

Resident Promotion and Remediation Policy

UTRGV Graduate Medical Education Policy	Effective: August 1, 2015
Administration and Organization	Reviewed: July 1, 2016

Through the course of training in a residency program, a resident is expected to acquire progressively increasing competence in the discipline in which he/she is training. Promotion to the next resident level is based on the achievement of program-specific milestones, including specific cognitive, clinical, technical skills, and professional and ethical conduct at the discretion of the Program Director and the Clinical Competency Committee. The purpose of this policy is to describe procedures by which deficiencies in performance and misconduct of trainees in graduate medical programs may be addressed. This policy is applicable to physician trainees in all UTRGV ACGME accredited programs.

Definitions:

Academic deficiency: The resident is not meeting an objective assessment of competence in one or more of the ACGME Core Competencies. Examples of academic deficiencies include but are not limited to:

- Issues involving knowledge, skills, job performance or scholarship;
- Failures to timely achieve acceptable scores (USMLE, in-training, etc.);
- Tardiness or absenteeism; and
- Unprofessional conduct.

Misconduct - the resident's conduct or behavior violates workplace rules or policies, applicable law, or widely accepted societal norms. Examples of misconduct include but are not limited to:

- Unethical conduct, such as dishonesty or falsification of records;
- Illegal conduct (regardless of criminal charges or criminal conviction);
- Sexual misconduct or sexual harassment;
- Workplace violence;
- Job abandonment; and,
- Violation of UT RGV, UT System, or other applicable policies or procedures.

Structured Feedback – giving a resident documented assessment of his/her competence in one or more of the ACGME Core Competencies for the purpose of helping the trainee understand aspects of his/her performance in order to reflect on, and where necessary, improve learning and practice. Should include discussion with the resident of the specific deficiencies and strategies for improvement.

Performance Improvement Plan (PIP) - a plan of remediation designed to improve a resident's proficiency in one or more ACGME Core Competencies. A PIP is not Corrective Action or formal disciplinary action, but rather an educational tool to correct areas of unsatisfactory academic

performance by a resident. Therefore a resident may not appeal a PIP pursuant to the General Grievances and Due Process for Corrective Actions Policy. The issuance of a PIP does not trigger a report to any outside agencies, but may be reported should an outside agency specifically inquire whether a resident ever received a PIP.

Corrective Actions: Formal disciplinary action to a resident as the result of unsatisfactory academic performance and/or misconduct. Serious academic deficiencies and/or misconduct may warrant Corrective action up to and including dismissal, regardless of whether a resident ever went through an improvement plan. A corrective action may include one of the following:

- **Repetition of Rotation** - due to identified areas of unsatisfactory performance, the resident must repeat a rotation and perform at an acceptable level in order to advance to the next level of training.
- **Probation:** Adverse academic status wherein the resident has failed to achieve academic requirements and in which possibilities of remediation or dismissal may exist. It involves temporary modification of a resident's responsibilities within the training program. These modifications are designed to facilitate the trainee's accomplishment of program requirements. There will be increased supervision and monitoring of the resident until a satisfactory evaluation is achieved. The time period will be determined by the Program Director in accordance to the specific terms of the probation.
- **Non-promotion to the Next PGY Level:** due to identified areas of unsatisfactory performance, the resident will not be promoted to the next level of training unless or until the resident's performance improves to the level required.
- **Extension of the Defined Training Period** - due to identified areas of unsatisfactory performance, the resident will not complete the program on time and the defined training period will be extended to allow the resident an opportunity to perform at the level required.
- **Suspension:** The Program Director or his/her designee may temporarily suspend the trainee from part or all the trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the trainee from the clinical service is required for the best interests of patients, staff and/or trainee due to seriously deficient performance or seriously inappropriate conduct.
- **Non-renewal of appointment/non-promotion:** When a resident's training agreement will not be renewed, or when a resident will not be promoted to the next level of training. The program should provide the resident with as much written notice of the intent not to renew or not promote as circumstances will reasonably allow, prior to the end of the current resident's GME agreement.
- **Dismissal:** Occurs when the trainees is permanently withdrawn of all program and institutional responsibilities and privileges. Dismissal can occur when there is failure to achieve or maintain programmatic requirements or standards in the GME program; due to unprofessional, unethical or other behavior that is considered unacceptable by the GME training program; or by a serious or repeated action against patient safety.

A Corrective Action may trigger a report to outside agencies (e.g., licensing or accreditation boards).

Procedure:

1. When a program determines a resident has an academic or performance deficiency, the program may elect to first provide structured feedback to the resident concerning the deficiency. Should be documented in the resident's file. If the program determines that structured feedback has not produces the necessary improvement, or the deficiency is significant enough to warrant formal action, the program may elect to issue a Performance Improvement Plan (PIP) or a Corrective Action.
2. A Performance Improvement Plan (PIP) must be in the form of a letter from the PD to the resident and must include:
 - a. Formal notice of the specific academic deficiencies;
 - b. The remedial action that is required'
 - c. A plan of remediation;
 - d. Defined period of time with start and end date
 - e. It must be reviewed and approved by the DIO
 - f. Must be signed by the PD, delivered to the resident in person and co-signed by the resident
 - g. At the end of the PIP period, the PD must provide the resident written notice as to whether the
resident has or has not corrected the deficiency. A copy must be kept on the resident's file.
 - h. If there has been no improvement and the resident has failed to correct the deficiency, the resident may be moved to a Corrective Action.

Each Program Director/Program must determine the criteria for a Corrective Action. The program director should also take into account the appropriate program and institutional guidelines set by the ACGME, and Specialty Boards.

1. The Program Director will obtain from the faculty, as well as other pertinent sources and/or committees, information on the performance of each resident.
2. The Program Director must notify the resident, Department Chair and DIO in writing, of intent for any Corrective Action.
3. The written notifications should include:
 - a. Specific Corrective Action,
 - b. Description of the academic deficiencies that are the basis for the Corrective Action
 - c. Specific remedial action or improvement needed (unless the corrective action is dismissal),
 - d. Defined period of time, with start and end date,
 - e. Statement regarding the trainee's right to request a review/appeal of the probation
4. All decisions can be reviewed/appealed by the resident through the following process:
 - a. The resident must submit a written request to the Program Director within three (3) working days of receiving notification of the adverse decision.
 - b. The Program Director shall interview the resident within five (5) working days, and give the resident the opportunity to provide all the information for his/her appeal.
 - c. After meeting with the resident the Program Director should discuss with faculty or personnel involved and will submit a written decision to the resident and Department Chair.

- d. If the resident is not satisfied with the appeal process, he/she shall appeal to the Department Chair.
- e. Once the trainee has completed all Department Procedures he/she may appeal in writing to the DIO.