Policy: ACADEMIC AND ADMINISTRATIVE ADVERSE ACTIONS

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In this policy, the term “resident” refers to all interns, residents, and fellows in Graduate Medical Education programs.

Procedure:

1. Programs Directors have the primary responsibility to monitor resident progress and to take appropriate academic and administrative adverse actions based on the resident’s performance and behavior.

2. Program Directors have a responsibility to remove from clinical responsibilities any resident whose actions may place patients, peers, or others at risk.

3. Concerns regarding a resident’s performance or behavior that may lead to an adverse action may be raised by a peer, any faculty member, any Program Director or department chair, another member of the hospital staff, an administrator, a patient, risk management, or any other person familiar with the resident’s performance and activities.

4. Residents may be subject to adverse actions for failure to fulfill general academic, clinical, ethical, or administrative requirements and expectations of the program or institution as outlined in various program policies, institutional policies, hospital Medical Staff Bylaws and Rules and Regulations, Health System policies, College of Medicine policies, University policies, or the Limited Staff Agreement.

5. The Program Director, after consultation with the Chief Medical Officer or Associate Dean for GME, may proceed under this policy or the Medical Staff Bylaws to address deficiencies in resident performance. This policy is typically used to address situations involving deficiencies related to medical knowledge, academic performance, and administrative issues that are not covered under the Medical Staff Bylaws. The Medical Staff Bylaws process is typically reserved for significant clinical issues that relate to quality of care and/or patient safety, significant issues of ethics and professionalism, or non-compliance with state or federal law.

6. Prior to implementing a reportable, adverse action, the program director may develop an “Educational Development Plan” to formally notify the resident of minor deficiencies in the
expected core competencies and provide an opportunity for the resident to remedy those deficiencies.

a. If the deficiencies are not satisfactorily corrected, additional action may follow.
b. The resident’s schedule and activities may be modified during the Educational Competency Development period in order to allow the resident an opportunity to remedy the deficiencies and/or to ensure that the resident is fully prepared to move forward to the next stage of training.
c. Time spent on the Educational Development Plan will count for credit toward completing the training program and will not extend training time.
d. An Educational Development Plan is a formative, internal process that is not reported externally as part of training verification documentation.
e. The implementation of an Educational Development Plan does not require program CCC input, but may be sought by the program director based on the circumstances.
f. The Educational Development Plan should be written out and signed by both parties so that there is clarity for the program and the resident about expectations. That documentation should be shared with the GME office.

7. Levels of adverse actions include the following: (described more fully below)

8. 
   a. Focused-review with extension of training
   b. Probation
   c. Suspension
   d. Non-promotion
   e. Non-renewal
   f. Termination

9. Specific adverse actions should be determined on a case-by-case basis taking into account:
   a. the specific facts of the case
   b. the quantity and quality of the documentation (e.g., evaluations, event reports, outcomes data, or other information) related to the deficiencies leading to the adverse action
   c. any past interventions or adverse actions taken against the resident
   d. the resident’s overall performance in the program up to that point
   e. the improvement of the resident’s performance after previous feedback related to these or other similar deficiencies
   f. the ability of the resident to remedy the specific deficiencies found in a reasonable timeframe
   g. the predicted future ability of the resident to successfully complete the training program and to practice competently and independently in their chosen specialty given the deficiencies noted

10. Program Directors are not required to use a stepwise approach for determining specific actions. For example, a Program Director is not required to place a resident on an Educational Development Plan prior to probation or probation prior to suspension.
11. With regard to non-promotion, residents will be notified of intent not to promote them to a subsequent PGY-level no later than four (4) months prior to the end of the resident’s current PGY-level. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-promotion occur(s) within the four months prior to the end of the PGY-year, the Program Director must provide the resident with written notice of intent not to promote the resident in as timely a manner as the circumstances will reasonably allow.

12. With regard to non-renewal, residents will be notified of intent not to renew their appointment no later than four (4) months prior to the end of the resident’s current term of appointment. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-renewal occur(s) within the four months prior to the end of the term of appointment, the Program Director must provide the resident with written notice of intent not to renew in as timely a manner as the circumstances will reasonably allow, prior to the end of the term of appointment.

Procedures:

1. The Program Director must consult with the program’s education committee or housestaff competency committee prior to taking adverse actions against a resident. The Program Director should present the following information to the committee:
   a. The specific adverse action that is proposed
   b. The specific deficiencies in knowledge, performance, or behavior leading to the adverse action
   c. The documentation that describes the deficiencies (e.g., performance evaluations, patient complaints, student complaints, prior interventions).
   d. The program director provides the trainee with a copy of the due process policy which details appeals and grievance procedures.

   The committee may provide a recommendation to the Program Director. If the housestaff competency committee makes a recommendation, the resident may use the recommendation during an appeal of an adverse action.

2. The Program Director must provide an opportunity for residents to
   a. Appear before the committee to discuss the action and provide information to the committee, or
   b. Submit a written comment to the committee regarding the adverse action.

