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	Academic/Performance Remediation	Effective Date:	January 2014
		Reviewed:	September, 2015; Jan. 2017

POLICY:

Mercy Medical Center Residency/Fellowship Programs maintains a process for all resident and fellowship training programs to use in the normal process of evaluating and assessing competency and progress of residents and fellows enrolled in GME programs. Specifically, this policy will address the process to be utilized when a resident or fellow fails to meet the academic expectations of a program.

DEFINITIONS:

Academic Deficiency - Academic deficiency includes (a) insufficient medical or scientific knowledge or lack of appropriate technical skills; (b) inability to use medical or scientific knowledge effectively, either in patient care or in research; (c) any other deficiency that bears on an individual resident’s performance.

Academic Dishonesty - Academic dishonesty consists of any deliberate misrepresentation of an academic record, academic status, examination performance, other work prepared outside of class, or of one’s efforts toward the fulfillment of course or degree requirements, including but not limited to plagiarism and cheating.

Behavior/Performance based deficiency - All employed residents and fellows are expected to demonstrate conduct, performance and behavior that protect the interests, safety and confidentiality of patients, co-workers and the organization. When a residents or fellow’s work performance or behaviors do not meet these expectations, correction action may be taken.

Clinical Competency Committee (CCC). Its role is to advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Performance Improvement Plan (PIP): A plan of remediation designed to improve a resident’s proficiency in-patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Probation: Probation can either be academically based or behavior/ethically based. All types of probation remains in the Resident’s permanent record in the GME Office. Academic probation is not reportable to the state licensing board. Behavior or an ethical related probation is a mandatory reporting item to the state licensing board.

PROCEDURE:

1. Structured Feedback

Feedback techniques include verbal feedback, rotational evaluations and summative evaluations. A determination on academic or performance/behavioral deficiency or academic dishonesty is within the discretion of the program faculty and/or Clinical Competency Committee (CCC).

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2. Resident under review

If questions are raised regarding the adequacy or appropriateness of a Resident's performance, either academic or performance based, the Resident may be placed under review by the Program Director or the CCC. Under review status indicates that the Resident's performance is being closely monitored.

The Resident is placed under review through written notification given at a meeting with the Program Director or designee and a copy is placed in the Resident's file. The written notification must be signed and dated by the Program Director or designee, and must be provided to the Resident. This letter should clearly define the perceived problem(s) and proposed remediation plan (see PIP below) with reasonable and clearly articulated expectations of the under review period.

The under review status can be no longer than six months. At the conclusion of the six months, the under review status may end or the Resident may be placed on a new under review period or probation. If an incident occurs during the under review period which is grounds for probation or termination, the Program Director or designee shall consult with the Designated Institutional Official (DIO). Upon agreement of the DIO, the Resident may be placed on probation or terminated.

Under review status will not be reported to state medical boards, prospective employers, or other third parties who request information about a Resident's performance, as long as the issues which led to the under review status have been satisfactorily resolved. During the under review status, the Program Director or designee must meet monthly at a minimum with the Resident to discuss the Resident's progress toward resolving the deficit that resulted in review status. It is the responsibility of the Resident to arrange these meetings with the Program Director or designee. Written documentation of the meeting must be completed and maintained in the Resident's file. The written documentation must include the date of the meeting, a summary of the discussion with the Resident on his/her progress, and be signed and dated by the Program Director or designee and the Resident.

The decision to place a Resident on under review status may not be appealed or grieved.

3. Performance Improvement Plan (PIP)

When a program identifies a resident or fellow as having any deficiency, it is expected that the program will provide routine structured feedback to the resident or fellow concerning the deficiency.

Feedback must include a discussion of the specific (or global) deficiencies and the actions to take to correct the deficiency. If the Program Director and /or CCC deems that routine structured

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feedback is not effecting the necessary improvement, or if the program director and CCC determines that the deficiency is significant enough to warrant interaction more formal than routine feedback with the resident or fellow, the program director or CCC may elect to issue a PIP. The PIP, should provide the resident or fellow with (a) formal notice of the deficiency and (b) an opportunity and plan to correct the deficiency.

A PIP must be co-signed by the resident and the program director. A copy of the signed PIP shall be placed in the resident's file.

4. **Failure to Correct the Deficiency – Corrective Action**

If the program director or CCC determines based on subsequent evaluations that the resident or fellow has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, they may elect to take further action, which may include one or more of the following steps:

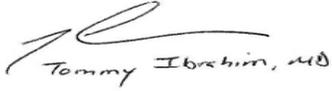
- a. Issuance of a new or updated PIP
- b. Corrective Action (Probation)
- c. Corrective Action (Repetition of Rotation and Extension of Training Period)
- d. Corrective Action (Election Not to Promote to the Next PGY Level)
- e. Corrective Action (Dismissal/Nonrenewal of contract)

Written notice will be provided to the resident or fellow which states: (a) the specific Corrective Action to be taken; (b) the reasons for the corrective action; (c) notice of the resident or fellow's right to an appeal of the Corrective Action (See grievance policy); (d) that failure to request a grievance constitutes a waiver of all rights to appeal.

In the event, it is determined by the program director and CCC that the resident's or fellow's job performance presents a threat to patient safety or welfare, the resident or fellow may be immediately removed from the patient care environment pending a corrective action determination.

While the decision to initiate corrective action is in the GME program's purview, there may be occasions where the situation, event or action must be reviewed in consultation with Human Resources and in accordance with the institution's Corrective Action Policy.

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Signature

Chief Medical Officer/DIO

Title