

EASTERN VIRGINIA MEDICAL SCHOOL (EVMS)

Graduate Medical Education Policy

EVALUATION, PROMOTION/REAPPOINTMENT, REMEDIATION OF DEFICIENCIES, AND DISMISSAL/TERMINATION OF CONTRACT

All fellowship, internship, and residency programs within Eastern Virginia Medical School will maintain fellow/intern/resident (trainee), faculty, and program evaluation procedures consistent with the Accreditation Council for Graduate Medical Education's Institutional and Program Requirements for accredited residency programs; or the Council on Podiatric Graduate Medical Education; or the Committee on Accreditation of the American Psychological Association; or other applicable professional groups..

In accordance with the Institutional Requirements of the Accreditation Council for Graduate Medical Education (I.B.3.d), all programs accredited by the Accreditation Council for Graduate Medical Education must develop formal written criteria and processes for evaluation of faculty members, the program and trainees, which are in compliance with the requirements developed by the specialty Residency Review Committee of the Accreditation Council for Graduate Medical Education or the appropriate accrediting body (Podiatry and Psychology). For non-accredited programs, the EVMS Graduate Medical Education Council (GMEC) provides guidance and oversight. Program decisions must be in compliance with EVMS and EVMS GMEC applicable policies.

Trainee Evaluation:

Trainees are graduate students (medical, podiatric, psychology) and their relationship with EVMS is an educational and training relationship. Trainees are also compensated employees of EVMS, but the employment relationship with EVMS is a derivative of and dependent upon the continued enrollment as a trainee within one of the sponsored GME programs. Each program must develop a trainee evaluation system in compliance with the associated accrediting body. For programs accredited by the Accreditation Council for Graduate Medical Education, this includes evaluation of PGY level specific goals and objectives based on the General Competencies which are specific to each rotation or educational unit.

The responsibility for judging the competence and professionalism of trainees in graduate medical education programs rests primarily with the program directors and associated education committees. The institutional and program specific policies related to evaluation and assessment of trainees governs the qualifications of the trainee to remain in training as well as the completion of training certification requirements. The departmentally based education committee should assist the program director in the assessment of trainees and in decisions regarding promotion. The membership on this committee should include the program director and core teaching faculty members. The educational directors from the affiliated teaching sites and resident representatives may also be invited to membership. The resident members may be excused from the meeting as deemed necessary when discussing trainee program or remediation.

Evaluation of trainees requires data from a variety of sources such as other health care profession, self-assessment, peer assessment, simulations, education committee discussions, etc. This system must be used as part of the process for decision making in regards to progressive responsibility and promotion of the trainee from one educational level to the next. Scholarly activity and teaching responsibilities should also be assessed.

Trainees should be provided timely feedback regarding their progress on individual rotations and/or clinical assignments and be provided with a written or verbal summary of performance within one week of the end of the educational assignment. This verbal and/or written summary should reflect the information to be provided on the evaluation which is required by the program for each rotation and/or educational assignment.

Measurable benchmarks for successful completion of a rotation or other educational assignment must be developed. Trainees must be informed of these benchmarks. Benchmarks must also be developed for successful completion of the training program and used in decisions regarding successful completion of the training program. When available, national benchmarks should be used.

At a minimum, trainees must meet with the program director or his/her designee at least twice a year for a summary review of the trainee's progress within the program. These reviews should be documented in writing, signed by the trainee and by the program director, and kept on file in the trainee's educational file. These files must be available for review upon request by the trainee.

Programs must develop resident evaluation instruments which assess the rotation specific/clinical activity objectives. Evaluations must be used as part of the process for decision making in regards to progressive responsibility and promotion of the trainee from one educational level to the next. Scholarly activity and teaching responsibilities should also be assessed.

The program director must complete an end of training evaluation which includes the required ACGME language (see ACGME Common Program Requirements). Additionally, the program director must complete the EVMS Resident/Fellow Verification Form and forward the form to the Office of Graduate Medical Education.

Faculty members must receive training in evaluation techniques and use of the program's evaluation instruments. This training must be documented and reviewed periodically by the residency education committee. The form this training takes is program specific but must be equivalent across faculty members. Institutional courses are available to meet this requirement.

For purposes of requests by State Boards of Medicine, or other official organizations, requesting for the resident evaluation file, the materials to be included are:

- Program Director mid-year and end-of-year evaluation summaries
- End of Training Evaluation Form
- EVMS Resident Verification Form

To send these documents, the Program Director must contact the Associate Dean for Graduate Medical Education to ensure the resident has signed the Authorization for Release of Information. Copies of individual rotation evaluations are not considered part of the residents' permanent evaluation files.

