

Augusta University  
House Staff Policies and Procedures

Policy

HS 39.0 Conflict Resolution/Grievance

Source

Graduate Medical Education Office

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1.0 Purpose, Background, and Definitions

To define the process to resolve conflicts/grievances that arise within the Graduate Medical Education (GME) training environment. This policy is designed for mediation/resolution of conflicts and does not cover Due Process afforded to House Staff when a Program is considering or has undertaken significant disciplinary actions of House Staff. Due Process requirements are detailed in GME House Staff (HS) Policy 13.0

Programs, in partnership with MCG and associated participating sites, are required to provide a professional, equitable, respectful, and civil environment that is psychologically safe free from discrimination, harassment, mistreatment, abuse, or coercion of students, House Staff, faculty, and staff.

Psychological safety is defined as an environment of trust and respect that allows individuals to feel able to ask for help, admit mistakes, raise concerns, suggest ideas, and challenge ways of working and the ideas of others on the team, including the ideas of those in authority, without fear of humiliation, and the knowledge that mistakes will be handled justly and fairly.

Program Directors must provide a learning and working environment in which House Staff have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation and ensure the Program's compliance with MCG GME's policies and procedures related to grievances as outlined below.

2.0 Affected Entities

The following policy applies to all House Staff (MD/DO equivalents) in GME Training at MCG. Per ACGME, MCG GME must have a policy that outlines the procedures for submitting and processing House Staff grievances at the program and institutional level and that minimizes conflicts of interest. If a grievance were to arise, House Staff should also review their Program-specific grievance/conflict resolution policy to further understand the procedures for submitting and processing House Staff grievances at the program level. Ideally, grievances should at least initially be handled at the Program level. See 3.8 below.

3.0 Procedures


- 3.1 House Staff who feel that there has been a grievance should raise the concern to the stakeholders in the conflict. It is imperative that this communication is thorough and received by intended person(s). Therefore, a simple email may not suffice. Multiple avenues are described herein including anonymous avenues to help ensure psychological safety, confidentiality (when necessary), minimization of conflict of interest, and minimization of fear associated with intimidation and retaliation as well as increasing the likelihood of amicable conflict resolution.
- 3.2 Ideally, initial conflict resolution should be attempted informally between the affected stakeholders.
  - 3.2.1 Conflicts arising between House Staff:
    - 3.2.1.1 Initial resolution should ideally be between the conflicted parties.
    - 3.2.1.2 Subsequent resolution may be potentially mediated by an upper-level House Staff, primarily the chief resident.
    - 3.2.1.3 If this fails, the program director and/or coordinator should mediate the conflict, possibly including the section chief or department chair.
    - 3.2.1.4 If the conflict potentially involves a patient safety event or patient safety near miss at Wellstar MCG Health (i.e., the primary clinical site for most MCG GME programs), a report should be completed (Wellstar SaFER; <https://my.augusta.edu>). This system allows for reporting of unprofessional behavior including anonymous reporting. All House Staff are educated regarding how to complete a report during orientation and Interdisciplinary Resident/Fellow Core Curriculum (IRCC) sessions. If the conflict potentially involves a patient safety event or patient safety near miss at another participating site, the House Staff should follow that site's procedures for reporting.
  - 3.2.2 Conflicts arising between House Staff and a faculty member
    - 3.2.2.1 Ideally initial resolution is by civil discussion with the faculty member if possible and felt to be appropriate by the House Staff.

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- 3.2.2.2 Subsequent resolution mediation may include the program director and/or coordinator, frequently including the section chief or department chair.
- 3.2.2.3 At all times, the House Staff may contact the Ombudsperson and/or GME office including DIO for assistance if needed. See 3.4 below.
- 3.2.2.4 If the conflict potentially involves a patient safety event or patient safety near miss, a report should be completed. See 3.2.1.4 above.
- 3.2.3 Conflicts arising between House Staff and a person outside of the GME program should be mediated by the program director and/or coordinator, possibly including the section chief or department chair.
- 3.3 The conflict resolution process should involve an objective review of the events leading to the disagreement and should allow a cooling-off period (if acute resolution is not required), possibly mediated by an uninvolved third party. If the informal process does not reach resolution, a scaled escalation should potentially involve the following internal succession:
  - 3.3.1 Chief Resident
  - 3.3.2 Program Coordinator
  - 4.3.3 Faculty Mentor
  - 4.3.4 Program Director
  - 3.3.3 Section Chief
  - 3.3.4 Department ChairPlease note the House Staff has the option to involve who they feel is most appropriate for the situation, but ideally the above should be followed.
- 3.4 If the above intervention does not reach resolution or at any time the House Staff needs additional or external Program assistance, the process should be reported as needed to the following parties at the House Staff's preference:
  - 3.4.1 Ombudsperson (see GME HS12.0)
  - 3.4.2 GME Office and DIO
  - 3.4.3 Anonymous GME/DIO Compliance/Concern Portal (<http://hi.augusta.edu/resident/speak>)
- 3.5 If involved, the GME Office and DIO will provide a detailed report of the relevant points of the case with recommendations. When appropriate and in keeping with all applicable laws, the DIO will maintain anonymity of the reporting House Staff to all extents possible.
- 3.6 The incident, at the discretion of the DIO with communication to the reporting House Staff, may be elevated to the Dean of MCG, associated participating site leadership, Augusta University Human Resources/Employee Relations, AU Legal Office, Title IX Office, AA/EEO Officer, etc.
- 3.7 If a House Staff member believes internal MCG procedures described above have not resulted in an acceptable process, reporting to ACGME is possible. <https://www.acgme.org/residents-and-fellows/report-an-issue/>
- 3.8 Each GME training program has a program-specific policy that addresses program specific avenues for House Staff and Faculty to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. This program specific policy includes avenues to report unprofessional behavior.
- 3.9 House Staff can review GME concern reporting resources here: <https://www.augusta.edu/mcg/residents/housestaffresources>

  
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2/20/24  
Date

  
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