

Remediation

Effective: July 1, 2019
Reviewed by GMEC: February 12, 2019
Initial Approval by GMEC: January 1, 1991

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL EMPLOYEES ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE EMPLOYEE HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PALMETTO HEALTH RETAINS THE SAME RIGHT. EXCEPTIONS TO THE POLICY THAT ALL EMPLOYEES ARE EMPLOYED "AT WILL" MAY BE MADE ONLY BY WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OF PALMETTO HEALTH.

Statement

Each residency program is responsible for assessing and monitoring each resident's academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required for residents to achieve competence in patient care, medical knowledge, practice---based learning and improvement, interpersonal and communication skills, professionalism, and systems---based practice, as well as adherence to departmental policies concerning resident education and the hospital's graduate medical education policies. Failure to demonstrate adequate fund of knowledge or professional decorum adequately in any of these areas may result in remediation or more stringent disciplinary and corrective action if deemed appropriate.

Associated Policy (ies):

Dismissal of Residents
Grievance and Due Process

Responsible Positions (Title)

Equipment Needed: none

Procedure Steps, Guidelines, Rules, or Reference

This policy has been developed in accordance with ACGME guidelines to provide fair and formative remedy – with due process – for residents failing to meet expectation in the core competencies. The objective of this policy is to provide constructive feedback and encouragement to overcome deficiencies. In the event that a deficiency is persistent and inconsistent with the practice of medicine, this policy also provides guidance for the due process leading to adverse actions such as extension of training, probation, or dismissal from the program. Apart from this policy, if a resident physician commits an egregious act, he or she may be dismissed from direct patient care and from the program.

This policy also reflects PH's Corrective Action Policy such that corrective action is not punitive. Instead it emphasizes correcting the problem while maintaining the resident's dignity and respect. Depending on the severity of the offense or deficiency, appropriate steps will be taken to work with the resident through a process that provides for increasingly serious steps if not resolved. A Program Director may seek confidential counsel of the GME Academic Advisory Committee at any point and must do so for remediation at Level 2 or above. A Program Director may initiate remediation at his/her discretion at any Level, as defined below.

Remediation levels are based on the issues considered and are not required to be sequential.

Level 1 – Constructive Advice

If a resident is identified as failing to meet the minimum requirements for progression in the program in any core competency, faculty or residents will notify the Program Director and disclose the details of the concern. A Program Director may take any of the following action and does not have to move through these actions in a consecutive manner.

- a. **Meeting and Basic Documentation:** The Program Director will meet with the resident to discuss the deficiency or offense. If the Program Director determines that no further action is warranted, no documentation will be placed in the resident's file. If the Program Director determines that the concern is sufficient to warrant documentation, the concern and a plan for remedy will be placed in the resident's file. If remediation is successful, documentation will be removed from the resident's file upon graduation. If remediation is not successful, further action will be taken. In any case, the documentation produced at this level is **NOT** reportable for future licensure and credentialing purposes.
- b. **Follow Up:** If any action, as defined in a Level 1 deficiency or offense occurs, at least one follow up meeting is required between the resident and Program Director to assess progress.

Level 2 – Performance Improvement Plan

If a resident has previously met with the Program Director and he/she has provided basic documentation and a similar concern is again raised or if a more serious infraction occurs the PD must inform the DIO and present the situation to the GME Academic Advisory Committee. The Program Director will document the details of the deficiency or offense and draft an action plan using the GMEC approved Performance Improvement Plan for Academic or Professional Development. The plan (may also be termed a Remediation Plan) should include the Director's recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible remediation plan. The Program Director will present the plan to the GME Executive Committee for action. The Program Director will then meet with the resident to discuss the action plan. The resident will be required to sign the formal action plan and is able to write a rebuttal to the plan. A copy of the plan and any accompanying rebuttal letter will be forwarded to the department Chair for review and additional recommendations, if any. Once the Chair has reviewed all the documents, they will be placed in the resident's file. The status of the resident in correcting the deficiency will be reevaluated at a time commensurate with the severity of the deficiency, usually between four weeks and three months. The PD will provide monthly progress reports to the GME Executive Committee.

Any decisions to implement an improvement plan should be based on timely evaluation of the resident by the Program Director and must be supported by appropriate documentation. The resident should have received warning of deficiency(ies) prior to the problem(s) reaching a Level 2 improvement plan unless the infraction is of a more serious nature.

If progress through the improvement plan is successful, all documentation will be removed from the resident's file upon graduation.

