

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

**Misconduct Policy**

**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.

**Definition of misconduct:** Misconduct can be broadly defined as improper behavior; intentional wrongdoing; or a violation of a law, standard of practice or program, department or hospital policy. CAMC Graduate Medical Education cannot list all acts, omissions and behaviors that residents/fellows are expected to avoid, however, examples of the types of misconduct that could result in disciplinary action, include but are not limited to, termination include: gross negligence; dishonesty or fraud; falsification of records; accessing confidential information without a business need to know; physical mistreatment of another person; theft; deliberate damage or destruction of company property; abandonment of patient care responsibilities; a serious violation of health and safety rules; a serious violation of core values/standards of behavior; unapproved absence; failure to safeguard confidential information; violation of any prescribing policies and privileges; insubordination; illegal possession or unauthorized use of drugs or alcohol including inappropriate use of legally prescribed drugs; possession of weapons on company property; intimidating or threatening behavior toward another person; and/or fighting.

**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 or improper behavior of any kind should immediately report their concerns to their supervisor and/or residency program leadership. The supervisor or program leader shall communicate the allegations to GME administration (Administrative Director in the GME office or the DIO) who shall provide direction for conducting an inquiry.

Upon receipt of a complaint regarding the conduct of a resident/fellow, the Program Director may conduct an initial inquiry which 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, 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 GME administration (Administrative Director in the GME office or the DIO) to determine if a continued inquiry is necessary to reach a conclusion in the matter.

- If a continued inquiry is warranted, GME administration (Administrative Director in the GME office or the DIO) will provide direction. Others may be included in the continued inquiry process (i.e. Human Resources, Corporate Compliance, Security, Medical Affairs, or other departments/officers).
- All allegations of harassment (including sexual harassment) will be reported immediately to Human Resources in accordance with the Institution's policy against harassment.
- While the inquiry process is underway, the DIO/Program Director has 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.

Upon conclusion of the investigation, the Program Director and GME administration (Administrative Director in the GME office or the DIO) will determine what the next appropriate course of action should be. It could be determined that: 1) no further action is warranted and the matter is considered closed; 2) action is required but the action required does not rise to the level of a reportable action, therefore, it is considered a non-reportable action. The Program will follow up with the resident/fellow for documentation of their misconduct and/or academic improvement plan following the steps outlined in those policies respectively; or 3) a more serious reportable action is warranted and may, therefore, impact a resident/fellow's standing in the program.

The Program/Institution may take actions including, without limitation, the following:

- **Non reportable actions** include 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.

It is important to note that resident/fellow misconduct may also constitute unprofessional behavior, which may also trigger a letter of deficiency under the Academic Improvement policy for failure to meet professionalism core competencies. This would result in a resident/fellow receiving a letter of misconduct as well as an academic performance improvement plan.

- **Reportable Actions** are those actions that the Program and/or Institution must disclose to others, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. The Institution may be under a legal obligation to report certain infractions which violate local, state or federal law. If the Program and/or Institution has decided to implement a reportable action, such decision would 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.

Reportable actions include the following:

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

**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 central GME office staff or 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 the Reportable Action. Requests received after the deadline will not be subject to review.

*\*Upon receipt of the Request for Review, the Administrative Director of GME in the 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. For matters related to misconduct, the 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; and Chief of Staff. The committee may also elect to consult representatives from other departments, including but not limited to, Legal Counsel and Administration. 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.*

**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 Administrative Director of GME in the central GME office, or any other supervisor.

Resident/Fellow actions that are identified and upon investigation as gross misconduct, egregious, fraudulent, or unlawful in nature shall be subject to disciplinary action including possible termination. All such actions will be reviewed as subject to the due process.

**Signatures:**

GMEC Chair: 

Arthur B Rubin, DO, FACOP, MHA	Digitally signed by Arthur B Rubin, DO, FACOP, MHA Date: 2024.06.26 10:38:03 -04'00'
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Art Rubin, DO

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Date

DIO: 

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