For trainees who have been placed on probation, all documents sent for verification purposes to Boards of Medicine, hospital, or other requesting entities must be reviewed and approved by the Associate Dean for Graduate Medical Education prior to release.

Eastern Virginia Medical School provides resident, fellow, and intern (trainee) contracts on an annual basis commensurate with the respective Board guidelines and appropriate educational progress of the trainee. Procedures for addressing academic and non-academic deficiencies which may impede trainee progress in the program or prohibit the trainee from successfully completing the program are defined below. A process for appealing adverse decisions affecting trainee is provided to ensure appropriate due process. In the procedures described below, the committee responsible for oversight of the educational program within individual departments is referred to as the Education Committee

Promotion and Reappointment

The program director for each of the training programs has primary responsibility for monitoring the competence and professionalism of each of the program trainees, recommending necessary remedial educational activities, probationary status of trainees or other adverse actions, and recommending promotion and admittance to the specialty board examinations.

Each program must provide a written summary performance review to each trainee at regular intervals. The reviews must follow the schedule set forth by the appropriate accrediting body. At a minimum, trainees should be reviewed on a semi-annual basis. The trainee should acknowledge receipt of each summary performance review by signing the review document.

Promotion to the next level of training and the corresponding reappointment contract are dependent on successful completion of the goals and objectives of the current post graduate year including, but not limited to, knowledge, skills, professional judgment, and professional behavior. In addition, trainees must meet the objectives as related to the applicable PGY level. Decisions on annual reappointment will be made by the program director in conjunction with the program's education committee and will be based on quality of performance and conduct.

Trainees shall proceed from post graduate level to the next higher level of responsibility within the educational program unless the trainee:

- is participating in a one year program,
- is released from the program;
- decides to voluntarily leave the program,
- has not completed the requirements for the current educational level;

- performs below expected academic or personal standards as indicated by the program's established evaluation system, and notification of below standard performance is provided; and/or
- fails to remediate identified deficiencies during a probation period.

Trainees requiring additional time to complete the program may be required to do so in an unpaid status.

The program director must provide the trainee with written notice of intent not to renew the contract no later than four months prior to the end of trainee's current contract. If the primary reason(s) for non-renewal occur(s) within the four months prior to the end of the current contract, written notice of intent not to renew must be provided as soon as reasonably possible.

Right to Appeal: Trainees have the right to appeal non-renewal of the GME contract.

Remediation of Identified Deficiencies

Deficiencies which may result in probation or dismissal/termination of a trainee contract include both academic and nonacademic areas

Academic Deficiencies include but are not limited to an inadequate knowledge base, the lack of information gathering, problem solving, clinical skills and judgment, technical skills relating to patient care and/or professional relationships which include moral and ethical values unacceptable to the profession.

Nonacademic Deficiencies include but are not limited to any professional action or behavior which is considered unacceptable to the residency program faculty, failure to comply with the rules, regulations and bylaws of Eastern Virginia Medical School, the affiliated institutions of Eastern Virginia Medical School or laws of the Commonwealth of Virginia which govern the healing arts, and/or lack of certain abilities or talents which are necessary for the performance of expected duties for that specialty.

Faculty and other professional staff should promptly notify the program director of areas of concern regarding trainee professional behavior and development. Upon notification of a potential problem, the program director or a designee will investigate the report and if the concern appears to be warranted will proceed with the formal procedures below described.

Due Process: Identifying and Remediating Deficiencies:

Intervention strategies for addressing academic deficiencies are classified into three stages: Stage 1 – Verbal Notification, Stage 2 – Formal Remediation, and Stage 3 - Probation. For academic deficiencies, a formal corrective action is developed to address the identified deficiencies.

Deficiencies which warrant Stage 1 Notification may be addressed through informal counseling or other informal disciplinary actions which do not require formal procedures or written documentation, however, the program director may elect to use the formal procedure. Deficiencies which warrant Stage 2 Remediation or Stage 3 Probation must be address formally using the mechanisms described below; however, the order and use of events may vary according to need and nature of the identified problem(s). Trainee problems, subsequent supervision meetings, remediation plans, and progress reports should be documented in writing and trainee signatures obtained where indicated. The subscripts after the steps described below refer to areas for which sample forms are provided. The Office of Graduate Medical Education Remediation and/or Probation documentation forms must be used and are available on the GME web-site.

Stage 1 Notification: Verbal notification should be provided to trainees who have either academic or professionalism deficiencies which, while not currently impeding the progress of the trainee, have the potential to create obstacles to professional development and are severe enough to warrant counseling by the program director or early disciplinary action. A Stage 1 intervention does not require, but may include, written documentation in the trainee's file.

