

Title: <b>GME Performance Improvement &amp; Corrective Action</b>	*Applicable to: <b>Beaumont Health</b>	Effective Date: <b>03/27/2018</b>
		Last Periodic Review Date: <b>03/27/2018</b>
Policy Owner: <b>Graduate Medical Education Committee</b>	Document Type: <b>Policy</b>	Functional Area: <b>GME Human Resources</b>

**\*For This Document, Beaumont Health Includes:**

Beaumont Corporate Shared Services  
 Beaumont Hospital, Dearborn  
 Beaumont Hospital, Farmington Hills  
 Beaumont Hospital, Grosse Pointe  
 Beaumont Hospital, Royal Oak  
 Beaumont Hospital, Taylor  
 Beaumont Hospital, Trenton  
 Beaumont Hospital, Troy  
 Beaumont Hospital, Wayne  
 Beaumont Medical Group

**I. PURPOSE**

The purpose of this policy is to provide guidance in addressing resident and fellow performance and/or behavior issues and facilitate decision-making.

**II. POLICY**

- A. Beaumont Health (Beaumont) recognizes residents’ and fellows’ unique and multiple roles. It maintains a training environment where teaching, learning, and improvement are supported. This policy outlines an improvement process based on timely and documented feedback to address issues or deficiencies in performance and/or behavior. The Graduate Medical Education (GME) Performance Improvement & Corrective Action Policy is designed to help residents/fellows successfully complete their training program. It also outlines the basis of corrective action if remediation is not successful.
- B. Beaumont recognizes that some issues are more serious than others, and therefore require a more serious response. **The steps in the process are not sequential. The action to be taken is determined by the program director, in consultation with the Designated Institutional Official (DIO) or Associate DIO, based on the specific academic, clinical and/or professionalism concerns.** For example, a program director may issue more than one Warning before moving to Probation. Likewise, a program director may dismiss a resident/fellow without a period of probation in appropriate circumstances.
- C. The need for performance and/or behavior improvement may span more than one academic year. The improvement process should continue, and a subsequent appointment in no way negates any requirements for improvement.

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### III. DEFINITIONS

- A. **Performance Improvement Plan (PIP):** This written document describes a constructive approach to *improving and sustaining* educational and clinical performance, and professional behavior. (Note: An Individualized Learning Plan guides development and is not part of the corrective action process.) The PIP:
1. identifies the specifics of the *unacceptable* performance and/or behavior and specifies status (e.g., warning, suspension, etc. as defined below)
  2. documents the residents’/fellow’s response to concerns
  3. defines specific *remediation* expectations/goals and evaluation metrics
  4. specifies strategies for improvement
  5. establishes a timeline for evaluation and feedback
  6. delineates consequences of success and failure
  7. is signed by both the program director and resident/fellow and placed in the resident/fellow’s file. Signature by the resident/fellow indicates that the PIP has been reviewed with him/her; it does not imply agreement by the resident/fellow. If the resident/fellow refuses to sign the PIP, the program director shall document such refusal, and it remains valid.
- B. **Coaching or Counseling:** Discussion between a resident/fellow and supervising physician or program director intended to improve overall performance and/or behavior. Coaching or Counseling:
1. is not eligible for appeal in accordance with the [GME Grievance & Due Process](#) policy and
  2. is not disclosed in response to requests for references, verifications or information about the resident/fellow.
- C. **Warning:** Issued to allow the resident/fellow an *opportunity to correct* unacceptable performance and/or behavior. Warning:
1. is not eligible for appeal in accordance with the [GME Grievance & Due Process](#) policy and
  2. is not disclosed in response to requests for references, verifications or information about the resident/fellow.

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- D. **Probation:** The *final period* when a resident/fellow is required to correct unacceptable performance and/or behavior; the resident/fellow *remains in the program*. The next and final step is non-renewal of their agreement or dismissal. The program director may extend or change the terms of probation before moving to dismissal. Probation:
1. becomes a permanent designation in the resident/fellow’s file,
  2. is disclosed in response to requests for references, verifications or information about the resident/fellow, and
  3. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
- E. **Suspension:** *A period during which educational and clinical privileges (duty) are revoked*. The resident/fellow may be required to make up the amount of time spent under Suspension at the end of the contract date. Suspension:
1. becomes a permanent designation in the resident/fellow’s file,
  2. is disclosed in response to requests for references, verifications or information about the resident/fellow, and
  3. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
- F. **Delayed Promotion:** To *remain in the current rank* at the time of an expected promotion or at the end of an appointment period due to inadequate professional development and/or progression in the program. The resident/fellow will not be promoted at the expected time. Delayed Promotion:
1. becomes a permanent designation in the resident/fellow’s file,
  2. is disclosed in response to requests for references, verifications or information about the resident/fellow, and
  3. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
- G. **Non-Renewal of Agreement of Appointment (Contract):** *Permanent discharge* from the program *at the end of the contract period*, due to unacceptable performance and/or behavior and termination of employment. This:
1. becomes a permanent designation in the resident/fellow’s file,
  2. is disclosed in response to requests for references, verifications or information about the resident/fellow, and
  3. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.

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- H. **Dismissal: *Permanent discharge*** from the program due to unacceptable performance and/or behavior and termination of employment and contract. This:
1. becomes a permanent designation in the resident/fellow’s file,
  2. is disclosed in response to requests for references, verifications or information about the resident/fellow, and
  3. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.

