Policies and Procedures

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PURPOSE

This policy is created to define the relationships between Medical Staff governance and Graduate Medical Education governance and the residents and fellows that fall under the Graduate Medical Education governance.

SCOPE

This policy applies to all Creighton University residents and fellows.

DEFINITIONS

- Medical Staff Committee: A governance committee made up of the medical staff that work in a specified hospital. They follow defined medical staff bylaws and are an entirely separate entity from the academic processes or trainees in the hospital.
- **Peer Review**: A standing sub-committee of the Medical Staff that is responsible for investigating patient, member or practitioner complaints or concerns about the quality of clinical care or service provided and to make recommendations for corrective actions, if appropriate.
- Clinical Competency Committee: A committee appointed by the Program Director that participates in reviewing resident or fellow performance and makes recommendations to the Program Director in regard to promotion, disciplinary action or dismissal.

POLICY

Residents and fellows do not fall under rules of the Hospital Medical Staff or its Peer Review Committee. Residents and fellows are not peers to the medical staff within the hospital and therefore not subject to the medical staff peer review process.

Residents and fellows do fall under the supervision of physicians who are part of the hospital medical staff. They may be a non-peer review participant invited to provide information or reports to a Medical Staff Peer Review Committee.

If the Medical Staff Peer Review Committee has concerns about a resident's/fellow's performance, they should notify the Program Director who will follow the Creighton GME Corrective Action policy to evaluate and address that performance. All corrective actions taken by GME are confidential. The only items reportable back to the Medical Staff Peer Review Committee are when an individual resident/fellow is grossly negligent, such as disregarding the instructions of the supervising physician or acted with willful professional misconduct. This type of report can only occur after resolution of any processes or appeals under the Resident Due Process and Grievance Policy and must be approved by the Program Director, the Clinical Competency Committee and the DIO.

Process:

- If a Medical Staff Peer Review Committee wishes to ask a resident/fellow to comment on aspects of the case, outside of their own performance, the Medical Staff Peer Review Committee must first contact the Program Director of the residency/fellowship program.
- Residents/fellows, as trainees, are not qualified to judge a medical staff's clinical decisions or skills, nor should they be asked to report information on their superiors.

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- The Program Director will be present with the resident/fellow when they report to the Peer Review Committee and/or assist with any write up.
- The Program Director is not held responsible to the Peer Review Committee for any actions of their residents/fellows.
- The supervising physician is responsible for all actions of the residents/fellows they supervise unless the resident/fellow directly disregards instructions from that supervisor.
- The DIO will adjudicate in any situation regarding resident/fellow performance when there is disagreement between the Program Director and the Peer Review committee.

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 Policy shall govern.

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

Reviewed and Approved By:

Phx GEC: September 13, 2021 Omaha GEC: August 13, 2021 Exec GMEC: October 11, 2021