Level 3 – Formal Probation

If, during evaluation, it is found that a deficiency or offense has not been corrected satisfactorily, or a serious infraction occurs, the resident will be placed on formal probation, (hereinafter "probation"). Curriculum credit may be withheld pending the outcome of formal probation. Moonlighting privileges, if

previously granted, will be suspended. If a resident's deficiency is believed by the Program Director to potentially compromise patient safety, the resident will be removed from direct patient care responsibilities and placed on administrative leave for the duration of the investigation of the deficiency. Upon completion of the investigation, corrective action may occur, if warranted.

1. The Program Director must inform the DIO of formal probation plans as soon as possible and present his or her recommendation for probation to the GME Executive Committee for formal action prior to implementation.
2. The recommendation for probation, along with the prescribed corrective action, will be documented in an addendum to any previous action plans, if applicable. Documentation will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the Program Director, the resident and the Chair. Specifically, the statement should include:
 - a. The nature of the offense or deficiency (---ies);
 - b. A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.);
 - c. Statement of failure to successfully remediate the offense or deficiency (---ies) during the probationary period;
 - d. Final recommendations for corrective action that must be met within the probation in order to avoid prolongation of training, inability to sit for boards, dismissal from the program or other adverse action;
 - e. A statement that failure to meet recommendations for corrective action within a prescribed timeline, will result in permanent dismissal from the program if this is intended;
 - f. A statement that probation is reportable on all future state licensing and credentialing forms in most states; and
 - g. Signature blocks for the Program Director, the resident and the Chair. The resident's signature box will be placed below a checkbox stating, "I accept the terms of probation as outlined in this letter".
3. Final recommendations for corrective action must be met within the probationary period in order to avoid prolongation of training, inability to sit for boards, dismissal from the program or other adverse action
4. A prescribed date of reevaluation for final disposition commensurate with the severity of the deficiency, usually between four weeks and three months. The PD will provide monthly progress reports to the GME Executive Committee. At this time, the status of the resident's correction of the deficiency will be reevaluated. Comments may be solicited from involved individuals and compiled – along with other evidence of successful movement while on probation – into a reevaluation addendum to any previous documentation.
5. Once the resident physician has successfully demonstrated adequate correction of the documented deficiency (---ies), this reevaluation letter will state that probation was successful and will be maintained in the resident's file.

Any decision to place a resident on probation shall be based on timely evaluation of the resident by the Program Director and must be supported by appropriate documentation. The resident should have received sufficient warning of the deficiency (ies) or the offense(s) prior to the problem(s) reaching a Level 3 Formal Probation. If the resident refuses to sign and/or accept the terms of probation, the terms will go into effect from the date that the Program Director's signature is placed on the letter. The resident may choose to appeal the recommendation for Level 3 Probation by initiating the formal resident grievance

process (see Policy on Grievance and Due Process).

If the terms and conditions of probation are met, the resident will be retained by the program and, if no further adverse events transpire, will be eligible to graduate from the program. However, **probation is reportable for all future licensure and credentialing purposes, and could adversely affect future employability.**

Level 4 – Dismissal

If a resident physician has been placed on probation and fails to successfully complete all expectations as outlined in his/her plan for a known offense or documented deficiency or if the problem recurs after an apparent successful probationary period, he or she will be dismissed from the program. The Program Director will prepare a letter of recommendation for dismissal that includes:

1. The nature of the offense or deficiency (---ies) with clinical and/or professional context for the severity of the offense or deficiency;
2. A summary of due process and relevant remediation or probation opportunities (i.e. constructive advice, improvement plan, probation, suspension, etc.)
3. Statement of failure to successfully remediate the offense or deficiency (---ies);
4. A statement that dismissal from a program is reportable on all future state licensing and credentialing forms in most states; and
5. Signature blocks for the Program Director, the resident and the Chair. The resident's signature box will be placed below a checkbox stating, "I accept the terms of dismissal as outlined in this letter".

The Program Director will present his or her recommendation for dismissal to the GME Executive Committee for formal action prior to implementation. The GME Executive Committee will officially act on the recommendation. The DIO may impose temporary action (e.g. suspension) until the GME Executive Committee meets.

If the resident refuses to sign and/or accept the terms of dismissal, the terms will go into effect from the date that the Program Director's signature is placed on the letter. The resident may choose to appeal the recommendation for dismissal by initiating the formal resident grievance process (see policy on Grievance and Due Process).

Any information, materials, incident or other reports, statements, memoranda, or other data which are determined to be privileged are not to be copied or released without the prior authorization of the Designated Institutional Officer (DIO) and his/her designee with advance notification and/or upon request.