catholic and Jesuit tradition of being women and men for others. These professional values include altruism, accountability, excellence, duty, honor and integrity, respect, compassion, and a special emphasis on social justice.

PURPOSE

To establish a policy and process for all resident and fellow training programs at Creighton University School of Medicine for use in the normal process of evaluating and assessing competence and progress of residents and fellows enrolled in Graduate Medical Education programs. Specifically, this policy will address the process to be utilized when a resident or fellow fail to meet the academic or professional expectations of a program.

SCOPE

This policy applies to all Graduate Medical Education (GME) training programs at Creighton University School of Medicine.

The ACGME states

“The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.

The program director or their designee, with input from the Clinical Competency Committee, must: meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, develop plans for residents failing to progress, following institutional policies and procedures.”

It should be noted that residents do not fall under rules of the Hospital Medical Staff Peer Review Committee. If the Medical Staff Peer Review Committee has concerns about a resident’s performance, they should notify the program director who will follow this policy to evaluate and address that performance.

DEFINITIONS

- **CCC** – The Clinical Competency Committee required for each ACGME accredited program. Its role is to advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 10.2016	<i>REV. A</i> <i>DATE</i> 01.2017	<i>REV. B</i> <i>DATE</i> 03.2019	<i>REV. C</i>		
<i>Policy:</i> Corrective Action Policy		<i>Page 2 of 7</i>				

- **DIO (Designated Institutional Official)/ADIO (Alliance Designated Institutional Official):** The individuals in a Sponsoring Institution who have the authority and responsibility for all the ACGME-accredited GME programs.
- **Resident:** Any resident or fellow in a Creighton School of Medicine GME program.
- **Probation: Probation is a formal disciplinary step that requires a written plan for corrective action.** Probation can either be academically based or behavior/ethically based. All types of probation stay in the Resident’s permanent record.
- **Review or “Under Review”:** A remedial status applied to resident as a result of concerns regarding the resident’s performance. A resident who is placed “under review” is required to follow all recommendations of the CCC. The resident’s performance will be monitored by the CCC for a designated period. Under review is not an Adverse Action. The primary purpose of being placed under review is for providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

POLICY

Residents may be subject to remedial or corrective action as the result of unsatisfactory academic performance and/or misconduct, including but not limited to, issues involving knowledge, skills, scholarship, unethical conduct, illegal conduct, excessive tardiness and/or absenteeism, unprofessional conduct, job abandonment, or violation of applicable policies or procedures.

Creighton University has the right to suspend a resident (paid or unpaid) during the investigation of any event that may lead to remedial or corrective action. It is not required that a program strictly follow a pattern of progressive discipline. For example, a Program Director is not required to place a resident on probation prior to dismissal. Similarly, a Program Director is not required to take remedial action prior to corrective action.

If an incident occurs during any remedial or corrective action period which is grounds for probation or termination, the Program Director or designee shall consult with the DIO/ADIO. Upon agreement or direction of the DIO/ADIO, the resident may be placed on probation or termination at any time.

If the program director, after input from the CCC, determines that the resident has failed to satisfactorily cure the deficiency and/or improve overall performance to an acceptable level, the program director may elect to take further action, which may include issuance of a new or updated remedial or corrective action including termination.

All communications under this policy may be communicated via e mail to the recipient’s official GME e mail address.

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 10.2016	<i>REV. A</i> <i>DATE</i> 01.2017	<i>REV. B</i> <i>DATE</i> 03.2019	<i>REV. C</i>		
<i>Policy:</i> Corrective Action Policy		<i>Page 3 of 7</i>				

I. Remedial Actions:

The following remedial actions are available to any program with performance concerns regarding a resident. It is not required that a program strictly follow a pattern of progressive discipline. Remedial Actions are not subject to Board reporting or subpoena and are not part of the resident's permanent record.

Informal Counseling

In addition to evaluations, Program Directors and attending or supervising physicians provide timely feedback on an ongoing basis, which includes positive feedback as well as minor performance or conduct concerns as they occur and are documented as such.

