

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> 10.2016	<i>REV. A</i> 01.2017	<i>REV. B</i> 03.2019	<i>REV. C</i> 08.2023		
<i>Policy: Corrective Action</i>		<i>Page 1 of 6</i>				

PURPOSE

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.

To establish a policy and process for all Omaha training programs at Creighton University School of Medicine for use in the normal process of evaluating and assessing competence and progress of HSP enrolled in Graduate Medical Education programs. Specifically, this policy will address the process to be utilized when a HSP fail to meet the academic or professional expectations of their program.

SCOPE

This policy applies to all Omaha Graduate Medical Education (GME) training programs at Creighton University School of Medicine.

It should be noted that HSPs do not fall under rules of the Hospital Medical Staff Peer Review Committee. If the Medical Staff Peer Review Committee has concerns about a HSP's 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 its synthesis of progressive HSP 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.

Probation: Probation is a formal corrective action that requires a written plan delineating out actions and goals for improvement. Probation can either be academically based or behavior/ethically based. All types of probation stay in the HSP's permanent record.

Review or "Under Review": A remedial status applied to HSP as a result of concerns regarding the HSP's performance. A HSP who is placed "under review" is required to follow all recommendations of the CCC. The HSP's performance will be monitored by the CCC for a designated period. 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.

Policies and Procedures

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<i>Policy: Corrective Action</i>		<i>Page 2 of 6</i>				

POLICY

HSPs 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.

Creighton University has the right to suspend a 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 a HSP on probation prior to dismissal. Similarly, a Program Director is not required to take remedial action prior to corrective action.

If an incident occurs during any remedial or corrective action period which is grounds for further corrective action, the Program Director or designee shall consult with the CCC. Upon agreement or direction of the DIO, the HSP may be placed on increased corrective action at any time.

If the program director, after input from the CCC, determines that the HSP has failed to satisfactorily alleviate the deficiency and/or improve overall performance to an acceptable level, the program director may elect to take further action, which may include issuance of a new or updated remedial or corrective action up to and including termination.

All communications under this policy may be communicated via email to the recipient's official GME email address.

PROCEDURE

I. 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.

- A. **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.
- B. **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.

Policies and Procedures

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<i>Policy: Corrective Action</i>		<i>Page 3 of 6</i>				

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.

- C. **Under Review.** If questions are raised regarding the adequacy or appropriateness of a HSP's performance, the HSP may be placed under review by the Program Director after input from the CCC. Under review status indicates that the HSP's performance is being closely monitored.

Should the CCC advise that a HSP be placed under review, they shall utilize the GME template to provide written notification to the HSP. The Program Director or designee should also meet with the HSP to discuss the Under Review status and requirements. The Under Review notice should contain clear objectives regarding the program's expectations for the HSP to successfully improve their performance. If Under Review status lasts longer than six months, continuation should be determined in consultation with DIO.

Under Review status will not be reported to state medical boards, prospective employers, or other third parties who request information about a HSP's performance.

During the Under Review status, the Program Director or designee should meet regularly with the HSP to discuss the HSP's progress toward resolving the performance deficit that resulted in review status. It is the responsibility of the HSP to arrange these meetings with the Program Director or designee. The Program Director or designee should be reasonably available to meet with the HSP in a timely manner. Written documentation of the meeting between the HSP and the Program Director or designee should optimally be completed and placed in the HSP's file. It is suggested that the written documentation include the date of the meeting and a summary of the discussion with the HSP on his/her progress.

At the conclusion of the Under Review period, the Under Review status may end, or the HSP may be placed on further corrective action by the Program Director after input from the CCC. The HSP should be notified of the Program Director's decision on the outcome of the Under Review status.

If an incident occurs during the Under Review period which is grounds for further corrective action, the Program Director or designee shall consult with the CCC and then the DIO. Upon agreement, the HSP may be placed on any corrective action at any time.

II. Corrective Action

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>10.2016</i>	<i>REV. A</i> <i>01.2017</i>	<i>REV. B</i> <i>03.2019</i>	<i>REV. C</i> <i>08.2023</i>		
<i>Policy: Corrective Action</i>		<i>Page 4 of 6</i>				

If a program director, after seeking feedback from the CCC, determines that corrective action is warranted, the program director shall notify the HSP and utilize 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 Resident Due Process and Grievance Policy.

