

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Paul L. Foster School of Medicine
GRADUATE MEDICAL EDUCATION
Standard Policy and/or Procedure

TITLE: Disciplinary Actions Policy

APPROVED: 1/18/1994

REVISED: 7/1/94; 2/13/09; 10/7/19; 5/4/2020

EFFECTIVE DATE: 1/18/94; 7/1/94; 2/13/09; 10/17/19; 5/4/2020

PURPOSE: To have a written institutional policy that provides due process to trainees when a disciplinary action is taken.

POLICY STATEMENT: The Sponsoring Institution must have a policy that provides residents/fellows with **due process** related to Disciplinary Actions regardless of when the action is taken during the appointment period. Disciplinary actions are taken by the training program as a consequence of underperformance (academic or behavioral). Programs are strongly encouraged to **identify** performance deficiencies ***as early as possible***.

PROCEDURE:

IMPORTANT NOTE:

Before a Disciplinary Action is taken, the Program Director is strongly encouraged to first implement a Performance Improvement Plan (PIP). The Performance Improvement Plan guideline is available in the GME Office as needed.

If the program decides to take a disciplinary action, the Program Director must notify the Designated Institutional Official (DIO) in the Office of Graduate Medical Education prior to meeting with the resident.

BACKGROUND

The disciplinary action process should involve the input from multiple academic sources. The Clinical Competency Committee (CCC) *serves as advisory to the PD* and may assist in completing the Performance Deficiency Alert Review (PDAR) document prior to notifying the trainee. Input from core faculty, resident’s advisor, General Counsel, or any other relevant individual should be obtained.

It is important for Program Directors to **document** any resources, assistance, and/or tools provided to the resident that indicates the intent to support the trainee and give the opportunity to improve any deficiencies identified.

Some examples of actions that should be documented are:

1. Any verbal conversations
2. Any verbal feedback provided
3. Any special accommodations
4. Any one-on-one training sessions
5. Any referrals to the Resident Assistance Program (RAP) or other counseling
6. Any resources provided for improving test-taking skills or other related assistance

DISCIPLINARY ACTION PROCESS

A **Disciplinary Action** can be taken **after** a **Performance Improvement Plan (PIP)** has been followed and as a consequence of continued academic deficiency(ies). However, a **Performance Improvement Plan** may lead to a successful outcome without the need for any further action.

OBSERVATION

- Not Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Observation**, the PD will:

1. Contact the DIO's office to schedule a meeting *before meeting with the resident*.
2. Communicate to the Clinical Competency Committee (CCC) any recommendations provided by the DIO and General Counsel, if applicable.
3. The CCC may assist with the completion of the Performance Deficiency Alert and Review (PDAR) document
4. Prepare the PDAR, sign as appropriate, and schedule a meeting with the trainee.
5. At the meeting, PD will ask the trainee to review the PDAR, sign acknowledgement, date, and provide the trainee a copy of the PDAR and a copy of the *Adverse Action Appeals Policy* for reference only.
6. Submit signed copies of the PDAR to the DIO
7. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken. ***If applicable***, request an extension of the trainee's permit
8. Submit a copy of the TMB PD Statement to the DIO
9. Submit an Employee Payroll Action Form (ePAF) to reflect extension of training, ***if applicable***
10. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI), ***if applicable***

The GME office will determine, based on the PDAR submitted, if the Resident Contract needs to be amended.

MONITORING DURING THE DEFICIENCY ACTION PLAN:

1. During the Action Plan, the PD will monitor the trainee's progress and must promptly notify the DIO of any significant changes that occur during this time period.
 - a. A significant change may include an anticipated failure to successfully complete the designated action plan.
2. The PD and anyone involved in the trainee's action plan is strongly encouraged to document meetings, verbal feedback, and any other relevant information.

REASSESSMENT:

The PD will meet with the CCC prior to the designated date of the reassessment meeting with the trainee to determine if the plan was successfully completed or to determine the next course of action.