Stage 2 Remediation: Trainees already under Stage I Notification and have not been able to remediate the identified deficiency within the given time period may be continued in the Stage 1 status or be placed on Stage 2 Remediation. Trainee may also be placed directly on Stage 2 Remediation for academic or professionalism deficiencies for which the program director and/or the Education Committee believe severe enough to warrant Stage 2 Remediation. These areas relate to deficiencies which are impeding the professional development of the trainee and/or compromising the quality of patient care and require immediate intervention. The trainee must be notified if non-remediation of the Stage 2 deficiency may result in probation.

Stage 3 Probation: Trainees who fail to remediate an area of weakness under Stage 2 Remediation may be continued in that stage or may be placed on Probation. Under special circumstances trainee may be placed directly on Probation where the conduct of the trainee warrants such an action. If the program director feels that Probation is warranted the issue should be presented to the departmental Education Committee for discussion and confirmation of the disciplinary action. The Vice Dean for Graduate Medical Education must be informed of any pending Probationary actions and must be present at the departmental Education Committee meeting where the pending Probationary status is discussed. Where the conduct of a trainee represents a serious compromise to acceptable standards of patient care and/or jeopardizes the welfare of patients under his/her care, the program director has the option of immediately suspending the trainee from clinical duties until such time as an appropriate investigation of the allegations or situation may be conducted. The trainee must be informed in writing if termination of his/her educational contract or non-renewal of future contracts is a potential outcome of the Probationary status. The chair of the concerned department and the Vice Dean for Graduate Medical Education must be notified when a trainee is placed on Probation.

Probationary status will be defined by the concerned training program's Education Committee. While on Probation the trainee will be provided close faculty supervision, may be removed from all supervisory responsibilities for other trainee and medical students, and may or may not be given credit for the time period during which the Probationary status is in effect. If the Probationary period is not creditable toward the

required time for the educational program, the necessary extension of training time may be required without additional stipend.

Upon successful remediation of a Stage 1 Notification or Stage 2 Remediation process, the written documentation may be deleted from the trainee's permanent file if so decided by the Education Committee. Documentation for Stage 3 Probation processes must remain as a part of the permanent evaluation file.

The following steps should be considered in identifying, developing a remediation strategy (for academic remediation), and completing the process.

Step 1. Issue is reported and investigated

Step 2. A remediation plan is developed

Step 3. Program director or designee meets with the trainee to discuss the issue(s), remediation activities, plan schedule, and potential outcomes.

Step 4. The remediation plan is implemented, supervision meetings are conducted to review progress, and progress report(s) are written

Step 5. At the agreed upon time, the progress of the trainee is evaluated and a determination of the success of remediation is determined. The program director or designee meets with the trainee to review the remediation and a report is provided to the trainee regarding his/her status. A report (Stage 2 and Stage 3) is provided to the Education Committee. If a Probation deficiency is not successfully remediated and the Education Committee chooses to terminate the contract with the trainee or non-renew the contract, the trainee must be notified of this in writing and made aware of the his/her Due Process rights and the ability to appeal the decision through the Grievance Policy.

Right to Appeal: Trainees have the right to appeal Probationary status. Remediation status is not subject to appeal. Please refer to the Due Process and Grievance Policies.

Dismissal/Termination of Contract

Trainees are expected to fulfill the clinical and educational requirements of their graduate medical education program and to provide safe, effective and compassionate patient care. Non-compliance with these expectations may result, in certain circumstances, to immediate dismissal/termination of the GME contract. Immediate dismissal/termination of the GME contract may be based on evaluation of professional and ethical fulfillment of the conditions of the trainee appointment.

A trainee may be subject to dismissal/termination of the GME contract during the term of his/her appointment by the Dean, Eastern Virginia Medical School, upon recommendation of the involved program director with concurrence of the Vice Dean for Graduate Medical Education.

Grounds for dismissal/termination of GME contract include but are not limited to:

1. Failure to rectify by the end of a probationary period deficiencies for which the trainee has been placed on Probation;
2. Performance which presents a serious compromise to acceptable standards of patient care and/or jeopardizes patient welfare;
3. Unethical conduct;
4. Illegal conduct for which the trainee has pled or been found guilty, pled nolo contendere or has been granted immunity from prosecution; and/or
5. Failure to report for scheduled clinical assignments without advanced notice and permission, or emergency reasons not acceptable to the program director.

The affected trainee will receive written notification of this decision including specific reasons for the decision. Copies of the Due Process Policy and Grievance Procedure will be attached to the notification letter.

Right to Appeal: Trainees have the right to appeal termination/dismissal of the GME contract.