

Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures

Status Options for a Resident/Fellow with an Academic Deficiency

It is expected that all residents/fellows progress according to criteria set by the program. There are several options for a program director to help a resident/fellow reach the expected academic performance when a resident/fellow does not progress as expected. The Program Director will determine, on a case by case basis, which of the following options is most appropriate to address perceived deficiencies in academic performance for a particular resident/fellow. The options for an academic deficiency are Remediation, a Letter of Deficiency (LoD) and a Letter of Deficiency with Adverse Action (LoDAA).

Adverse Actions include:

- Delayed promotion of a resident/fellow with extension of contract/appointment
- Non-renewal of contract/appointment
- Termination/dismissal

Of note:

- A resident/fellow who is being formally remediated with either a Letter of Remediation or a Letter of Deficiency without Adverse Action at the time of promotion is by definition not meeting the standards of the program and therefore cannot be promoted to the next level of training. Therefore, this must result in an Adverse Action (*see Letter of Deficiency with Adverse Action in this policy*). All Adverse Actions will be reflected on the Final Residency/Fellowship Training Summary Verification form.
- If an Adverse Action is delayed promotion or non-renewal, a resident/fellow may remain in the training program during the appeal process. If a resident/fellow remains in the training program during the appeal process, he/she will receive pay and benefits.
- If a resident/fellow is terminated/dismissed, he/she will not receive pay, but benefits will continue throughout the appeal process.
- If an Adverse Action of termination/dismissal is rescinded at any level of appeal, the resident/fellow will rejoin the training program. Pay will be reinstated and will be retroactive to the termination/dismissal date

The options for a program director when a resident/fellow is identified as having an academic deficiency are described below.

Remediation

The GME designee must be contacted by the Program Director as soon as it is determined that a Letter of Remediation may be required.

A resident/fellow whose academic performance does not meet program standards in one or more of the competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) may be given a period of Remediation to meet the program's standards. This status is not appealable and will not be reported to outside agencies (i.e., ACGME, boards or training verifications). **A period of remediation should not last longer than one month.** A resident/fellow cannot be promoted to the next level of training while on a status of Remediation.

Before a resident/fellow is placed on Remediation, the Program Director will meet with the resident/fellow to discuss observed deficiencies, a proposed remediation plan and, if adopted, the program's expectation of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies and the proposed remediation plan. To the extent the Program Director's decision to place a resident/fellow on Remediation is a joint decision with the Clinical Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

The Letter of Remediation must be delivered to the resident/fellow within 3 business days of the decision to issue the Letter of Remediation and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the Remediation is successful and there are no further concerns in training, documentation of Remediation will be removed from the resident's/fellow's file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident/fellow file will include the following:

- Documentation of (1)the meeting to discuss the Remediation plan and expectations and (2) delivery of a Letter of Remediation to the resident/fellow
- Documentation of outcome after Remediation:
 - o Successful remediation **or**
 - o Transition to a Letter of Deficiency (LoD) or a Letter of Deficiency with Adverse Action (LoDAA)

Letter of Deficiency (LoD)

The GME designee must be contacted by the Program Director as soon as it is determined that a LoD may be required.

A Letter of Deficiency (LoD) is a formal written notification of deficiency in one or more of the ACGME competencies. A Program Director may choose to address deficiencies with Remediation first, but is not required to use Remediation first if the Program Director determines that a LoD is warranted. This status is not appealable and will not be reported to outside agencies (i.e., ACGME, boards or training verifications). A resident/fellow may not be promoted to the next level of training while on a LoD.

Before a resident/fellow receives a LoD, the Program Director must meet with the resident/fellow and address the observed deficiencies, a proposed action plan, and if adopted the program's expectations of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to issue a resident/fellow a Letter of Deficiency is a joint decision with the Clinical Competency Committee or any other committee, any mitigating information provided by the

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resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

The LoD must be delivered to the resident within 3 business days of the decision to issue the LoD and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the remediation is successful and there are no further concerns in training, the LoD will be removed from the file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident/fellow file will include the following:

- Documentation of (1) the meeting(s) to discuss the deficiencies, action plan and expectations, and (2) delivery of the LoD to the resident/fellow.
- Documentation of outcome:
 - Successful remediation of the deficiency or
 - Transition to a Letter of Deficiency with Adverse Action (LoDAA)

***A resident/fellow cannot have a Letter of Deficiency for more than 6 months total throughout their training.**

Letter of Deficiency with Adverse Action (LoDAA)

The GME designee must be contacted by the Program Director as soon as it is determined that an LoDAA may be required.

A Letter of Deficiency with Adverse Action is a formal written notification of deficiency in one or more of the ACGME competencies which reflects the need for intense remediation of the resident/fellow in order to meet expected milestones and to progress as expected in his/her training program. A Program Director may determine that a LoDAA is necessary after a period of Remediation; after a LoD; or a LoDAA may be the first step in addressing a deficiency. A LoDAA is required if a resident/fellow does not make adequate progress as outlined during a period of time with a LoD. A resident/fellow may not be promoted to the next level of training while on a LoDAA.

Adverse Actions include:

- Delayed promotion of a resident/fellow with extension of contract/appointment
- Non-renewal of contract/appointment
- Termination/dismissal

Adverse Actions, not the Letter of Deficiency, are appealable. A resident/fellow who received a LoDAA must be provided with access to the appeals process.

Before a resident/fellow receives a LoD with Adverse Action, the Program Director must meet with the resident/fellow and address the observed deficiencies, proposed action plan and if adopted, the program's expectation of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to issue a resident/fellow a LoDAA is a joint decision with the Clinical

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Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

If after meeting with the resident/fellow, the Program Director proceeds with the LoDAA, the LoDAA must be delivered to the resident/fellow within 3 business days of the decision to issue the LoDAA and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

The resident/fellow file will include the following:

- Documentation of (1)the meeting(s) to discuss the deficiencies, action plan and expectations (2) delivery of the LoDAA to the resident/fellow and (3) Documentation that the resident/fellow had access to the appeals process

- Documentation of outcome:
 - Successful remediation of the deficiency **or**
 - Consequences of failing to remediate the deficiency

The status of a resident/fellow with a LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

A Letter of Deficiency with an Adverse Action may not be removed from a resident/fellow file.

A resident/fellow who receives both an LoD and an LoDAA should not be in this status for more than 9 months total during his/her residency/fellowship training.