

Charleston Area Medical Center Office of Graduate Medical Education GME House Staff Handbook Policy

Academic Improvement

Purpose: To establish a policy and process for all programs at CAMC to use during the course of evaluating and assessing the competence and progression of residents/fellows enrolled in CAMC graduate medical education programs. Specifically, this policy will address the process to be utilized when a resident/fellow is not meeting the academic expectations of a program, including the core competencies and specialty specific milestones, and therefore, fails to progress.

Scope: This policy applies to all CAMC graduate medical education programs and residents/fellows.

Academic Evaluation Process:

Performance Feedback: Residents/fellows are provided routine feedback regarding their performance that is consistent with the educational program. Some examples of feedback include verbal feedback, monthly evaluations, semi-annual evaluations, 360 evaluations, and mentoring. The program provides residents/fellows with objective performance evaluations based on the Competencies and specialty-specific Milestones using multiple evaluators and feedback from the Clinical Competency Committee.

Clinical Competency Committee: Each residency program must have a Clinical Competence Committee that is responsible for routinely assessing resident/fellow performance and making recommendations to the Program Director.

Letter of Deficiency: When a resident/fellow requires and does not show improvement following normal feedback (i.e., verbal, written, structured or unstructured), a letter of deficiency should be prepared and provided to the resident/fellow. The letter of deficiency is intended to amplify the need for improvement; clearly articulate the deficiencies as they relate to the core competencies; adequately describe the expected academic standard; and determine an appropriate monitoring and evaluation process. Letters of deficiency generally require the resident/fellow to develop an individualized learning plan that will be discussed and endorsed by the Program Director or advisor. A letter of deficiency is structured feedback that should be prepared by the Program Director or their designee and is not considered a reportable action.

Failure to Cure the Deficiency: If the Program Director determines that a resident/fellow has not met the expected academic standards previously identified and satisfactorily cured outlined deficiencies, the Program Director may consider further action. In their determination of next steps, the Program Director will review the resident/fellow's entire academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the Clinical Competency Committee. After making appropriate consultations, the Program Director may take further action, which may include one or more of the following steps:

Non-Reportable Action: Non-reportable actions include, without limitation, a documented verbal warning or a written letter of deficiency. A non-reportable action generally will not be disclosed to others, such as future/potential employers, privileging hospitals, credentialing boards, and licensing and specialty boards.

Reportable Actions: Reportable actions are those disciplinary or corrective actions that the program and/or CAMC must disclose to others, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. CAMC also may be under a legal obligation to report certain infractions that violate local, state or federal law. Reportable actions may include the following:

- Election not to promote to the next PGY level;
- Extension of training;
- Non-renewal of contract;
- Probation/Suspension (with or without pay at the discretion of the DIO); and/or,
- Dismissal from the residency or fellowship program.

Before implementing a reportable action, a Program Director must consult with the Designated Institutional Official (DIO), who will facilitate consultation with Human Resources, Office of the General Counsel, and other appropriate CAMC departments and officials prior to rendering such a decision. If the program and/or CAMC decide to implement a reportable action, such decision will be provided to the resident/fellow in writing. The DIO and Program Director the notice of outcome is conveyed to the central GME office.

In the event that CAMC elects not to promote or reappoint a resident/fellow to the program, CAMC will use its best effort to provide forty-five (45) days written notice. However, if the primary reason(s) for non-promotion or non-renewal occurs within the forty-five (45) days prior to the expiration of resident/fellow's current agreement, CAMC will provide the resident/fellow with as much written notice as circumstances will reasonably allow prior to the expiration of the current agreement. A resident/fellow's right to due process will be included in such communication.

Request for Review and Due Process:

Residents/fellows who are subject to a reportable action may request a review of the decision to ensure due process.

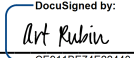
A written Request for Review must be submitted to the DIO and Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving a written notice of the Reportable Action. A Request for Review submitted by email should be sent to GME@vandaliahealth.org. Requests received after the deadline will not be subject to review.


Upon receipt of the Request for Review, the DIO shall convene a due process review committee. On matters related to academic deficiency and improvement, the review committee will be comprised of three of the following representatives or their designees: Chair of the GMEC; Chief Academic Officer;

and a Chair/Faculty Member from outside of the resident/fellow's department. The committee may also elect to consult representatives from other departments, including but not limited to, Medical Affairs, Office of the General Counsel, Administration, and Human Resources.

The committee will review the complaint to ensure that the policy was followed; determine if any critical information subsequent to the initial review was received; review any extenuating circumstances; or consider any matters that were not covered in the initial review process. This is not a legal proceeding and as such, it does not include legal representatives of any party or legal rules of evidence. The committee will generally issue a final determination within twenty-one (21) calendar days of its receipt of the Request for Review. The committee reserves the right to extend the review period for good cause, including without limitation when additional information is needed from other sources to complete the review. The committee's decision is considered the final review and is a binding decision. Upon conclusion of the review, the committee's decision will be provided to the resident/fellow, the Program Director and/or others as appropriate.

Signatures:

GMEC Chair:  _____ 1/30/2025
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Arthur Rubin, DO _____ Date

DIO:  _____ 1/30/2025
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Dink Jardine, MD _____ Date

Academic Evaluation Process Flowchart

