

## **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.

## **Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows**

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.

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 in accordance with ACGME requirements and guidelines and may differ among programs.

The interests of the resident/clinical fellows, the School of Medicine, 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 by discussing the matter with the Program Director, Division Chief and/or Department Chair, as appropriate. The Office of the Associate Dean for Graduate Medical Education is available to provide guidance in this effort.

If the matter is not resolved at the departmental/program level, the resident/clinical fellow may request further review of formal adverse disciplinary decisions (i.e., 1) suspension, termination, or non-reappointment; 2) reduction, limitation, or restriction of clinical responsibilities; 3) extension of the residency/fellowship program, or denial of academic credit that has the effect of extending the residency/fellowship; or 4) denial of certification of satisfactory completion of the residency/fellowship program). The procedure for such reviews is as follows:

- Within 14 calendar days of the formal adverse disciplinary decision, the resident/clinical fellow must submit to the Associate Dean for Graduate Medical Education a written request for review of the decision. The resident/clinical fellow must provide a detailed description of the basis for the request and pertinent documentation.
- The Associate Dean will forward to the Program Director the written request and documentation submitted by the resident/clinical fellow. Within 14 calendar days of receipt of those materials, the Program Director will submit to the Associate Dean a written response to the request, along with pertinent documentation.
- Upon receipt of the resident/clinical fellow's written request for review, the Associate Dean will appoint a five-member Review Panel comprised of the following: three

program directors from the GMEC membership, one of whom shall act as chair of the Panel; one senior resident or clinical fellow; and one Hospital representative. No person who is a member of the resident/clinical fellow's program or who has been involved in the matter may serve on the Panel. The Associate Dean will forward to the Panel copies of the written materials submitted by the resident/clinical fellow and the Program Director.

- The Review Panel will review the written materials and may interview the resident/clinical fellow, Program Director, or other persons as it deems appropriate. The Panel may also request additional documents from the resident/clinical fellow and Program Director. No representatives from outside the School of Medicine or Hospitals will be permitted to attend interviews or communicate with the Panel.
- The Review Panel will complete its review ordinarily within 21 calendar days of receipt from the Associate Dean of the materials submitted by both the resident/clinical fellow and the Program Director. The Panel will reach a decision as to its recommendation by majority vote, and will submit its recommendation in writing to the Dean of the School of Medicine and the President of the Hospital.
- If the review concerns a Hospital-employed resident or clinical fellow, the final decision will be made by the President of the Hospital or his/her designee, after consultation with the Dean of the School of Medicine or his/her designee. If the review concerns a School of Medicine-employed clinical fellow, the final decision will be made by the Dean or his/her designee, after consultation with the President or his/her designee. Ordinarily within seven calendar days of receipt of the Review Panel's recommendation, the final decision will be communicated in writing to the resident/clinical fellow, the Program Director, and the Associate Dean.
- The Associate Dean retains the authority to make reasonable adjustments to the deadlines and timeframes set out above.

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