Structured Feedback

Structured feedback is intended to improve overall performance. The resident's supervising physician, mentor or member of the CCC may use structured feedback when work performance, academic performance, or other work-related conduct is not satisfactory. During the structured feedback session, it is most helpful to a resident if specific instances of inappropriate conduct is given with suggested correct behavior and ask the resident how they will commit to changing their behavior. Optimally, this should be documented in the residents file.

Under Review

If questions are raised regarding the adequacy or appropriateness of a resident's performance, the resident may be placed under review by the Program Director after input from the CCC. Under review status indicates that the resident's performance is being closely monitored.

Should the Program Director place a resident under review, they shall do so with written notification to the resident and copy to the resident's file, DIO/ADIO and GME office. Normally, the Program Director or designee should also meet with the resident to discuss the Under Review status and requirements. The Under Review notice should contain clear objectives regarding the program's expectations for the resident to successfully improve their performance. If Under Review status lasts longer than six months, continuation should be determined in consultation with DIO/ADIO.

Under Review status will not be reported to state medical boards, prospective employers, or other third parties who request information about a resident's performance, as long as the issues which led to the Under Review status have been satisfactorily resolved. The Program Director shall develop a plan to improve a resident's deficiency or correct areas of unsatisfactory academic performance.

During the Under Review status, the Program Director or designee should meet regularly with the resident to discuss the resident's progress toward resolving the performance deficit that resulted in review status. It is the responsibility of the resident to arrange these meetings with the Program Director or designee. The Program Director or designee should be reasonably available to meet with the resident in a timely

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 10.2016	<i>REV. A</i> <i>DATE</i> 01.2017	<i>REV. B</i> <i>DATE</i> 03.2019	<i>REV. C</i>		
<i>Policy:</i> Corrective Action Policy		<i>Page 4 of 7</i>				

manner. Written documentation of the meeting between the resident and the Program Director or designee should optimally be completed and placed in the residents file. It is suggested that the written documentation include the date of the meeting and a summary of the discussion with the resident on his/her progress.

At the conclusion of the Under Review period, the Under Review status may end, or the resident may be placed on corrective action by the Program Director after input from the CCC. The resident should be notified of the Program Director's decision on the outcome of the Under Review status.

If an incident occurs during the Under Review period which is grounds for probation or termination, the Program Director or designee shall consult with the DIO/ADIO. Upon agreement or direction of the DIO/ADIO, the resident may be placed on probation or termination at any time.

II. Corrective Action:

In the event that a program director, after seeking feedback from the CCC, determines that corrective Action is warranted, the program director shall notify the resident and include the following:

- a. The specific action to be taken;
- b. The reasons for the action;
- c. Objective measures and/or expected outcomes;
- d. Timeline in which the action should be taken;
- e. Consequences if the above requirements are not met; and
- f. Notice of right to appeal under the Resident Due Process and Grievance Policy.

Where required by applicable state law, corrective action shall be reported to the state licensing board.

Probation

Probation means the resident is formally notified that there are identified areas of unsatisfactory job performance that will require remediation and/or improvement if the resident is to continue in the Graduate Medical Education Training Program. Probation can either be academically based or behavior/ethically based. All types of probation stay in the permanent record of the resident or fellow.

The program director, after seeking feedback from the CCC, determines whether probation is warranted. The program must consult with the DIO/ADIO prior to placing a resident on probation. The notice to the resident of probation should set a commencement date and duration period for the probation status, and specific remedial action or improvement that is required during this period. The program director, with input from the CCC, shall re-evaluate the resident at the end of the probation period and make a

Policies and Procedures

Section: School of Medicine		<i>NO.</i>				
Chapter: Graduate Medical Education	<i>Issued:</i> <i>DATE</i> <i>10.2016</i>	<i>REV. A</i> <i>DATE</i> <i>01.2017</i>	<i>REV. B</i> <i>DATE</i> <i>03.2019</i>	<i>REV. C</i>		
Policy: Corrective Action Policy		<i>Page 5 of 7</i>				

determination to continue the probation, remove the resident from probation or impose another Corrective Action measure. The program director shall communicate the decision to the resident.