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

- A. **Probation.** Probation means the HSP is formally notified that 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 behavior/ethically based.

The program director, after seeking feedback from the CCC, determines whether probation is warranted. The program must consult with the DIO prior to placing a HSP on probation. The notice to the HSP of probation should set a commencement date and duration period for the probation status, and specific remedial action or improvement that is required during this period. The program director, with input from the CCC, shall re-evaluate the HSP at the end of the probation period and decide to continue the probation, remove the HSP from probation or impose another Corrective Action measure. The program director or designee shall communicate the decision to the HSP.

During the probationary status, the Program Director or designee should meet regularly with the HSP to discuss the HSP's progress toward resolving the performance deficit that resulted in probationary status. It is the responsibility of the HSP to arrange these meetings with the Program Director or designee. The Program Director or designee should be reasonably available to meet with the HSP in a timely manner. Written documentation of the meeting between the HSP and the Program Director or designee should optimally be completed and placed in the HSP's file. It is suggested that the written documentation include the date of the meeting and a summary of the discussion with the HSP on their progress.

- B. **Suspension.** Suspension means the HSP is temporarily not permitted to perform his or her job duties. 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

Policies and Procedures

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<i>Policy: Corrective Action</i>		<i>Page 5 of 6</i>				

to disciplinary action. Suspension of a HSP during an investigation may be initiated by the HSP's Program Director or the DIO. If initiated by the Program Director, the DIO must review and subsequently approve the suspension.

If at any time a HSP's conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or other persons the Program Director, the Hospital Administrator on Call, the supervising physician, or the DIO shall have the authority to summarily suspend the HSP.

The notice to the HSP of suspension should set a commencement date and duration period, if known, and should set forth any specific remedial action or improvement that is required during this period. The program director, after input from the CCC, shall re-evaluate the HSP at the end of the suspension period and decide to continue the suspension, remove the HSP from suspension status or impose another corrective action measure. The DIO/ADIO needs to approve this decision. The program director shall communicate the decision of the program director to the HSP. While a HSP is on suspension, they will not be allowed at any clinical training site or at any GME events.

- C. **Non-Promotion/Non-Renewal of Contracts, Extension of the Defined Training Period.** Non-renewal of a HSP's contract, non-promotion of a HSP to the next level of training, or extension of the defined training period may be appropriate for several reasons, including but not limited to, insufficient medical knowledge or skills, incompetence in patient care, lack of professionalism inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of nonrenewal of a HSP's contract or non-promotion of a HSP to the next level of training generally shall be given no later than three months prior to the end of the HSP's current contract. Where notice cannot be given within those three months, it shall be given as soon as possible. Extension of the Defined Training Period may occur at any time and shall be communicated as soon as possible.
- D. **Dismissal.** Performance issues or conduct not resolved by corrective action, or other serious actions or behavior may result in immediate dismissal. If at any time the Program Director, after input from the CCC, determines that dismissal is warranted, and with approval from the DIO, the Program Director shall notify the HSP. The HSP is relieved of all clinical duties upon notification that the dismissal is warranted. Termination shall be effective as of the date the HSP exhausts or waives their appeal rights under the Due Process Grievance Policy of Creighton University Graduate Medical Education. The HSP will be notified that he/she may not be present in the clinical areas or otherwise participate in on campus Graduate Medical Education activities.

Policies and Procedures

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<i>Policy: Corrective Action</i>		<i>Page 6 of 6</i>				

III. Appeals

Informal counseling, structured feedback, Under Review status and suspension may not be appealed or grieved.

The following corrective actions are grievable and appealable. HSPs must follow the Due Process Grievance Policy of Creighton University Graduate Medical Education.

- a. Initiation of Corrective Action - Probation
- b. Initiation of Corrective Action - Election Not to Promote to the Next PGY Level
- c. Initiation of Corrective Action - Extension of the Defined Training Period
- d. Initiation of Corrective Action – Nonrenewal
- e. Initiation of Corrective Action – Dismissal (except where due to loss or restriction of licensure)
- f. Reporting of a suspension.to governing bodies

REFERENCES

ACGME Common Program Requirements

AMENDMENTS OR TERMINATION OF THIS POLICY

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

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.