3. The Program Director, after consultation with the program education committee or housestaff competency committee, will make the decision on what if any adverse action should be taken against a resident.

4. When taking an adverse action, the Program Director must notify, in writing, the resident, the Chair of the Clinical Department, and the Associate Dean for GME /DIO/Chair of the Graduate Medical Education Committee.
5. In the written notification, the Program Director will document the following items:
   a. The specific adverse action being taken (see item 6 above under Policy section).
   b. An outline of the deficiencies leading to the adverse action.
   c. When applicable, a review of any previous formal communication or meetings with the resident regarding the deficiencies.
   d. If applicable, an outline of the steps the resident can take to remedy the deficiencies.
   e. When appropriate, the behavior or performance expectations after the deficiencies are remedied.
   f. The time period during which the adverse action will be effective and the time at which there will be a reconsideration of the resident’s performance in relation to the deficiencies.
   g. When appropriate, a faculty mentor with whom the resident can work to remedy the deficiencies. This may be the resident’s advisor and typically should not be the Program Director or the Department Chair.
   h. When appropriate, a statement regarding potential future adverse actions that may be taken if the deficiencies are not remedied under this adverse action.
   i. A statement outlining the appeal and due process rights for the resident as outlined in the Resident Due Process policy.
      1) With the exception of focused review that does not extend the length of the training program, all other adverse actions under this policy are eligible for appeal.
      2) Adverse actions taken under the Medical Staff Bylaws follow a separate process that is outlined in the Medical Staff Bylaws.

6. The Associate Dean for GME and Hospital Legal Services are available for consultation regarding the content of the written notification of the adverse action. The final adverse action will be implemented only after all rights to appeal have been exhausted and the decision becomes final.

Definitions for Administrative and Academic Disciplinary Actions:

1. **Focused Review with Extension of Training:**
   a. Focused Review with Extension of Training is an adverse action to address moderate to severe education deficits that will require additional training time to remediate.

2. **Probation:**
   a. Probation is used when ongoing and/or significant deficiencies in a resident’s performance or behavior are noted.
   b. Probation allows the resident to continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of probation.
   c. Time spent on probation may or may not be used for credit toward the completion of the training program at the Program Director’s discretion. The decision to grant credit for the time on probation may be made at the end of the probationary period based on the resident’s performance while on probation.
d. The resident’s schedule and activities may be modified during the period of probation in order to allow the resident an opportunity to remedy the deficiencies or to ensure that the resident is fully prepared to move forward to the next stage of training.
e. If the deficiencies are not satisfactorily corrected during the probationary period, further disciplinary action will follow.

3. **Suspension:**
   a. Suspension involves the removal of a resident from training activities for a specified period of time. Although some of the reasons for probation and suspension are the same, the severity of the resident’s deficiencies and any potential direct or indirect threat to patients, colleagues or other staff may determine which adverse action should be taken.
   b. Suspension may be with or without pay as appropriate depending upon the circumstances and at the discretion of the Program Director.
   c. When returning from suspension, the resident may be placed on probation for a specified period of time in order to determine whether the specific deficiencies that caused the suspension have been adequately addressed.

4. **Non-promotion:**
   a. Non-promotion means that the resident will not be promoted to the subsequent PGY-year at the completion of their current year of training. Non-promotion should be used when a resident has not been able to clearly demonstrate the knowledge, skills, or behaviors required to advance to the next level of training and responsibility.
   b. Non-promotion is appropriate when the Program Director believes that the resident will be able to successfully complete the PGY-year and eventually the training program after the period of additional training.
   c. The notification timeline regarding non-promotion are noted in item 9 in the “Policy” section above.
   d. When non-promotion is decided upon, the resident has the option of resigning from the program at the completion of the academic year in lieu of not being promoted.
   e. When non-promotion is decided upon and the resident chooses to transfer to another institution in the same or in a different specialty, the resident will not receive credit for successfully completing the current year of training.

5. **Non-renewal:**
   a. Non-renewal means that the resident will be terminated as a trainee within the training program at the end of their current appointment.
   b. The resident will receive credit for successfully completing training up to the end of the current contract year.
   c. The notification timeline regarding non-promotion are noted in item 9 in the “Policy” section above.

6. **Termination:**
   a. Termination involves the immediate and permanent removal of a resident from the training program and is the most serious of all adverse actions. Termination should be used only in the case of a resident with serious deficiencies in knowledge, performance,
or behavior. In addition, under the Hospital Medical Staff Bylaws, a resident may be terminated if they are no longer eligible to practice medicine under state or federal law.
b. As stated in the Limited Staff Agreement, Hospital Medical Staff Bylaws, and University HR policies, termination from the training program will also result in immediate termination of the resident’s stipend and benefits, faculty position, access to medical records, and clinical credentials as a member of the Limited Staff.
c. Termination is typically preceded by sufficient notice to the resident that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous adverse actions. However, there is no requirement that there be any preceding adverse action prior to a resident being terminated.