Policies and Procedures

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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 to use in the normal process of evaluating and assessing competence and progress of Residents and fellows enrolled in post-graduate medical education programs. Specifically, this policy will address the process to be utilized when a resident or fellow fails 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.

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.

- Resident: Any intern, resident or fellow in a Creighton School of Medicine GME program. Performance Improvement Plan (PIP): A plan of remediation designed to improve a resident’s proficiency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- Probation: Probations can either be academically based or behavior/ethically based. All types of probation stays in the Resident’s permanent record here at Creighton University GME. Academic probation is not reportable to the state licensing board, unlike behavior or an ethical related probation which is a mandatory reporting item to the state licensing board.

POLICY

Review or “Under Review”: A disciplinary 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” status will not be reportable or kept in the Resident’s permanent record after the resident has resolved the issue’s defined by the CCC. 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.

PROCEDURE

Structured Feedback

The ACGME states all programs “must provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice; use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff); document progressive Resident and Fellow performance improvement appropriate to educational level; and, provide each Resident and Fellow with documented semiannual evaluation of performance with feedback. The evaluations of Resident or Fellow performance must be accessible for review by the Resident and Fellow, in accordance with institutional policy.” (ACGME Common Program Requirements CPR.V.A.1.a-c). Feedback techniques include verbal feedback, rotational evaluations and summative evaluations. Each residency and fellowship program must have a Clinical Competency Committee (CCC) charged with routinely assessing Resident performance.

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 or the CCC. Under review status indicates that the Resident’s performance is being closely monitored. The Resident is placed under review through written notification given at a meeting with the Program Director or designee and a copy is placed in the Resident’s file. The written documentation must be signed and dated by the Program Director or designee, and a witness, and must be provided to the Resident. The Program Director shall provide the written documentation to the Resident, which shall be done in person, if possible, and electronically via University e mail. This letter should clearly define the perceived problem(s) and proposed remediation plan with reasonable and clearly articulated expectations of the under review period. The under review status can be no longer than six months. At the conclusion of the under review period, the under review status may end or the Resident may be placed on a new under review period or probation. 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 (Designated Institutional Official/Associate Dean for GME) (“DIO”). Upon agreement of the DIO, the Resident may be placed on probation or termination. 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.

During the under review status, the Program Director or designee must meet at a minimum two times a month 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 must also be reasonably available to
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meet with the Resident in a timely manner. Written documentation of the meeting between the Resident and the Program Director or designee must be completed by the Program Director and maintained in the Resident’s file. The written documentation must include the date of the meeting, a summary of the discussion with the Resident on his/her progress, and be signed and dated by the Program Director or designee, the Resident, and witness. The Resident and the DIO will be notified of the CCC’s decision on the outcome of the under review status.

The decision to place a Resident on under review status may not be appealed or grieved.

Licensure under Review Status

If any Resident is issued a temporary educational permit or a permanent Nebraska license which is provisional, probationary or restricted (all referred to as a “Provisional License”), either at or before the Resident enters into a Graduate Medical Education Program Agreement or at any time during which the Resident is a party to a Graduate Medical Education Program Agreement with Creighton University, the Resident has an obligation to immediately (within 24 hours) notify the Program Director or designee and the DIO of such action taken on his/her license. Any Resident with a Provisional License shall be automatically considered to be on “licensure under review” status for the entire period the Resident has a provisional license. There are no rights to grieve or appeal the “licensure under review” status imposed under this section. In addition, the Resident must also promptly (within 24 hours) notify the Program Director or designee and the DIO any time he/she is notified by the State of any possible violation of the terms of the Provisional License, or any action the Resident’s is being asked to take (testing, attending a hearing, etc.). The Resident’s failure to do any of the actions listed in this section shall be grounds for immediate termination of this Agreement.

Depending upon the reason for the issuance of a Provisional License, the Program Director or designee or the DIO may assign the Resident supplemental internal requirements and criteria in addition to the State Licensure restrictions which are placed on the Provisional License.

Failure to Cure the Deficiency

If the program director in agreement with the CCC determines based on subsequent evaluations that the Resident has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the program director and the CCC may elect to take further action, which may include one or more of the following steps:

a. Issuance of a new or updated under review.
b. Initiation of Corrective Action (Probation).
c. Initiation of Corrective Action (Repetition of Rotation and Extension of Training Period)
d. Initiation of Corrective Action (Election Not to Promote to the Next PGY Level)
e. Initiation of Corrective Action (Extension of the Defined Training Period)
f. Initiation of Corrective Action (Dismissal)
g. Determination not to certify a resident to sit for an Accrediting Board.
It should be noted that Program directors are not required to use a stepwise approach for determining specific adverse actions. For example, a Program Director is not required to place a Resident on focused review prior to probation or probation prior to suspension.

All of the above steps except for being under review must include approval from the DIO before being initiated. See Grievance and Due Process policy for more information.

**Corrective Action**

Residents may be subject to 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. Corrective Action may include, but is not limited to, probation, suspension, non-renewal of contract, or dismissal from a Post-Graduate Training Program. In the event that a program director with the approval of the CCC determines that Corrective Action is warranted, the program director shall provide written notice to the Resident which states:

(a) the specific Corrective Action to be taken;
(b) the reasons for the corrective action;
(c) notice of the Resident’s right to an appeal of the Corrective Action;
(d) the time period within which the Resident must initiate the appeal; and
(e) that failure to request a hearing constitutes a waiver of all rights to appeal.

In the event a program director determines that the Resident's job performance presents a threat to patient safety or welfare, the Resident may be immediately removed from the patient care environment pending a Corrective Action determination.

**Probation or Suspension**

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 Post-Graduate Training Program. The program director and the CCC determine whether probation or suspension is warranted. Suspension means the Resident is temporarily not permitted to perform his or her job duties due to unsatisfactory job performance that will require remediation and/or improvement if the resident is to continue in the Post-Graduate Training Program. The notice to the Resident of either probation or suspension shall set a commencement date and duration period for the probation or suspension status and shall set forth the specific remedial action or improvement that is required during this period. The program director and the CCC shall re-evaluate the Resident at the end of the probation or suspension period and make a determination to (i) continue the probation or suspension; (ii) remove the resident from probation or suspension status; or (iii) impose another Corrective Action measure. The program director shall communicate the decision of the program director and the CCC in writing to the Resident.
Non-Renewal of Contracts

In the event a program director and the CCC elects not to renew a Resident's contract for the next year, the program director shall provide the resident with written notice of this decision. Notice must be provided to the Resident at least four (4) months prior to the expiration date of the current contract, unless the primary reason for the non-renewal occurs within the four (4) months prior to the expiration of the current contract, in which case the program director must provide the Resident with as much written notice of the non-renewal prior to the expiration date as the circumstances will reasonably allow.

REFERENCES
ACGME Common Program Requirements CPR.V.A.1.a-c

AMENDMENTS OR TERMINATION OF THIS POLICY
Creighton University reserves the right to modify, amend or terminate this policy at any time.