Policies and Procedures

PURPOSE

The purpose of the policy is to describe the Graduate Medical Education due process and to establish appeals/grievance procedures consistent with the principles of due process related to both evaluations and academic/administrative adverse actions. These procedures provide guidance for the fair resolution of disputes regarding the resident’s performance and conduct.

SCOPE

The policy applies to all Creighton University residents, fellows and their respective training programs.

DEFINITIONS

- **ACGME**: The body responsible for accrediting the majority of graduate medical training programs (i.e., internships, residencies, and fellowships, aka subspecialty residencies) for physicians in the United States. It is a non-profit private council that evaluates and accredits medical residency and internship programs. In this policy, the term “resident” includes all interns, residents and fellows in GME training programs.

- **Clinical Competency Committee**: is the ACGME required committee that reviews all resident evaluations semi-annually; prepares and assures the reporting of Milestones evaluations of each resident semi-annually to ACGME; and advises the program director regarding resident progress, including promotion, remediation, and dismissal.

POLICY

I. **General Guidelines**:

   A. Promotion and re-appointment of a resident as well as completion of a training program is contingent upon the resident's satisfactory performance in meeting knowledge, performance and behavior standards and expectations as set by the institution and program.

   B. If a resident does not satisfactorily meet the standards and expectations, the resident may be subject to a variety of adverse actions as outlined in the policy entitled “Corrective Action Policy.”

II. **Challenging a Performance Evaluation**:

   A. The resident has the right to challenge the accuracy of a written or electronic evaluation of his/her performance.

   B. As a first step, the resident should meet with the Program Director to discuss the evaluation. The resident should present his/her concerns with the evaluation in as objective
a manner as possible. For example, a concern may be that the faculty member did not have sufficient exposure to the resident during the evaluation period to form an objective opinion or complete an evaluation.

C. As a result of that conversation, the Program Director may decide:
   1) To uphold the evaluation and include it in the resident’s record.
   2) May decide to not act on the challenge to the evaluation at the time but to keep it in the resident’s record for future reference.
   3) May decide to act on the challenge to the evaluation and to purge it from the resident’s record.

D. The Program Director should document the date of the meeting, the stated reasons that the resident is challenging the evaluation, and his/her final decision regarding the disposition of the challenge in a memo to the resident’s file for future reference and the Program Director must communicate his/her decision to the resident.

E. If the resident’s challenge to his/her evaluation is not satisfactorily resolved after talking with the Program Director; the resident may request to meet with the Clinical Competency Committee to present his/her appeal. This request must be submitted in writing within 10 days of the Program Director’s decision regarding the challenge.
   1) The Clinical Competency Committee shall upon receiving the written request for an appeal, schedule a meeting within 10 days of receipt of the written request to hear the resident’s concerns and provide findings and recommendations to the Program Director regarding the disposition of the evaluation.
   2) The Program Director will review all Committee findings and recommendations to make a final decision on the disposition of the evaluation within 10 days of receiving the findings and recommendations from the Committee
      a. The decision of the Program Director will be at his/her sole discretion and will be final with no further appeals allowed.
   3) The final decision must be documented in the resident’s file and communicated to the resident.

III. Appealing an Adverse Action:

A. The appeals process for adverse academic and administrative actions taken under the policy entitled “Corrective Action Policy” is dealt with in this section of this policy.

B. Academic adverse actions are defined in the “Corrective Action Policy” to include the following:
   1) Focused review that does not extend the length of the training. This action is not eligible for appeal under any circumstances.
2) Focused review that does extend the length of training.
3) Probation
4) Suspension
5) Non-promotion
6) Non-renewal
7) Termination

C. An appeal of an adverse action must be made in writing by the Resident to the Program Director within seven days after receipt of the written notice of the adverse action. If the Resident does not make a timely appeal, the decision of the Program Director regarding the adverse action is final and adverse action will be implemented.

D. If an appeal is made, an appeal committee will be appointed by the Associate Dean for GME. The composition of the appeal committee will be as follows:
   1) The Associate Dean for GME will function as the chair of the appeal committee.
   2) Two program directors not affiliated with the clinical department of the program involved in the appeal.

E. The appeal committee will function using the following procedures:

   1) The appeal committee will meet within fourteen days of the receipt of the written appeal.
   2) The appeal committee meeting will be scheduled to provide sufficient time for the committee members to receive the information necessary to make a final decision regarding the appeal.
   3) A complete copy of the resident’s evaluation file and the written notification of the adverse action must be supplied to the appeal committee in advance of the committee meeting.
   4) The recommendation of the Clinical Competency Committee to the Program Director regarding the original adverse action shall be presented to the appeal committee.
   5) During an appeal hearing, the Resident should submit written evidence in support of the appeal. This can include letters of support from other faculty members who do not serve on the Clinical Competency Committee.
   6) The Program Director may also submit additional written evidence beyond items (3) and (4) above and may call others with substantive knowledge of the case to present evidence in support of the adverse action.
   7) The hearing is not controlled by legal rules of evidence nor procedure. No formal transcript of appeal committee meeting is required. Neither party may be represented by legal counsel at the hearing. Neither party may bring guests or other representatives to the hearing.
   8) After the review of documents, the appeal committee may ask both the Resident and the Program Director to be present for further clarification of any facts. Only the
appeals committee may request this testimony. Neither the resident nor the program director has the right to request to present to the appeals committee.

9) At the conclusion of the presentations by the Resident and the Program Director, the members of the appeal committee will deliberate on the final disposition of the appeal with neither the Resident nor the Program Director in the room.

10) At the conclusion of the appeal committee’s deliberations, the committee chair will call for a vote to uphold, modify or reverse the original adverse action.

11) If additional meetings are required after the initial committee meeting as described in G above, a final determination by the appeal committee must be made within fourteen days of the first hearing committee meeting.

12) The chair of the appeal committee will notify both the Resident and the Program Director in writing regarding the committee’s decision within seven days of the decision.

13) The decision of the committee is final and may not be further appealed.

14) The committee’s decision must be properly documented in the resident’s file.

IV. Grievance Related to the Work Environment, Program or Faculty

A. In the event a resident/fellow in an ACGME accredited training program has concerns or complaints about his/her program or educational learning environment;

   1) It is recommended he/she document the concerns to address with the Program Director and/or Department Chair of their respective program.

   2) If the resident/fellow believes real or perceived conflicts of interest would preclude or render unproductive such a discussion, it is recommended they engage the designated Graduate Medical Education Ombudsperson(s) for advice and counsel on the most appropriate course of action to address their grievance (e.g., reporting mechanisms through Human Resources, Title IX requirements and the Office of Equity and Inclusion, Graduate Medical Education Office).

B. The Associate Dean for Graduate Medical Education is at all times available to assist the resident through these processes. Decisions made by the above departments will be considered final after due process.

REFERENCES

https://www.acgme.org/acgmeweb/

AMENDMENTS

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