

# Marshall Community Health Consortium Graduate Medical Education Committee

## POLICY ON ACADEMIC IMPROVEMENT AND MISCONDUCT

### SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy establishes non-disciplinary academic improvement procedures should a resident fail to meet academic or conduct expectations. The policy applies to all graduate medical education residency and fellowship programs within the Marshall Community Health Consortium.

### SECTION 2. DEFINITIONS

2.1. For this policy, the following definitions shall apply:

2.1.1. Resident: Any physician in a graduate medical education program (GME), including residents and fellows.

2.1.2. Designated Institutional Official: The individual in a sponsoring institution who has the authority and responsibility for all GME programs.

2.1.3. Academic Deficiency: The resident is not meeting one or more of the ACGME Core Competencies, which include: patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Examples of academic deficiencies include, but are not limited to:

2.1.3. a. Medical knowledge, skills, job performance, or scholarship;

2.1.3. b. Failure to achieve acceptable exam scores within the time limits identified by the training program;

2.1.3. c. Unprofessional conduct or misconduct;

2.1.3. d. Professional incompetence, including conduct that could prove detrimental to MCHC or any training site patients, employees, staff, volunteers, visitors, or operations.

2.1.4. Misconduct: Conduct by a resident that violates workplace rules, policies, or applicable laws. Examples of misconduct include, but are not limited to:

2.1.4. a. Unethical conduct, such as unauthorized use, falsification, inappropriately accessing or disclosing health records;

2.1.4. b. Illegal conduct (regardless of filing of criminal charges or criminal conviction);

2.1.4. c. Workplace violence;

2.1.4. d. Violation of MCHC or other applicable policies or procedures;

2.1.4. e. Scientific misconduct; or,

2.1.4. f. Failure to promote a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment or misconduct, mistreatment, abuse, or coercion of students, residents, faculty, staff, or members of the healthcare team, etc.

- 2.1.5. **Disciplinary Action:** Any action taken in response to a resident's misconduct or academic deficiency, including dismissal from a program, non-promotion to the next PGY level, non-renewal of a resident's agreement, and suspension. Non-disciplinary, remedial action is not a prerequisite to recommending or taking disciplinary action.
- 2.1.6. **Sponsoring Institution:** The accrediting institution approved by the ACGME to have ultimate authority and oversight of all residency and fellowship programs accredited by the ACGME.
- 2.1.7. **Non-Disciplinary Measure:** Action is taken to respond to a resident's failure to meet specific academic standards. Such actions are designed to notify the resident of deficiency and identify corrective strategies but do not constitute disciplinary action. Non-Disciplinary Measures include Informal Conversation, Notice of Concern, and Corrective Action Plan.

### **SECTION 3. NON-DISCIPLINARY MEASURES FOR ACADEMIC IMPROVEMENT**

- 3.1 In making determinations of an academic deficiency and the appropriate course of action, Program Directors are encouraged to confer with the Clinical Competency Committee.
- 3.2. Non-disciplinary measures and any specified corrective measures are not prerequisites for formal disciplinary action. Program Directors have the discretion to use any of the measures based on evaluation of all facts and circumstances, and such measures need not be used in a particular order. Non-disciplinary measures for academic improvement shall include:
  - 3.2.1. Informal Conversation
  - 3.2.2. Notice of Concern
  - 3.2.3. Corrective Action Plan
- 3.3. Corrective actions do not constitute disciplinary action as defined in the GMEC Policy on Disciplinary Action, nor are the non-disciplinary remedial measures subject to review or appeal under the GMEC Policy on Appeal of Disciplinary Action.
- 3.4. After the conclusion of the specified improvement period, as noted by an Informal Conversation, Notice of Concern, or Corrective Action Plan, the Program Director shall meet with the resident to review and document progress, resolution, and, if necessary, develop future action plans for improvement.
- 3.5. Failure to achieve improvement within the specified improvement period may lead to disciplinary action or the implementation of additional measures as stated in the academic improvement plan. Future improvement actions will be determined by the Program Director.
- 3.6. Program Directors must review with the resident each academic deficiency occurrence, progress review, and resolution session using the appropriate template provided by this policy. The resident must sign and date each Notice to verify review and receipt. Notices signed and dated by the Program Director and the resident (Informal Conversations, Notices of Concern, or Corrective Action Plan) must be maintained in the resident's file.

