

Notice of Probation

Dear Dr. _____,

As you are aware, a performance problem was noted during your training period. You were counseled regarding this on _ by myself, your Program Director. A document regarding this counseling was placed in your training file per GME HS policy 18.0 section 3.1.

<https://www.augusta.edu/mcg/residents/hspolicies/>

After CCC review on __, it was determined that you did not adequately correct your performance problem. Therefore, you are being placed on probation. Please note, you may request to speak to the CCC directly if desired regarding this performance problem.

This document outlines the probation plan to include the below as detailed in GME HS policy 18.0 sections 3.3.1-3.3.6.

Statement of the grounds for the probation, including ACGME core competency (i.e., Professionalism, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice) that is not currently achieved and specific identified deficiencies or problem behaviors (please see below table for further details):

Duration of the probation (ordinarily at least three months, but may be extended to six months; please see below table for further details):

Plan for probation and criteria by which successful probation will be judged (please see below table for further details):

<u>Competency Domain/ Essential Components</u>	<u>Problem Behaviors</u>	<u>Expectations for Acceptable Performance</u>	<u>Trainee's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Timeframe for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Probation</u>

Per GME HS policy 18.0 section 3.4, you have been assigned a faculty member to serve as your mentor during this probation period: Dr. _____. You are expected to work closely with this mentor and meet with them at least once per month or as determined by the mentor, me, and yourself to discuss your progress. The mentor will keep me informed of your progress and may serve as your advocate if needed. It is your responsibility to schedule these meetings and notify the Program if they are delayed in a timely fashion.

It is the Program's responsibility to closely supervise residents/fellows including yourself at all times while on probation to prevent any patient safety or quality care issues.

Please note that failure to meet the conditions of the probation as noted above could result in extension of the training program period, extension of probation to include potential modification of the plan, non-promotion, suspension, non-renewal, and/or dismissal from the Program during or at the conclusion of the probation period.

If the Program is considering non-promotion, probation, suspension, non-renewal, or dismissal, the Program must first contact GME for review of the plan via the Due Process Subcommittee (DPSC). As required, the DPSC met prior to me deciding to pursue probation.

If a decision is made to not promote you, to place you on probation, suspend you, not to renew your contract, or to dismiss you from the Training Program, you have the opportunity to appeal the adverse decision as outlined in GME HS policy 13.0. Therefore, you have the option to appeal this probation decision within 10 business days of this notice. House Staff cannot appeal remediation decisions as this is an internal process that does not require outside reporting.

It is my responsibility as the Program Director to notify the ECFMG (if applicable) and the Georgia Composite Medical Board as per GME HS policy 18 3.5 and 3.6 for instances of non-renewal and dismissal. Moreover, probation may require personal lifelong reporting to external agencies including credentialing bodies and state medical boards.

Please sign below indicating a written acknowledgment of receipt of this probation document.

A copy of this document will be forwarded to the Senior Associate Dean for Graduate Medical Education.

House Staff Signature and Date _____

Program Director Signature and Date _____