

**Charleston Area Medical Center
Office of Graduate Medical Education**

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.

Process:

Performance Feedback: All residents/fellows should be 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 must provide residents/fellows with objective performance evaluations based on the competencies and specialty specific milestones using multiple evaluators and feedback from the core competency committee.

Clinical Competence 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 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 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 independent 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 is not meeting the expected academic standards discussed 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 Competence 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:

- Additional Letter of Deficiency

Reportable actions:

- Election not to promote to the next PGY level;
- Requiring the repeat of a rotation that in turn extends the required period of training;
- Extension of contract, which may include extension of the defined training period;
- Probation/Suspension (with or without pay at the discretion of the DIO);
- Denial of credit for previously completed rotations that in turn extends the required period of training; and/or,
- Dismissal from the residency or fellowship program.

Reportable Actions: The decision not to promote a resident/fellow to the next PGY Level; to extend a resident/fellow's contract; to extend a resident/fellow's defined period of training; to deny a resident/fellow credit for a previously completed rotation; and/or to terminate the resident/fellow's participation in a residency or fellowship program are each considered "reportable actions". Before implementing a reportable action, a program director must consult with the DIO who will facilitate consultation with Human Resources, Office of General Counsel, and others before rendering a decision. Reportable Actions are those actions that the Program must disclose to others, including without limitation, future/potential employers, privileging hospitals, credentialing boards, and licensing and specialty boards. If the Program and/or Institution have decided to implement a reportable action, such decision must be provided to the resident/fellow in writing.

Residents/Fellows who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

Request for Review: A Review of the Decision to take a reportable action may be requested by the resident/fellow.

- A Written Request for Review Form (available from the GME office or Program Coordinators) must be submitted to the Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving a written notice of a Reportable Action. Requests received after the deadline will not be subject to review and the decision will be final.

Upon receipt of the Request for Review, the Administrative Director of GME (central GME office), in consultation with others, will first determine whether the matter is reviewable under this Policy. If it is considered a matter that can be reviewed, the DIO shall convene a 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, Legal 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. The committee will make a final determination within fourteen (14) calendar days of the receipt requesting 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:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Arthur B Rubin, DO, FACOP, MHA</div> <div style="font-size: 8px; margin-left: 5px; vertical-align: top;">Digitally signed by Arthur B Rubin, DO, FACOP, MHA Date: 2024.06.26 10:37:39 -04'00'</div>	
	Art Rubin, DO	Date
DIO:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Dinchen Jardine</div> <div style="font-size: 8px; margin-left: 5px; vertical-align: top;">Digitally signed by Dinchen Jardine Date: 2024.06.25 07:56:33 -04'00'</div>	25 Jun 24
	Dink Jardine, MD	Date