

Creighton University School of Medicine-Omaha Policies

POLICY:	Remedial and Corrective Action
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Omaha
REVISED DATES:	07/09/2024; 08/2023; 03/2019; 01/2017; 10/2016
ACGME ACCREDITATION STANDARD REFERENCE:	Common Program Requirement: V.A.1 Resident Evaluation

PURPOSE

To establish a policy and process for all medical resident and fellow training programs at Creighton University School of Medicine-Omaha (CUSOM-OMA) 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 CUSOM-OMA HSP and their respective training programs, both that are Accreditation Council for Graduate Medical Education (ACGME) accredited or Non-ACGME Accredited are required to comply with this operating procedure.

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.

Any allegations under the jurisdiction of other University conduct policies shall be handled under those policies. Examples include but are not limited to the Non-Discrimination Policy (2.1.25), the Title IX Policy (2.1.35), the Misconduct in Scholarly and Scientific Research that is Not Federally Funded Policy (4.2.6), and the Research in Federally Funded Research Policy (3.2.2). These policies can be found at: <https://my.creighton.edu/generalcounsel/cupolicies/>

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. Corrective action includes probation, suspension, dismissal, non-promotion, nonrenewal of contract, and is reportable to outside agencies.

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-OMA 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.

Nonrenewal 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: Probation is a corrective action 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 be based on serious concern regarding lack of progress in some of the ACGME milestones in the competencies of Patient Care, Medical Knowledge, Professionalism, Systems based learning, Practice Based Learning, and Interpersonal and Social Communication Skills.

Remedial Action: The informal act of facilitating correction for HSPs who are not on course to competence. Remedial action includes verbal and written feedback and under review status and is not reportable to outside agencies.

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 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 due to concerns about 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-Omaha 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 before 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. Meetings may be virtual or, where the DIO finds (in their sole discretion) a meeting is unfeasible, substituted with written e-mail notification.

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 an adverse action and will not be reported to state medical boards, prospective employers, or other third parties who request information about an HSP's performance.

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.

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. A referral to GME Wellness Director is recommended.

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. The program director, after consultation with the CCC:

- Determines whether Under Review status is warranted.
- May consult with the DIO prior to placing a HSP Under Review.
- Using the GME template, composes written notification of being placed Under Review.
- Meets with the HSP (or assigns designee) to discuss the Under Review status and requirements and provides them with the written notification with a copy to the GME office. Such written notification shall include the GME Resource Sheet.
- Ensures that the HSP understands and signs the plan regarding the program's expectations for the HSP to successfully improve their performance.
- 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.
- Determines if the HSP has successfully improved their performance to end the Under Review status or if the HSP is placed on any corrective action.
- Consults with the DIO about continuation if the Under Review status may last longer than six months. 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.

Corrective Action

The following corrective actions are available to any program with performance concerns regarding an HSP. It is not required for a program to first use remedial action or to follow use these corrective actions in order. Corrective Action will be reported to state medical boards. Where authorized, it will be released to prospective employers and other third parties who request information about an HSP's performance.

Probation or Suspension. The program director, after consultation with the CCC:

- Determines probation or suspension is warranted.
- Consults with the DIO prior to placing a HSP on probation or suspension.
- Using the GME template, composes written notification of being placed on probation or suspension. This template shall include the identified deficiencies in clinical competencies, the expected corrective action by the HSP, deadlines for the expected corrective actions, and a notice of the right to appeal the decision under the Academic Appeal and Due Process Policy.
- Meets with the HSP and provides them the written notification, with copy to the GME office. The written notification shall notify the HSP that this action is subject to appeal under the CUSOM-Oma Due Process Policy.
- Places a copy of the notification in the HSP's file.
- Re-evaluates the HSP before the end of the probation or suspension period and determines whether the HSP has satisfied the terms of the probation/suspension.
- Communicates the decision to the HSP, the Division Chief or Department Chair, and GME office. If the HSP is found to have not satisfied the terms of the probation/suspension, the program director shall communicate whether the probation / suspension is continued and under what terms. The program director may, following steps 2, 3 or 4 under this subsection, elect to take one or more additional corrective actions. In the case of non-promotion, such action may be in addition to a continuation of probation/suspension.

Non-Promotion: The program director, after consultation with the CCC:

- Determines non-promotion a HSP is warranted.
- Determines if the HSP needs to repeat a training year or extend the current training year by a specified time.
- Consults with the DIO prior to finalizing the decision to not promote the HSP.
- Using the GME template, composes written notification of the decision to not promote the HSP. This template shall include the identified deficiencies in clinical competencies, any expected corrective actions of the non-promotion, deadlines for the expected corrective actions, and a notice of the right to appeal the decision under the Academic Appeal and Due Process Policy.
- 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.
- Places a copy of the notification in the HSP's file.
- Communicates the decision to the HSP, the Division Chief or Department Chair, and GME Office.

Non-certification to Sit for Accrediting Board. The program director, after consultation with the CCC:

- Determines non-certification to sit for an accrediting board is warranted.
- Consult with DIO
- Using the GME template, composes written notification of the decision.
- 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.
- Communicates the decision to the HSP, the Division Chief or Department Chair, and GME Office.

Non-Renewal of Contract. The program director, after consultation with the CCC:

- Determines Non-Renewal of the contract is warranted.
- Consults with the DIO before finalizing the decision to non-renew the contract.
- Using the GME template, composes written notification of the decision to non-renew the HSP contract.
- Meets with the HSP and provides them the written notification. The HSP should optimally receive a 90-day written notice. If the reason for non-renewal occurs within the 90 days prior to the current contract's end, the program is expected to give the HSP as much notice of its intent not to renew as the circumstances will allow.

Communicates the decision to the HSP, the Division Chief or Department Chair, and GME Office.

Dismissal. Dismissal involves the termination of employment and permanent withdrawal of HSP's responsibilities and permitted activities at CUSOM-OMA and affiliated programs/sites. The program director, after consultation with the CCC or with the agreement or direction of the DIO:

- Determines dismissal is warranted for failure to satisfy prior corrective action, for breach of contract, or for good cause where no prior corrective action has occurred.
- Using the GME template, the program director or the DIO shall meet with the HSP and provide them written notification.
- Meets with the HSP and provides them the written notification.

Communicates the decision to the HSP, the Division Chief or Department Chair, and GME Office.

Immediate Action 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.