

## **Disciplinary Action, Suspension, or Termination**

### **A. Informal Procedures/Program Specific Disciplinary Policies**

Each program must develop written program specific procedures for addressing academic or professional issues in residents and clinical fellows. Program Directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, the program specific policy shall include notification by the Program Director to the resident/clinical fellow in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident/clinical fellow to address it. Individual training programs may outline other departmental or division resources that residents/clinical fellows should use to discuss disputes over informal actions related to poor performance and/or misconduct. If the remediation efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal adverse disciplinary action.

### **B. Formal Adverse Disciplinary Action**

Formal adverse disciplinary action may be taken for due cause, including but not limited to any of the following:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the resident/clinical fellow, or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the Consortium, School of Medicine, Hospital, Department, Division, or training program, including violation of the Responsibilities of Residents and Clinical Fellows set forth above.
6. Scientific misconduct.

Programs will develop written program specific policies for decisions regarding formal adverse disciplinary actions.

### **C. Specific Procedures**

Formal adverse disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the resident/clinical fellows clinical responsibilities; (3) extension of the residency or fellowship program or denial of academic credit that has the effect of extending the residency or fellowship; or (4) denial of certification of satisfactory completion of the residency or fellowship program.

The Department Chair or Program Director shall notify the resident/clinical fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME office and the Associate Dean for Graduate Medical Education. The notification should advise the resident/clinical fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Academic and Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Department Chair or Program Director determines in good faith that the continued appointment of the resident/clinical fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

### **D. Complaints by Hospital**

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a resident/clinical fellow, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Academic and Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below.

### **E. Reporting Obligation**

Section 383.133 of the Missouri Revised Statutes requires the chief executive officer of any hospital or ambulatory surgical center to report to the State Board of Healing Arts any final disciplinary action against a physician holding a temporary or permanent license in Missouri for activities which are also grounds for disciplinary action by the State Board, as determined by law. In addition, the CEO must report the voluntary resignation of any physicians' permanent or temporary license in Missouri against whom any complaints or reports have been made which might have led to disciplinary action as determined by law.

## **XV. Procedure for Review of Academic and Disciplinary Decisions Relating to Residents and Clinical Fellows**

### **1. Preamble**

Both the School of medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to resident/clinical fellows and residency/fellowship programs resides within the departments and the individual residency/fellowship programs. Academic and performance standards and methods of resident/clinical fellows training and evaluation are to be determined by the departments and programs and may differ among them.

The interests of the resident/clinical fellows, the Medical School, and the Hospitals are best served when problems are resolved as part of the regular communication between the resident/clinical fellows and departmental officials in charge of the training program. Thus resident/clinical fellows are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions, or evaluations by discussing the matter with the Program Director, Division Chief and Department Chair, as appropriate. The Office of the Associate Dean for Graduate Medical Education is available to provide confidential guidance in this effort.

If the matter is not resolved, either by informal or formal means, at the departmental level, and the action taken by the department involves (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the residents clinical responsibilities; (3) extension of the residency/fellowship program or denial of academic credit that has the effect of extending the residency/fellowship; (4) denial of certification of satisfactory completion of the residency/fellowship program, then the resident may request a review of the departmental decision, which will follow the procedure set forth below. Decision or actions other than those described in the preceding sentence are not subject to review under this procedure. The availability of this procedure for review of certain kinds of decisions in no way is intended to affect the right of the department and/or the Hospital to counsel and evaluate resident/clinical fellows routinely on performance or progress in the normal course of the training program.

### **2. Review of Academic and Disciplinary Decisions**

The resident/clinical fellow shall make the request for a formal review in writing within 15 calendar days after the departmental decision to the Associate Dean for Graduate Medical Education, describing the matter in dispute and all previous attempts at resolution. The Associate Dean shall forward a copy of the request to the Program Director, who shall have the opportunity to respond in writing within 5 calendar days, a copy of which shall be furnished to the resident/clinical fellow. (Copies of all correspondence relating to the review shall be furnished by the Associate Dean's office on a confidential basis to the President of the Hospital in the case of a resident/clinical fellow.) The Associate Dean shall forward this information to the Senior Associate Dean for Education who will then discuss the dispute with the resident and the Program Director (and the Hospital, if appropriate) in an effort to resolve the

matter. If the matter is not resolved within 15 calendar days from the date of receipt of the request for review, the Senior Associate Dean shall notify the Associate Dean for Graduate Medical Education who will advise the resident/clinical fellow in writing that the matter has not been resolved and that the resident/clinical fellow has a right to request a hearing. If the matter is resolved, the Associate Dean shall summarize the resolution in a letter to the resident/clinical fellow, Program Director, and President of the Hospital in the case of a resident/clinical fellow.

Periodically, the Associate Dean shall report to the GMEC on the nature of matters brought to his or her attention under this procedure and the nature of the resolution, if any.

### **3. Hearing Panel**

The resident/clinical fellow shall make the request for a hearing in writing to the Chair of the GMEC within 7 calendar days after the date of the notice from the Associate Dean that the matter has not been resolved. The Chair of the GMEC shall appoint a hearing panel to be composed as follows: three program directors from the GMEC membership one of whom shall act as chair of the hearing panel, one senior resident or clinical fellow, one Hospital representative. No member of these bodies who has been involved in the dispute in any way shall serve on the hearing panel.

A hearing date shall be set by the chair of the hearing panel within 30 calendar days of the receipt of the resident/clinical fellows request for a hearing. At least 7 calendar days before the hearing, the Program Director shall furnish the chair of the hearing panel and the resident/clinical fellow with a statement of reasons for the action taken, along with any supporting documentation. The resident/clinical fellow shall have the opportunity to respond in writing at least two calendar days before the hearing, copies to be furnished to the chair of the hearing panel and the Program Director.

At the hearing, both the resident/clinical fellow and the Program Director may present evidence and witnesses, subject to limitations set by the chair based on relevancy or time, and may examine the evidence and witnesses presented by the other. The members of the hearing panel may also ask questions and request the presence of additional witnesses if deemed necessary. A stenographic record of the hearing will be made. The resident/clinical fellow may be accompanied by one advisor, identified by name and title at least 6 days before the hearing, who may advise the resident/clinical fellow but not otherwise participate in the hearing. The hearing shall not be construed as a formal legal proceeding, and formal rules of law or evidence shall not apply.

Subsequent to the conclusion of the hearing, the hearing panel shall deliberate in private and reach a decision as to its recommendation by majority vote. It shall make a written report and recommendation to the Dean of the Medical School and President of the Hospital within 7 calendar days after the conclusion of the hearing, copies of which shall be sent to the resident/clinical fellow, the Program Director and the Associate Dean.

The recommendation of the hearing panel shall be accepted, rejected or modified by the Dean and President of the Hospital, or their designees, in writing, within 7 calendar days after the date of the

recommendation and report. Copies shall be sent to the chair of the hearing panel, the resident/clinical fellow, the Program Director, and the Associate Dean. The decision of the Dean and President or their designees, shall be final.

#### **4. Applicability**

This procedure applies to all residents/clinical fellows in all sponsored residency/fellowship programs at Washington University School of Medicine, Barnes-Jewish Hospital, and St. Louis Children's Hospital.