If the trainee **successfully completes the plan**, the PD will:

1. Update the PDAR (in the Reassessment Section) indicating the plan was successfully completed, sign, date, and schedule a meeting with the trainee.
2. At the meeting with the trainee, the PD will ask the trainee to review the PDAR, sign, date, and provide a copy to the trainee.
3. Submit **signed copy of PDAR** to the DIO.
4. Submit to the Texas Medical Board (TMB), *within 30 days*, the **TMB PD Statement** indicating the disciplinary action was successfully completed.
5. Submit a copy of the TMB PD Statement to the DIO.
6. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

If trainee **does not complete** the plan, the PD will meet with the CCC to determine the next course of action.

PROBATION

- Not Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Probation**, the PD will:

1. Contact the DIO's office to schedule a meeting *before meeting with the resident*.
2. Communicate to the Clinical Competency Committee (CCC) any recommendations provided by the DIO and General Counsel, if applicable.
3. The CCC may assist with the completion of the Performance Deficiency Alert and Review (PDAR) document.
4. Prepare the PDAR, sign as appropriate, and schedule a meeting with the trainee.
5. At the meeting, PD will ask the trainee to review the PDAR, sign acknowledgement, date, and provide the trainee a copy of the PDAR and a copy of the *Adverse Action Appeals Policy* for reference only.
6. Submit signed copies of the PDAR to the DIO
7. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken. ***If applicable***, request an extension of the trainee's permit
8. Submit a copy of the TMB PD Statement to the DIO
9. Submit an Employee Payroll Action Form (ePAF) to reflect extension of training, ***if applicable***
10. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI), ***if applicable***

The GME office will determine, based on the PDAR submitted, if the Resident Contract needs to be amended.

MONITORING DURING THE DEFICIENCY ACTION PLAN:

1. During the Action Plan, the PD will monitor the trainee's progress and must promptly notify the DIO of any significant changes that occur during this time period.
 - a. A significant change may include an anticipated failure to successfully complete the designated action plan.
2. The PD and anyone involved in the trainee's action plan is strongly encouraged to document meetings, verbal feedback, and any other relevant information.

REASSESSMENT:

The PD will meet with the CCC prior to the designated date of the reassessment meeting with the trainee to determine if the plan was successfully completed or to determine the next course of action.

If the trainee **successfully completes the plan**, the PD will:

1. Update the PDAR (in the Reassessment Section) indicating the plan was successfully completed, sign, date, and schedule a meeting with the trainee.
2. At the meeting with the trainee, the PD will ask the trainee to review the PDAR, sign, date, and provide a copy to the trainee.
3. Submit **signed copy of PDAR** to the DIO.
4. Submit to the Texas Medical Board (TMB), *within 30 days*, the **TMB PD Statement** indicating the disciplinary action was successfully completed.
5. Submit a copy of the TMB PD Statement to the DIO.
6. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

If the trainee **does not complete** the plan, the PD will meet with the CCC to determine the next course of action.

NON-PROMOTION (*Extension of Training or Repeat Training Year*)

- Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Non-Promotion**, the PD will:

1. Contact the DIO's office to schedule a meeting *before meeting with the resident*.
2. Communicate to the Clinical Competency Committee (CCC) any recommendations provided by the DIO and General Counsel, if applicable.
3. The CCC may assist with the completion of the Performance Deficiency Alert and Review (PDAR) document.
4. Prepare the PDAR, sign as appropriate, and schedule a meeting with the trainee.
5. At the meeting, PD will ask the trainee to review the PDAR, sign acknowledgement, date, and provide the trainee a copy of the PDAR and a copy of the *Adverse Action Appeals Policy*.
6. PD and trainee will follow the Adverse Action Appeals Policy process.
7. Submit signed copies of the PDAR to the DIO
8. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken and, *if applicable*, request an extension of the trainee's permit
9. Submit a copy of the TMB PD Statement to the DIO
10. Submit an Employee Payroll Action Form (ePAF) to reflect extension of training, *if applicable*
11. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI), *if applicable*

The GME office will determine, based on the PDAR submitted, if Res/Fell Contract needs amendment.

