

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education - Omaha	<i>Issued:</i> <i>09.2015</i>	<i>REV. A</i> <i>06.2019</i>	<i>REV. B</i> <i>08.2021</i>	<i>REV. C</i> <i>09.2023</i>		
<i>Policy: HSP Due Process & Grievance</i>		<i>Page 1 of 3</i>				

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 academic/administrative adverse actions. These procedures provide guidance for the fair resolution of disputes regarding the HSP's performance and conduct.

SCOPE

The policy applies to all Creighton University HSP's and their respective training programs.

DEFINITIONS

Appeal Officer: The person who will hear and decide all appeals filed by Omaha HSP's. This will be the Creighton DIO for Phoenix programs.

Clinical Competency Committee (CCC): The Clinical Competency Committee is required for each ACGME accredited program. Its role is to advise the program director regarding its synthesis of progressive resident performance and improvement toward unsupervised practice.

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

House Staff Physician (HSP) : Residents or fellows of any Creighton sponsored GME program.

POLICY

A. General Guidelines

- i. Promotion and re-appointment of a HSP, as well as completion of a training program, is contingent upon the HSP's satisfactory performance in meeting knowledge, performance and behavior standards and expectations as set by the institution, program, accrediting body or medical boards.
- ii. If a HSP does not satisfactorily meet the standards and expectations, they may be subject to a variety of adverse actions as outlined in the policy entitled "Corrective Action Policy."
- iii. All notices under this policy should be delivered to the recipient's official Creighton University email address. HSPs are responsible for regularly checking their Creighton email for official communications.

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B. Appealing an Adverse Action

- i. The appeals process for adverse correction actions taken under the policy entitled “Corrective Action Policy” are dealt with in this section of this policy.
- ii. Corrective Actions which may be appealed are:
 - Probation
 - Election Not to Promote to the Next PGY Level
 - Extension of the Defined Training Period
 - Non-renewal
 - Dismissal (except where due to loss or restriction of licensure)
 - Reportability of a suspension action.

PROCEDURE

A. The following procedures will be followed for any appeal:

- i. The Resident notifies their Program Director and the Appeal Officer Appeal Officer in writing by email of their desire to appeal within seven calendar days of receiving notification of the adverse corrective action.
- ii. The Program Director will submit to the Appeal Officer Appeal Officer a written summary justifying the adverse corrective action and any related documentation such as evaluations, comments from faculty or other items as related to the program’s decision. This summary and supporting evidence must be submitted within seven calendar days of the notice of appeal.
- iii. Within seven calendar days of submitting a notice of appeal, the Resident HSP should submit a written summary of the reason the adverse corrective action is not justified, along with supporting evidence.
- iv. The HSP may ask faculty to submit letters of support for the Resident which must be directly submitted by email to the DIO. Faculty members who sit on the program’s Clinical Competency Committee cannot be asked to submit letters of support. These letters must be submitted within 7 days of the notice of appeal.
- v. The program or the resident can request from the DIO an extension of these seven days to submit supporting evidence. The DIO will review the request and make a decision as to whether this timeline can be extended by another seven days. This decision is not appealable.
- vi. The Resident or the Program Director may ask the DIO to review relevant patient records. Should the DIO find that information to be relevant, the DIO will work with the applicable care facility to review those records in compliance with state and federal law.

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- vii. The DIO and the Appeal Officer may ask for further clarification of any facts from the Resident and/or the Program Director. The DIO and Appeal Officer may also seek additional evidence they feel relevant to the matter.
- viii. The Appeal Officer will review the documentation and make a final decision within 21 calendar days of the filing of the appeal. This deadline may be extended if the Appeal Officer needs additional time to obtain access to patient records or review all submitted materials. If such additional time is needed, the Appeal Officer will inform both the Resident and Program Director.
- ix. The appeal process is not controlled by legal rules of evidence nor procedure. No formal record of the appeal documentation or decision is required. The Resident and the Program Director do not have the right to question each other or witnesses. No live hearing will be held.
- x. The DIO's decision is final and may not be further appealed.
- xi. The fact that the adverse action was appealed and the Appeal Officer's decision should be properly documented in the resident's file.
- xii. If a corrective action is overturned, the corrective action is not reportable to licensing bodies, the ACGME or the medical specialty boards.

B. Concerns Related to the Work Environment, Program or Faculty

- i. In the event a HSP has concerns or complaints about her/his program or educational learning environment, it is recommended the HSP discuss such concerns with the Program Director and/or Department Chair of their respective program.
- ii. If the HSP believes real or perceived conflicts of interest would preclude or render unproductive such a discussion, it is recommended they engage the DIO for advice and counsel on the most appropriate course of action to address their concerns (e.g., reporting mechanisms through Human Resources, reporting through the Office of Equity and Inclusion, or reporting to the School of Medicine Dean.

REFERENCES

ACGME

AMENDMENTS

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.

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