

## Creighton University School of Medicine-Phoenix Policies

POLICY:	Corrective Action
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix
GMEC APPROVAL DATE:	August 7, 2023; February 6, 2023
REVISED DATE:	February 6, 2023
ACGME ACCREDITATION STANDARD REFERENCE:	Common Program Requirement: V.A.1.c) Resident Evaluation

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### PURPOSE

To establish a policy and process for all resident and fellow training programs at Creighton University School of Medicine-Phoenix (CUSOM-PHX) for use in the normal process of evaluating and assessing competence and progress of House Staff Physicians (HSPs) enrolled in Graduate Medical Education (GME) programs. Specifically, this policy will address the process to be utilized when an HSP fails to meet the academic or professional expectations of a program.

### SCOPE

This policy applies to all CUSOM-PHX house staff physicians (HSP) and their respective training programs, that are ACGME accredited or meet the criteria in the Non-ACGME Accredited Program Policy.

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 (CCC) for its synthesis of progressive HSP 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 HSP their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist HSPs in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, develop plans for HSPs failing to progress, following institutional policies and procedures.”

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

### DEFINITIONS

- **Clinical Competency Committee (CCC):** The Clinical Competency Committee is required for each ACGME accredited program . Its role is to advise the program director regarding HSP progress, including promotion, remediation, and dismissal.
- **Designated Institutional Official (DIO):** The individual in a Sponsoring Institution who has

the authority and responsibility for all the ACGME- accredited GME programs.

- **House Staff Physician (HSP):** 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 are documented in the HSP's permanent record.
- **Review or "Under Review" or Review:** A remedial status applied to HSP as a result of concerns regarding the HSP's performance. An HSP who is placed "Under Review" is required to follow all recommendations of the CCC. The HSP'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**

HSPs 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.

CUSOM-PHX has the right to suspend an HSP (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 an HSP 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 HSP may be placed on probation or termination at any time.

If the program director, after input from the CCC, determines that the HSP has failed to satisfactorily cure address 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.

## **AMENDMENTS OR TERMINATION OF THIS POLICY**

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 institutional policy shall govern.

Creighton University reserves the right to modify, amend, or terminate this policy at any time.