

 <p><b>All HFHS Includes:</b>          Allegiance Health          Behavioral Health Services          Community Care Services          Corporate Services          Henry Ford Hospital          Henry Ford Medical Group          Kingswood Hospital          Macomb Hospitals          West Bloomfield Hospital          Wyandotte Hospital</p>	<b>Policy Name/Subject:</b> Performance Evaluation, Improvement, and Misconduct (MEP 213_HFH & HFWH ONLY)	
	<b>Type of Document:</b> Policy	
	<b>Applies to:</b> Tier 3: Department <b>Business Unit:</b> Henry Ford Hospital <b>Department:</b> Graduate Medical Education	
	<b>Category:</b> Clinical <b>Sub-Category:</b> Graduate Medical Education	<b>Current Approval Date:</b> 12/14/2018
	<b>Owner:</b> Graduate Medical Education <b>Policy Management Owners</b>	<b>Approver:</b> HFH GMEC, HFWH GMEC
	<b>Related Policy/Procedure:</b> <i>Include title and number</i>	
	<b>Audience:</b> Administrative Support Staff, Residents/Fellows	
	<b>Key Words:</b> PIP; feedback; behavior; warning; probation; dismissal; performance	

### Background:

This policy outlines an improvement process based on timely and documented feedback to address performance and/or behavior issues of House Officers.

### Policy:

Henry Ford Health System (HFHS) recognizes house officers' unique and multiple roles in the system. It maintains a training environment where teaching, learning, and improvement are supported. This policy outlines an improvement process based on timely and documented feedback to address performance and/or behavior issues. The Performance Evaluation and Improvement Policy is designed to help house officers successfully complete their training programs, however, it also forms the basis of corrective action if remediation is not successful.

This policy provides guidance in addressing house officer performance and/or behavior issues, as well as facilitates decision-making. HFHS recognizes that some issues are more serious than others, and therefore require a more serious action. The steps in the process are not sequential. The action to be taken is determined by the program director based on the specific performance and/or behavior and associated risks. The improvement process should continue, and a subsequent appointment in no way negates the need for improvement.

### Scope:

This procedure applies to all HFHS Graduate Medical Education (GME) training programs. For purposes of this policy and procedure, Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements will apply to all house officers receiving training regardless of whether the program is accredited by the ACGME.

### DEFINITIONS

**House Officer** - any physician in any HFHS GME program, including interns, residents, and fellows.

**Academic Deficiency** - the house officer is not meeting an objective assessment of competence in one or more of the ACGME Core Competencies (patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and

systems-based practice). Examples of academic deficiencies include but are not limited to: issues involving knowledge, skills, job performance or scholarship; Failure to timely achieve acceptable exam scores (e.g. in-training exam, etc.).

**Misconduct** - the house officer'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 or violation of HFHS policies or procedures.

**Letter of Deficiency** - When a house officer's performance demonstrates a competency deficiency or is recurrent following routine feedback (verbal, written, structured or unstructured). The purpose of the Letter of Deficiency is to amplify the message and clearly articulate the house officer's deficiencies. Letters of Deficiency should be competency based. The Letter of Deficiency should provide the house officer with clear notice of the identified deficiency(s) and an opportunity to cure the deficiency. Letters of Deficiency may require the house officer to prepare a remediation plan or the program director to initiate a Performance Improvement Plan. A Letter of Deficiency is feedback, not considered to be a reportable action and is not subject to the grievance and due process policy unless corrective actions are included. The issuance of a Letter of Deficiency does not trigger a report to any outside agencies but may be acknowledged in future training verification requests.

**Performance Improvement Plan (PIP)** - a plan of remediation designed to improve a house officer's proficiency or correct a deficiency in one or more ACGME Core Competencies. A PIP is not Corrective Action nor formal disciplinary action, but rather an educational tool that accompanies the Letter of Deficiency to correct areas of unsatisfactory academic performance by a house officer. Therefore, it is not considered to be a reportable action and is not subject to the grievance and due process policy. The issuance of a PIP does not trigger a report to any outside agencies but may be acknowledged in future training verification requests.

**Corrective Action** - a formal disciplinary action issued to a house officer as the result of unsatisfactory academic performance and/or misconduct that accompanies the Letter of Deficiency. The program is not required to issue a house officer a PIP as a prerequisite to Corrective Action. A Corrective Action may be appealed pursuant to the HFHS Grievances and Due Process for Corrective Actions Policy. A Corrective Action may trigger a report to outside agencies (e.g., licensing or accreditation boards). A Corrective Action may include one or more of the following measures:

**Probation** – formal status indicating there are identified areas of unsatisfactory performance that will require remediation and/or improvement, or the resident will not be permitted to continue in program.

**Extension of Training or Repetition of Rotation(s)** - due to identified areas of unsatisfactory performance, the house officer must repeat a rotation(s) and perform at an acceptable level to advance to the next level of training and complete the program. The duration may not exceed 12 months in the entire training program.

**Non-renewal of a Contract**- this is not utilized in HFHS

**Non-promotion to the Next PGY Level** - due to identified areas of unsatisfactory performance, the house officer will remain at their current PGY level and not be promoted to the next level of training unless or until the house officer's performance improves to the level required. The duration may not exceed 12 months in the entire training program.

**Suspension** – the house officer is placed on a temporary leave and is not permitted to work at any HFHS site or perform any job duties until suspension is lifted.

**Dismissal** – the house officer is permanently separated from the program.

## **PROCEDURES**

### **Issuing a Letter of Deficiency for academic deficiency:**

When a program determines a house officer has an academic deficiency, the program director will issue a Letter of Deficiency. Letters of Deficiency may also include:

- Performance Improvement Plans
- Corrective Actions

The Program Director will review concerns, documentation, and deficiencies with DIO or designee to determine appropriate Letter of Deficiency, specifically whether a Performance Improvement Plan or Corrective Action(s) will be required with the Letter of Deficiency. A Letter of Deficiency (including PIPs and Corrective Actions) must be completed by the program director using the HFHS GME template and must be reviewed and signed by the DIO prior to delivery to the house officer.

### **Misconduct:**

Claims of misconduct related to any house officer must immediately be reported to and discussed with the DIO. Human Resources and Legal Affairs may be contacted by the hospital Administrative Director of Medical Education to review any claim or concerns of misconduct. In collaboration with the DIO, Human Resources, and Legal Affairs, a decision will be made regarding notification of other departments (security, legal, immigration, compliance, etc.). House officers may be placed on immediate leave pending investigation.

When misconduct is confirmed, the program director will review concerns, documentation, and deficiencies with the DIO or designee to determine appropriate next steps and specifically which Corrective Action(s) will be required. Documentation of misconduct will follow standard HFHS guidelines, must be completed by HR, reviewed and signed by the program director, chair<sup>1</sup> and the DIO prior to delivery to the house officer. Administrative leave, suspension, and investigation of misconduct are not subject to the grievance and due process policy. If the outcome of the investigation leads to a corrective action, it is subject to the Grievance and Due Process Policy.

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<sup>1</sup> or service line chairs.