During the probationary status, the Program Director or designee should meet regularly with the resident to discuss the resident's progress toward resolving the performance deficit that resulted in probationary status. It is the responsibility of the resident to arrange these meetings with the Program Director or designee. The Program Director or designee should be reasonably available to meet with the resident in a timely manner. Written documentation of the meeting between the resident and the Program Director or designee should optimally be completed and placed in the residents file. It is suggested that the written documentation include the date of the meeting and a summary of the discussion with the resident on their progress.

Suspension

Suspension means the resident is temporarily not permitted to perform his or her job duties. Suspension may occur during an investigation or due to unsatisfactory job performance that requires remediation and/or improvement if the resident is to continue in the Graduate Medical Education Training Program.

A resident may be suspended from all duties during the investigation of any event that may lead to disciplinary action. Suspension of a resident during an investigation may be initiated by the resident's Program Director or the DIO/ADIO. If initiated by the Program Director, the DIO/ADIO must review and subsequently approve the suspension for investigation.

A resident may also be suspended if the Program Director, after consultation with the CCC, determines that suspension and remediation is required for the resident to continue in the program.

If at any time a resident's conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or other persons the Program Director, the Hospital Administrator on Call, the supervising physician, or the DIO/ADIO shall have the authority to summarily suspend the resident.

The notice to the resident of suspension should set a commencement date and duration period, if known, and should set forth any specific remedial action or improvement that is required during this period. The program director, after input from the CCC, shall re-evaluate the resident at the end of the suspension period and decide to continue the suspension, remove the resident from suspension status or impose another corrective action measure. The DIO/ADIO needs to approve this decision. The program director shall communicate the decision of the program director to the resident.

Non-promotion/Non-Renewal of Contracts/Extension of the Defined Training Period

Non-renewal of a resident's contract, non-promotion of a resident to the next level of training, or extension of the defined training period may be appropriate for a number of reasons, including but not limited to, insufficient medical knowledge, incompetence in patient care, lack of professionalism,

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 10.2016	<i>REV. A</i> <i>DATE</i> 01.2017	<i>REV. B</i> <i>DATE</i> 03.2019	<i>REV. C</i>		
<i>Policy:</i> Corrective Action Policy		<i>Page 6 of 7</i>				

inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of nonrenewal of a resident's contract or non-promotion of a resident to the next level of training generally shall be given no later than three months prior to the end of the resident's current contract. Where notice cannot be given within those three months, it shall be given as soon as possible. Extension of the Defined Training Period may occur at any time and shall be communicated as soon as possible.

Dismissal

Performance issues or conduct not resolved by corrective action, or other serious actions or behavior may result in immediate dismissal. If at any time the Program Director, after input from the CCC, determines that dismissal is warranted, and with approval from the DIO/ADIO, the Program Director or the DIO/ADIO shall notify the resident. The resident is relieved of all clinical duties upon notification that the dismissal is warranted. Termination shall be effective as of the date the resident/ exhausts or waives their appeal rights under the Due Process Grievance Policy of Creighton University Graduate Medical Education. The resident will be notified that he/she may not be present in the clinical areas or otherwise participate in on campus Graduate Medical Education activities. If the resident is on a Visa, the ECFMG shall be notified of the date of termination the same day it occurs.

APPEALS

Informal counseling, structured feedback and Under Review status may not be appealed or grieved.

The following corrective actions are grievable and appealable. Residents must follow the Due Process Grievance Policy of Creighton University Graduate Medical Education.

- a) Initiation of Corrective Action - Probation
- b) Initiation of Corrective Action - Election Not to Promote to the Next PGY Level
- c) Initiation of Corrective Action - Extension of the Defined Training Period
- d) Initiation of Corrective Action – Nonrenewal
- e) Initiation of Corrective Action – Dismissal (except where due to loss or restriction of licensure)
- f) Determination not to certify a resident to sit for an Accrediting Board if decision is not related to board requirements.

All the above must include approval from the DIO/ADIO.

REFERENCES

ACGME Common Program Requirements

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 10.2016	<i>REV. A</i> <i>DATE</i> 01.2017	<i>REV. B</i> <i>DATE</i> 03.2019	<i>REV. C</i>		
<i>Policy:</i> Corrective Action Policy		<i>Page 7 of 7</i>				

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy is effective as to remedial or corrective action occurring on or after March 1, 2019. Creighton University reserves the right to modify, amend or terminate this policy at any time.

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.