

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:	October 7, 2024; August 7, 2023; February 6, 2023
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ACGME ACCREDITATION STANDARD REFERENCE:	Common Program Requirement: V.A.1 Resident Evaluation

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 (HSP) 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 Creighton University School of Medicine-Phoenix (CUSOM-PHX) HSP and their respective training programs, that are ACGME accredited or meet the criteria in the Non-ACGME Accredited Program Policy.

It should be noted that HSP performance is not governed directly and does 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 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.

Corrective Action: Formal action taken when the HSP fails to correct identified deficiencies during informal remediation or when the deficiencies are so significant that the step of informal remediation is skipped.

Designated Institutional Official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all the ACGME accredited GME programs.

Dismissal: Permanent discharge from the program due to unacceptable performance and/or behavior and termination of employment and contract.

House Staff Physician (HSP): Any resident or fellow in a CUSOM-PHX GME program.

Noncertification for boards: The determination not to certify HSP to sit for an Accrediting Board.

Non-promotion: The decision not to advance a HSP within his or her program of study.

Non-renewal of Contract: Permanent discharge from the program at the end of the contract period, due to unacceptable performance and/or behavior and termination of employment.

Probation: A formal disciplinary step in which there are identified areas of unsatisfactory performance that will require remediation and/or improvement if the HSP is to continue in the Graduate Medical Education Training Program. Probation can either be academically based or unprofessional behavior based.

Remedial Action: The informal act of facilitating a correction for HSP who are not on course to

competence.

Suspension: A temporary period during which educational and clinical privileges (duty) are revoked. Suspension may occur during an investigation due to unsatisfactory job performance that requires remediation and/or when it is felt in the best interest of patient safety. A HSP may be suspended from all duties during the investigation of any event that may lead to disciplinary action. While a HSP is on suspension, they will not be allowed at any clinical training site or at any GME events.

Under Review: A remedial status applied to HSP as a result of concerns regarding the HSP performance. The primary purpose of being placed Under Review is to provide feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing judgment in the form of a permanently recorded grade or score.

POLICY

HSP 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 the program director, after input from the CCC, determines that the HSP has failed to satisfactorily address the deficiency and/or improve overall performance to an acceptable level, the program director may elect to take further action, which may include the 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.

A. Remedial Actions

The following remedial actions are available to any program with performance concerns regarding a HSP. 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 HSP's permanent record.

1. *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.
2. *Structured Feedback.* Structured feedback is intended to improve overall performance. The HSP'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 HSP if specific instances of inappropriate conduct is given with suggested correct behavior and ask the HSP how they will commit to changing their behavior.
3. *Under Review.* If questions are raised regarding the adequacy or appropriateness of a HSP's performance, the HSP may be placed Under Review. Under Review status indicates that the

HSP's performance is being closely monitored. Under Review status is not an adverse action and will not be reported to state medical boards, prospective employers, or other third parties who request information about a HSP's performance.

The program director, in consultation with the CCC:

- a. Determines whether Under Review status is warranted.
- b. May consult with the DIO prior to placing a HSP Under Review.
- c. Using the GME template, composes written notification of being placed Under Review.
- d. Meets with the HSP (or assigns designee) to discuss the Under Review status and requirements and provides them the written notification with a copy to the GME office.
- e. Ensures that the HSP understands and signs the plan regarding the program's expectations for the HSP to successfully improve their performance.
- f. Ensures that the HSP understands that if the unacceptable performance and/or behavior is not improved in the specified time, or if there is another occurrence of unacceptable performance and/or behavior, the HSP may be subject to corrective action.
- g. Determines if the HSP has successfully improved their performance to end their Under Review status or if the HSP is placed on any corrective action.
- h. Consults with the DIO about continuation if the Under Review status may last longer than six months.
- i. At the conclusion of the Under Review period, notifies the HSP and GME office of the decision on the outcome of the Under Review status.

B. Corrective Actions

If a program director, after consultation with the CCC, determines that corrective action is warranted, the program director shall notify the HSP and GME office utilizing the GME template addressing these areas:

- 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. Notice of right to appeal under the Academic Appeals and Due Process or Grievance and Complaints Policies.

Where required by applicable state law, corrective action shall be reported to the state licensing board. Corrective action is also reportable to state medical boards, prospective employers, or other third parties who request information about a HSP's performance.

