

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

Misconduct

Purpose: To establish a policy and process for all programs at CAMC graduate medical education programs to use when allegations of misconduct are made against a resident/fellow.

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

Misconduct Evaluation Process:

Allegations of Misconduct: A resident/fellow, employee of the Institution, attending physician, patient, or any other person who believes that a resident/fellow has engaged in misconduct of any kind should immediately report their concerns to their supervisor and/or residency program leadership. The supervisor or program leader will communicate the allegations to the CAMC Designated Institutional Official (DIO), who will provide direction for conducting an inquiry.

Investigation of Misconduct: Upon receipt of a complaint of resident/fellow misconduct, the Program Director may conduct an initial inquiry that generally includes the following actions:

- Follow-up on the report of misconduct to understand the nature of the complaint and any related information.
- Follow-up with the resident/fellow to advise the resident/fellow of the existence of the complaint and to give the resident/fellow an opportunity to respond to the allegations and identify any potential witnesses to the alleged misconduct.
- Based on the information received from the initial inquiry, the Program Director will consult with the DIO to determine if a continued inquiry is necessary to reach a conclusion in the matter.
- If a continued inquiry is warranted, the DIO will provide direction. Others may be included in the continued inquiry process (e.g., Human Resources, Corporate Compliance, Security, Medical Affairs, and/or other departments/officials).
- All allegations of harassment will be reported immediately to Human Resources in accordance with the Institution's policy against harassment. All allegations of sex/gender-based harassment or sexual harassment will also be reported immediately to the Title IX Coordinator.
- While the inquiry process is underway, the DIO and the Program Director have the authority to remove the accused resident/fellow from duty. The DIO has the authority to designate the removal from duty as paid/unpaid. If the inquiry reveals no misconduct occurred, then the resident/fellow's pay will be reinstated in full.

Conclusion of Investigation and Responsive Action: Upon conclusion of the investigation, the Program Director and DIO will determine and implement the next appropriate course of action(s) based on whether the resident/fellow has been found to have engaged in misconduct in violation of the policy. If a policy violation did not occur, it could be determined that no further action is warranted, and the matter is considered closed. If a policy violation did occur, it could be determined that 1) corrective or disciplinary action is required, but such action constitutes a non-reportable action; or 2) more serious corrective or disciplinary action is required that constitutes a reportable action.

Non-Reportable Actions: Non-reportable actions include, without limitation, a documented verbal warning or written letter of misconduct. If a resident/fellow has the ability to learn from the experience through an academic improvement process, the resident/fellow should receive a letter of misconduct outlining the issue, future expectations, and academic improvement required under the competence of professionalism. 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.

Resident/fellow misconduct may also constitute unprofessional behavior. This may trigger a letter of deficiency under the Academic Improvement Policy for failure to meet professionalism core competencies. Any actions under the Academic Improvement Policy would occur in addition to disciplinary or corrective action under the Misconduct Policy.

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 may also be under a legal obligation to report certain infractions that violate local, state or federal law. Reportable actions may include the following:

- Election to not 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, the DIO will facilitate consultation with Human Resources and other appropriate CAMC departments and officials prior to rendering such decision.

Notice of Outcome: The Program Director will inform the resident/fellow of the outcome of the review process and any resulting action to be taken by the program. If the Program Director and DIO decide to take a reportable action, such decision will be provided to the resident/fellow in writing as required by ACGME. The DIO and Program Director will ensure 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 the written notice.

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 both the DIO and Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving 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.

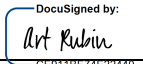

Upon receipt of the Request for Review, the Administrative Director of GME will work with the DIO to convene a due process review committee. For matters related to misconduct, the due process review committee will be comprised of three of the following representatives or their designees: Chair of the GMEC; Chief Academic Officer; Chief Medical Officer; Chief Operating Officer; Vice President of Human Resources; or Chief of Staff. The committee may also elect to consult representatives from other CAMC departments, including but not limited to, Medical Affairs, Office of the General Counsel, and Administration.

The due process review 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.

No Retaliation:

Initial and full inquiries will be conducted with due regard for confidentiality to the extent possible. Under no circumstances may anyone retaliate against, interfere with, or discourage anyone from participating in good faith, in an inquiry conducted under this policy. A resident/fellow who believes they may have been retaliated against in violation of this policy should immediately report it to their supervisor, the DIO, or any other supervisor.

Signatures:

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| GMEC Chair: |  CE911BE74E22440 | 1/30/2025 |
| | Arthur Rubin, DO | Date |
| DIO: |  D1119686F13144E | 1/30/2025 |
| | Dink Jardine, MD | Date |

Conduct Evaluation Process Flowchart