### **SECTION 4. INFORMAL CONVERSATION**

- 4.1. The Program Director may undertake an Informal Conversation to address a resident's academic deficiency and areas of concern of a nonserious nature that needs to be corrected. The purpose of an Informal Conversation is to define the academic deficiency or areas of concern that require corrective actions, remedial steps, and a timeframe to rectify the deficiency. Examples of nonserious nature areas for Informal Conversation include but are not limited to:
  - 4.1.1. Insufficient patient notes
  - 4.1.2. Failure to complete patient notes in a timely manner
  - 4.1.3. Certain social media issues
  - 4.1.4. Tardiness to clinic or didactics, and,
  - 4.1.5. Professionalism Issues
- 4.2. After a Program Director has reviewed the Informal Conversation with the resident, the Program Director should ensure the resident signs the document to acknowledge the discussion and the areas to be improved.
- 4.3. This non-disciplinary action need not follow nor precede a Notice of Concern or a Corrective Action Plan, nor precede disciplinary action as described in the GMEC Policy on Disciplinary Action.
- 4.4. After the conclusion of the specified improvement period, as noted by the Informal Conversation, the Program Director shall meet with the resident to review progress, resolution, or develop future improvement action plans. This meeting must also be documented by completion of the Post-Improvement Review Plan template, signed, and dated by both parties, and included as part of the resident's file.
- 4.5. Failure to meet the stated corrective action within the specified improvement period or to sustain the corrective behavior may lead to disciplinary action or the implementation of additional corrective measures.
- 4.6. Informal Conversations will not be reported to state Medical Boards, prospective employers, or other third parties who request information about a resident's performance if the issue(s) that led to the Informal Conversation has(ve) been satisfactorily resolved.

## **SECTION 5. NOTICE OF CONCERN**

- 5.1. The Program Director may issue a Notice of Concern to a resident who is not performing satisfactorily or has demonstrated a pattern, or a potential pattern for academic deficiency. Notices of Concern must be in writing using the template included in this policy to describe the nature of the academic deficiency or misconduct and any necessary corrective actions required by the resident. Actions to be addressed by the Notice of Concern may include but are not limited to:
  - 5.1.1. Continued submission of insufficient or late patient notes.
  - 5.1.2. Continued tardiness to rotation or assignments
  - 5.1.3. Low Inservice Training Examination Scores

- 5.2. The Program Director will review the Notice of Concern with the resident and obtain the resident's signature. Failure to achieve improvement may lead to a corrective action plan, as set forth below, or disciplinary action.
- 5.3. This non-disciplinary action need not follow nor precede an Informal Conversation or a Corrective Action Plan, nor precede disciplinary action as described in the Disciplinary Action Policy.
- 5.4. After the conclusion of the specified improvement period, as noted by the Notice of Concern, the Program Director shall meet with the resident to review progress, resolution, or develop future improvement action plans. This meeting must also be documented by completion of the Post-Improvement Review Plan template, signed, and dated by both parties, and included as part of the resident's file.
- 5.5. Failure to achieve improvement within the specified improvement period or to sustain the corrective behavior may lead to disciplinary action or the implementation of additional corrective measures.
- 5.6. Notices of Concern will not be reported to state Medical Boards, prospective employers, or other third parties who request information about a resident's performance if the issue(s) that led to the Notice of Concern has(ve) been satisfactorily resolved.

## **SECTION 6. CORRECTIVE ACTION PLAN**

- 6.1. A Corrective Action Plan (CAP) may be provided to a resident who has demonstrated an academic deficiency or misconduct. Corrective action plans should be used for more serious academic deficiencies or misconduct issues. Examples of CAP issues include but are not limited to:
  - 6.1.1. Failure to pass USMLE Step 3 or equivalent
  - 6.1.2. Inservice Training Examination scores
  - 6.1.3. Misconduct
  - 6.1.4. Social Media Concerns or Issues
- 6.2. A Corrective Action Plan must utilize the appropriate template included in this policy to provide the resident notice of the academic deficiency (ies) or misconduct, set specific expectations for addressing the deficiencies, and define a specified improvement period.
- 6.3. The Program Director must review CAP with the resident and obtain a signature to indicate the plan has been reviewed, the specified period of improvement, and consequences for failing to meet expectations.
- 6.4. At the conclusion of the CAP specified period of improvement, the Program Director shall meet with the resident to review progress or resolution of the items of concern. This review session shall be documented using the CAP template signed, dated, and included as part of the resident's file.
- 6.5. Failure to demonstrate immediate or sustained improvement of the corrective behavior may lead to additional Corrective Action or formal disciplinary action as outlined in the Corrective Action Plan.

- 6.7. A Corrective Action Plan does not constitute a Disciplinary Action, follow, or precede an Informal Conversation, or a Notice of Concern. A Corrective Action Plan is not required to precede Disciplinary Action as described in the Policy on Disciplinary Action.

**SECTION 7. REPORTING TO THE WEST VIRGINIA OR OHIO BOARDS OF MEDICINE AND THE OSTEOPATHIC MEDICINE.**

- 7.1. Under West Virginia and/or Ohio law, specific actions involving physician discipline or adverse action must be reported to the appropriate State Board(s) of Medicine or the appropriate State Board(s) of Osteopathic Medicine. The remedial measures and actions set forth above do not necessitate mandatory Board(s) reporting unless there was gross or repeated negligence by the resident which resulted in the harm of a patient.
- 7.2. The DIO shall consult with the Marshall University Office of General Counsel when a report to the West Virginia or Ohio Board(s) of Medicine or Board(s) of Osteopathic Medicine may be required.

**SECTION 8. POLICY APPLICATION TO USMLE STEP 3 OR EQUIVALENT EXAMINATION FAILURE**

For actions related to the failure of the resident to pass the United States Medical Licensing Examination (“USMLE”) Step 3 or Equivalent Examination, the requirements and specific timeframe are outlined in the MCHC GME USMLE Step 3 or Equivalent Examination Policy. The corrective action form template may be used when addressing the consequences of examination failure.

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