**IV. PROCEDURES**

- A. **Coaching or Counseling:** The supervising physician or program director:
1. Discusses the issues of concern with the resident/fellow and together develops a PIP.
  2. Drafts the PIP to guide improvement and document discussion.
  3. Meets with the resident/fellow for a one-one-one discussion and provide him/her the written PIP.
  3. Provides the resident/fellow a copy of this GME Performance Improvement & Corrective Action Policy.
  4. Ensures that the resident/fellow understands that if the unacceptable performance and/or behavior is not corrected, or if there is another occurrence of unacceptable performance and/or behavior, actions could lead to a Warning, Suspension, Probation or Dismissal. Coaching or Counseling may continue if improvement is demonstrated.
  5. Places a copy of the PIP in the resident/fellow’s file. If remediation is successful and no additional action is taken, the PIP will be removed from the file at the successful completion of the training program.
- B. **Warning:** The program director, in consultation with the Clinical Competency Committee (CCC):
1. Reviews all documentation and drafts a PIP.
  2. Meets with the resident/fellow and provide him/her the written PIP.
  3. Provides the resident/fellow a copy of the GME Performance Improvement Policy.
  4. Ensures that the resident/fellow understands that if the unacceptable performance and/or behavior is not corrected in the specified time, or if, during the Warning timeframe, there is another occurrence of unacceptable performance and/or behavior, actions could lead to Suspension, Probation or Dismissal. The program director may extend or change the terms of a PIP and/or may issue more than one Warning.
  5. Places a copy of the PIP in the resident/fellow’s file. If remediation is successful and no additional action is taken, the PIP will be removed from the file at the successful completion of the training program.

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**C. Probation and Suspension:** The program director will, in consultation with the CCC:

1. Review the draft PIP, including all documentation used in making the decision, with the DIO or Associate DIO, prior to discussing with the resident/fellow.
2. Meet with the resident/fellow and provide him/her the written PIP.
3. Provide the resident/fellow copies of this GME Performance Improvement & Corrective Action Policy and the [GME Grievance & Due Process](#) policy.
4. Ensure that the resident/fellow understands that this status/action is:
  - a. a permanent designation in the resident/fellow's file,
  - b. is disclosed in response to requests for information about the resident/fellow, and
  - c. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
5. Ensure that the resident/fellow understands that if the unacceptable performance and/or behavior is not corrected in the specified time, or if there is another occurrence of unacceptable performance and/or behavior, **the next step is dismissal.**
6. Place a copy of the PIP in the resident/fellow's file.

**D. Delayed Promotion:** The program director will, in consultation with the CCC:

1. Review the draft notification of delayed promotion, including a timeline for promotion, and all documentation used in making the decision, with the DIO or Associate DIO, prior to meeting with the resident/fellow.
2. Meet with the resident/fellow and provide him/her the notification.
3. Provide the resident/fellow copies of this GME Performance Improvement & Corrective Action Policy and the [GME Grievance & Due Process](#) policy.
4. Ensure that the resident/fellow understands that this status/action is:
  - a. a permanent designation in the resident/fellow's file,
  - b. is disclosed in response to requests for information about the resident/fellow, and
  - c. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
5. Place a copy of the notification in the resident/fellow's file and forward a copy to the GME Office.

**E. Non-renewal of Contract and Dismissal:** The program director will, in consultation with the CCC:

1. Consult GME legal to draft non-renewal or dismissal letter and review all documentation used in making the decision.
2. Review letter and documentation with the DIO or Associate DIO, prior to meeting with the resident/fellow. An Associate DIO will review circumstances with the DIO.
3. Notify the GME Office to plan necessary steps to implement dismissal of the resident/fellow, including removal from the payroll system, deactivating all access codes and closing the email account at a designated time.

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4. Meet with the resident/fellow and provide him/her the letter.
5. Provide the resident/fellow copies of this GME Performance Improvement & Corrective Action Policy and the [GME Grievance & Due Process](#) policy.
6. Ensure that the resident/fellow understands that this status/action is:
  - a. a permanent designation in the resident/fellow's file,
  - b. is disclosed in response to requests for information about the resident/fellow, and
  - c. may be appealed in accordance with the [GME Grievance & Due Process](#) policy.
7. Place a copy of the letter in the resident/fellow's file and forward a copy to the GME office.

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## V. SUMMARY

The actions are not sequential, but rather based on the seriousness of the specific performance and/or behavior and associated risks, as determined by the program director in consultation with the DIO or Associate DIO.

Action	Documentation	Location	Appeal	Disclosed
<b>Coaching or Counseling</b>	PIP guidance to improvement and documentation of the discussion	Resident/Fellow's File (may be removed in certain circumstances)	No	No
<b>Warning</b>	PIP remediation plan	Resident/Fellow's File (may be removed in certain circumstances)	No	No
<b>Probation</b>	PIP remediation plan	Permanent File	Yes	Yes
<b>Suspension</b>	PIP remediation plan	Permanent File	Yes	Yes
<b>Delayed Promotion</b>	Notification of delayed promotion; may be coupled with Warning, Suspension or Probation	Permanent File	Yes	Yes
<b>Non-Renewal of Contract</b>	Written notice of non-renewal at least 4 months in advance of end of Contract	Permanent File	Yes	Yes
<b>Dismissal</b>	Written notice of immediate dismissal from the program and termination employment	Permanent File	Yes	Yes

## VI. REFERENCES

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Sections III & IV.C and Common Program Requirements, Section V.A

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),  
June 20, 2017

Revisions approved by the GMEC: August 22, 2017

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**CORPORATE AUTHORITY:**

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.