



Henry Ford St. John Hospital Graduate Medical Education

Performance Evaluation, Improvement, and Misconduct Policy

Applicability

Henry Ford St. John Hospital

Scope

This applies to Henry Ford St. John Hospital Medical Education programs, including all enrolled trainees, residents, and fellows.

Background

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

Definitions

Residents & Fellows: any physician in any Henry Ford St. John Hospital GME program, including interns, residents, and fellows.

Academic Deficiency: the Resident or Fellow 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) for the Resident's or Fellow's level of experience and education. Examples of academic deficiencies include but are not limited to: Issues involving knowledge, skills, job performance or scholarship.

Misconduct: the Resident's or Fellow'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 Henry Ford St. John Hospital policies or procedures.

Letter of Deficiency (LOD): When a Resident's or Fellow'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 Resident's or Fellow's deficiencies. Letters of Deficiency should be competency based, provide the Resident or Fellow with clear notice of the identified deficiency(s) and an opportunity to cure the deficiency. Letters of Deficiency may require the Resident or Fellow to participate in a learning and remediation 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.

Individualized Learning and Remediation Plans: a plan to remediate and improve a Resident's or Fellow's proficiency or correct a deficiency in one or more ACGME Core Competencies. This is not a corrective action or formal disciplinary action, but rather an educational tool that accompanies a LOD to correct areas of unsatisfactory academic performance by a Resident or Fellow. 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.

Corrective Action: A formal disciplinary action issued to a Resident or Fellow as the result of unsatisfactory academic performance and/or misconduct that accompanies a LOD. The program is not required to issue a Resident or Fellow a LOD or learning plan as a prerequisite to corrective action. A corrective action may be appealed pursuant to the Grievances Due Process. A corrective action may trigger a report to outside agencies (e.g., licensing or accreditation boards) and may be disclosed to outside agencies upon request.

A corrective action may include one or more of the following:

- Probation – formal status indicating there are identified areas of unsatisfactory performance that will require remediation and/or improvement or the resident or fellow will not be permitted to progress to the next level of training or continue in the program.
- Extension of Training or Repetition of Rotation(s) - due to identified areas of unsatisfactory performance, the Resident or Fellow 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. Extensions and repeated rotations may result in the Resident or Fellow's current PGY contract being extended.

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- Non-renewal of a contract - due to identified areas of unsatisfactory performance, deficiencies in academic or clinical progress that have not been successfully remediated, or for other reasons, program directors may determine that continuation in the program is not warranted. A prior period of extension, probation or suspension is not required. A decision should be reached no later than 4 months prior to the end of the current appointment. If the primary reason for the nonrenewal occurs within the four months prior to the end of the current appointment, the program must provide the resident or fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow.
- Non-promotion to the Next PGY Level - due to identified areas of unsatisfactory performance, the Resident or Fellow will remain at their current PGY level and not be promoted to the next level of training unless or until the Resident or Fellow's performance improves to the level required. The duration may not exceed 12 months in the entire training program. Non-promotion will result in the Resident's or Fellow's current PGY contract being extended.
- Suspension – The Resident or Fellow is not permitted to work at any Henry Ford Health site or perform any job duties and is not paid until suspension is lifted or expires,
- Dismissal – the Resident or Fellow is permanently separated from the program. Depending on the effective date of a dismissal, the Resident's or Fellow's current contract will either be terminated or not renewed.

Policy

Henry Ford St. John Hospital recognizes Residents or Fellows 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 Residents or Fellows 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 Resident or Fellow performance and/or behavior issues and facilitates decision-making. Henry Ford St. John Hospital recognizes that some issues are more serious than others, and therefore require 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.

Procedure

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Issuing a Letter of Deficiency for Academic Deficiency

The Program Director will review concerns, documentation, and deficiencies with Designated Institutional Official (DIO) to discuss the LOD content, Individualized Learning and Remediation plan or Corrective Action(s) that will be included in the LOD and contain the timeline for the required remediation to be completed. A Letter of Deficiency must be completed by the program director and must be reviewed and signed by the DIO prior to delivery to the Resident or Fellow.

At the end of the remediation period, the Program Director, with advice from the CCC, will determine if the deficiencies were successfully remediated. If successful, the Program Director will notify the Resident or Fellow of successful completion and written documentation will be included in the resident's or fellow's file describing the satisfactory completion of the remediation.

Misconduct

Claims of misconduct related to any Resident or Fellow must immediately be reported to and discussed with the DIO and the Chief Medical Officer. Human Resources and Legal Affairs may be contacted 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.). Resident or Fellows may be placed on immediate administrative leave pending investigation.

When misconduct is confirmed, the Program Director will review concerns, documentation, and deficiencies with DIO or designee and the Chief Medical Officer to determine appropriate next steps and specifically which Corrective Action(s) will be required. Documentation of misconduct will follow standard Henry Ford St. John Hospital Guidelines must be completed by Human Resources, reviewed and signed by the Program Director, Chair and the DIO prior to delivery to the resident or fellow. Administrative leave, 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 Grievances Due Process.

References/External Regulations

Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), Commission on Dental Accreditation (CODA), other accrediting organizations for individuals on a GME contract.