1. *Probation and Suspension.* The program director, in consultation with the CCC:

- a. Determines whether probation or suspension is warranted.
- b. Consults with the DIO prior to placing a HSP on probation or suspension.
- c. Using the GME template, composes written notification of being placed on probation or suspension.
- d. Meets with the HSP and provides them the written notification and copies the GME office.
- e. Ensures that the HSP understands that this status/action is:
 - i. a permanent designation in the HSP's file
 - ii. is disclosed in response to requests for information about the HSP
 - iii. may be appealed in accordance with the Academic Appeals and Due Process or Grievances and Complaints policies
- f. Ensures that the HSP understands that if the unacceptable performance and/or behavior

is not corrected in the specified time, or if there is another occurrence of unacceptable performance and/or behavior, the next step may be dismissal.

- g. Obtains the HSP's signature indicating receipt of the written notice or documents delivery of the notice.
 - h. Places a copy of the notification in the HSP's file.
 - i. Re-evaluates the HSP before the end of the probation or suspension period and decides the most appropriate course of action.
 - j. Communicates the decision to the HSP and GME office.
2. *Non-Promotion:* The program director, in consultation with the CCC:
- a. Determines whether a decision to not promote a HSP is warranted.
 - b. Determines if the HSP needs to repeat a training year or extend the current training year by a specified time.
 - c. Consults with the DIO prior to finalizing the decision to not promote the HSP.
 - d. Using the GME template, composes written notification of the decision to not promote the HSP.
 - e. Meets with the HSP and provides them the written notification and copies the GME office. The HSP should optimally receive a 90-day written notice.
 - f. Ensures that the HSP understands that this status/action is:
 - i. a permanent designation in the HSP's file
 - ii. is disclosed in response to requests for information about the HSP
 - iii. may be appealed in accordance with the Academic Appeals and Due Process or Grievances and Complaints policies
 - g. Obtains the HSP's signature indicating receipt of the written notice or documents delivery of the notice.
 - h. Places a copy of the notification in the HSP's file.
3. *Non-renewal of Contract.* The program director, in consultation with the CCC:
- a. Determines whether Non-renewal of the contract is warranted.
 - b. Consults with the DIO prior to finalizing the decision to non-renew the contract.
 - c. Using the GME template, composes written notification of the decision to non-renew the HSP contract.
 - d. Meets with the HSP and provides them the written notification and copies the GME office. The HSP should optimally receive a 90-day written notice. If the reason for non-renewal occurs within the 90 days prior to the end of the current contract, it is expected that the program will provide the HSP with as much notice of its intent not to renew as the circumstances will reasonably allow.
 - e. Ensures that the HSP understands that this status/action is:
 - i. a permanent designation in the HSP's file
 - ii. is disclosed in response to requests for information about the HSP
 - iii. may be appealed in accordance with the Academic Appeals and Due Process or Grievances and Complaints policies
 - f. Obtains the HSP's signature indicating receipt of the written notice or documents delivery of the notice.
 - g. Places a copy of the notification in the HSP's file.
4. *Non-certification to Sit for Accrediting Board.* The program director, after consultation with the CCC:

- a. Determines non-certification to sit for an accrediting board is warranted.
 - b. Consult with DIO
 - c. Using the GME template, composes written notification of the decision.
 - d. Meets with the HSP and provides them with written notification and copies the GME office. The HSP should optimally receive notice 90 days before the exam.
 - e. Communicates the decision to the HSP, the Division Chief or Department Chair, and GME Office.
5. *Dismissal.* Dismissal involves the permanent withdrawal of all responsibilities and permitted activities at CUSOM-PHX and affiliated programs/sites.
 - a. If an incident occurs during any remedial or corrective action period that is grounds for dismissal, the program director or designee shall consult with the DIO. Upon agreement or direction of the DIO, the HSP may be dismissed at any time.
6. *Suspension by the DIO.*

Notwithstanding anything contained in this policy, if the DIO determines that the continued presence of a HSP on campus, at affiliate programs/sites or in the residency/fellowship program substantially interferes with the orderly function of the campus, affiliate programs/sites, or the residency/fellowship program, the DIO may suspend the HSP effective immediately. Normally, such suspension shall not exceed thirty days, absent an ongoing investigation or pending appeal of any subsequent corrective action. This decision is not subject to appeal, but any subsequent corrective action may be appealed under the Academic Appeals and Due Process Policy.

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.