

Medical College of Georgia at Augusta University
House Staff Policies and Procedures

Policy
HS 18.0 House Staff Performance

Source
Graduate Medical Education Office

1.0 Purpose

To ensure House Staff are performing at an adequate level of competence for a GME training program and to provide program guidance if a House Staff is not performing at an adequate level of competence.

2.0 Definitions and standard procedures

- 2.1 Remediation: a term used by MCG GME to define an improvement process which is below the level of probation and does not typically require reporting outside of the institution; another acceptable term may include performance improvement plan (PIP); programs should review applicable board, program, and departmental policies and requirements to ensure appropriate verbiage is used and communicate the intent and requirements of the action with applicable House Staff
- 2.2 Probation: a term used to define a significant improvement process and disciplinary action which must be reported outside of the institution (e.g., for practice site privileging purposes, to certifying boards, to state licensure boards) where House Staff are given a defined period to correct deficiencies while still actively engaging in the program
- 2.3 Suspension: a term used to define a significant disciplinary action which must be reported outside of the institution (e.g., for practice site privileging purposes, to certifying boards, to state licensure boards) where the House Staff is removed from the training program for a determined period of time with plan for potential reintegration into the program
- 2.4 Non-renewal: a term used to define a significant disciplinary action which must be reported outside of the institution (e.g., for practice site privileging purposes, to certifying boards, to state licensure boards) where the House Staff is not permitted to train in subsequent year(s) of the program; programs must follow MCG GME Policy 3.0
- 2.5 Non-promotion: a term used to define a significant disciplinary action which may require reporting outside of the institution (e.g., for practice site privileging purposes, to certifying boards, to state licensure boards) where the House Staff is not promoted to the subsequent year of training until they meet program-specific promotion requirements
- 2.6 Dismissal: a term used to define a significant disciplinary action which must be reported outside of the institution (e.g., for practice site privileging purposes, to certifying boards, to state licensure boards) where the House Staff is immediately removed from the program and no longer allowed to train in the program
- 2.7 For all the above, the Program Director is required to provide written notice of intent to the House Staff.
- 2.8 For 2.2-2.6, the Program must notify the GME Office to allow for due process. Of note, non-promotion or non-graduation does not require formal due process if the reason is due to failure to meet certifying board or program requirements due to leave of absence. However, House Staff may contact the Senior Associate Dean of GME if there is any concern. Moreover, programs must support a reasonable extension of training to allow for graduation if the leave of absence is approved unless otherwise communicated to the House Staff prior to the leave of absence.
- 2.9 In most instances, programs are encouraged to attempt to correct deficiencies in a stepwise approach via remediation, followed by probation if remediation plan is unsuccessful, and followed by dismissal if probation plan is unsuccessful. However, disciplinary action is under the purview of the program director and certain instances may require deviation from this stepwise approach.

3.0 Procedure for remediation

- 3.1 The Program Director, upon learning of or observing a performance problem with a House Staff, must counsel them about the problem and document the counseling in the House Staff's training file. The Program

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Director may present the House Staff's performance issue to the Clinical Competency Committee (CCC) for additional input and may appoint a mentor to assist the House Staff in improving their performance. If the performance problem is significant enough to warrant remediation or other more significant action, the CCC should assist and a mentor should be provided. See GME HS Policy 28.0 regarding CCC.

- 3.2 If a House Staff is not performing at an adequate level of competence as demonstrated by unprofessional or unethical behavior, engagement in misconduct, not meeting ACGME core competencies for year of training, or failing to fulfill the responsibilities and requirements set forth by the Program, the House Staff should be placed on formal remediation following CCC review. This may occur after the Program Director counseled the House Staff about an identified problem and documented this counseling or when the problem is initially identified if significant to warrant immediate formal remediation. Program Directors have the sole authority to determine disciplinary actions and may choose to place the House Staff on probation or more significant disciplinary action to include non-renewal or dismissal at any point of the training period. However, programs must follow all GME policies to include GME HS policies 13.0 and 3.0. The GME Office must be notified if considering probation, non-promotion, suspension, or more significant disciplinary action (i.e., non-renewal, dismissal) to allow due process. Programs should contact the GME Office before discussing or formalizing plans with House Staff if considering probation, non-promotion, or higher disciplinary action. The program is encouraged to notify the GME office if considering remediation to allow for impartial input and resource identification.
- 3.3 The House Staff must be informed (ideally in person) of these decisions and must be provided with a formal academic plan document, which includes the following:
- 3.3.1 Statement of the grounds for the remediation/probation, including identified deficiencies or problem behaviors;
 - 3.3.2 The duration of the remediation/probation plan, which will typically be three months but may be extended or shortened as needed (programs are encouraged to contact the GME Office if considering remediation for a time period other than three months);
 - 3.3.3 A plan, which should be Milestone based, for remediation/probation and criteria by which successful remediation/probation will be judged;
 - 3.3.4 Notice that failure to meet the conditions of the remediation/probation could result in extension of the training program period, extension of the remediation/probation to include potential modification of the remediation/probation plan, progression to probation (if on remediation), non-promotion, dismissal, suspension, or non-renewal during or at the conclusion of the remediation/probation period; and
 - Note that programs are not required to provide an extension of training, but they must communicate this availability with their House Staff
 - 3.3.5 Written acknowledgement by the House Staff of the receipt of the remediation/probation document. Signing of the document does not necessarily imply the House Staff fully agrees with the document. If a House Staff refuses to sign, this should be noted on the document.
 - 3.3.6 Documentation
 - 3.3.6.1 A copy of the remediation document may be forwarded to the Senior Associate Dean for Graduate Medical Education. Programs are encouraged to contact GME regarding remediation and to use the standard GME remediation form, which should be placed on Department letterhead, and have the plan reviewed and approved by the GME Office.

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3.3.6.2 A copy of the probation document must be forwarded to the Senior Associate Dean for Graduate Medical Education. Programs are encouraged to use the standard GME probation form, which should be placed on Department letterhead, and have the plan reviewed and approved by the GME Office.

- 3.4 During this remediation/probation time, a faculty member should be appointed to serve as the House Staff's mentor. The House Staff is expected to work closely with the mentor and meet with them at least once a month or as determined by the mentor, Program Director, and House Staff. It is the responsibility of the House Staff to schedule these meetings and notify the Program in a timely fashion if the mentor is failing to meet regularly. The mentor may also serve as the House Staff's advocate and will keep the Program Director informed of the House Staff's progress.
- 3.5 If non-renewal of contract or dismissal is upheld as per GME HS policy 13.0 and involves a J1 Visa holder, ECFMG will be notified with assistance from the GME Office.
- 3.6 If the House Staff holds a Residency Training Permit issued by the Georgia Composite Medical Board, the Board will be notified of the non-renewal or dismissal by the Program Director with assistance from the GME Office. The Program Director must report to the Board within 15 days of the permit holder's withdrawal or dismissal from the Training Program. The Board must also be notified, by the Program Director, of any leave in excess of two weeks unless approved. The Board is also informed of any probation at time of license renewal.



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04/26/24
Date



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Date