MONITORING DURING THE DEFICIENCY ACTION PLAN:

1. During the Action Plan, the PD will monitor the trainee's progress and must promptly notify the DIO of any significant changes that occur during this time period.
 - a. A significant change may include an anticipated failure to successfully complete the designated action plan.
2. The PD and anyone involved in the trainee's action plan is strongly encouraged to document meetings, verbal feedback, and any other relevant information.

REASSESSMENT:

The PD will meet with the CCC prior to the designated date of the reassessment meeting with the trainee to determine if the plan was successfully completed or to determine the next course of action.

If the trainee **successfully completes the plan**, the PD will:

1. Update the PDAR (in the Reassessment Section) indicating the plan was successfully completed, sign, date, and schedule a meeting with the trainee.
2. At the meeting with the trainee, the PD will ask the trainee to review the PDAR, sign, date, and provide a copy to the trainee.
3. Submit **signed copy of PDAR** to the DIO.
4. Submit to the Texas Medical Board (TMB), *within 30 days*, the **TMB PD Statement** indicating the disciplinary action was successfully completed.
5. Submit a copy of the TMB PD Statement to the DIO.
6. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

If the trainee **does not complete** the plan, the PD will meet with the CCC to determine the next course of action.

SUSPENSION (*with or without pay*)

- Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Suspension**, the PD will:

1. Schedule a meeting with the DIO and General Counsel.
2. Communicate to the CCC any recommendations provided by the DIO and General Counsel.
3. The CCC may assist with the development of the Suspension Letter.
4. Prepare the Suspension Letter, action plan, terms of the suspension, and reassessment date.
5. Schedule a meeting with the trainee to provide a copy of the Suspension Letter.
6. At the meeting, the PD will ask the trainee to review the letter, sign, date, and provide the trainee a copy of the letter and a copy of the *Adverse Action Appeals Policy*.
7. PD and trainee will follow the Adverse Action Appeals Policy process.
8. Submit a copy of the signed Suspension Letter to the DIO.
9. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken.
10. Submit a copy of the TMB PD Statement to the DIO
11. Submit an Employee Payroll Action Form (ePAF) to reflect change(s) in training, *if applicable*
12. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

MONITORING DURING THE SUSPENSION PERIOD:

During the Suspension period, the PD will follow the suspension letter's action plan, terms of the suspension, and report status and reassessment outcome to the DIO and General Counsel. The PD is strongly encouraged to document meetings, feedback, and any relevant information.

REASSESSMENT:

The PD will meet with the CCC prior to the designated date of reassessment to determine if the plan was successfully completed or to determine the next course of action.

If the trainee **successfully completes the plan**, the PD will:

1. Prepare a letter indicating the plan was successfully completed, sign, date, and schedule a meeting with the trainee.
2. At the meeting, the PD will ask the trainee to review the letter, sign, date, and provide a copy to the trainee.
3. Submit **signed copy of the letter** to the DIO.
4. Submit to the Texas Medical Board (TMB), *within 30 days*, the **TMB PD Statement** indicating the suspension was successfully completed.
5. Submit a copy of the TMB PD Statement to the DIO
6. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

The GME office will determine, based on the documentation submitted, if Res/Fell Contract needs amendment.

If the trainee **does not complete** the plan, the PD will meet with the CCC to determine the next course of action.

NON-RENEWAL (*Departure from the program at the end of the contract period. Examples of a Non-Renewal may be failure to Pass Step 3 or trainee is not able to meet the contract requirements.*)

- Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Non-Renewal**, the PD will:

1. Schedule a meeting with the DIO
2. Communicate to the Clinical Competency Committee (CCC) any recommendations provided by the DIO.
3. The CCC may assist with the development of the Non-Renewal Letter. It is important to note the program has **no obligation to wait for the trainee to pass Step 3 or correct any unmet requirement.**
4. Prepare the Non-Renewal Letter, sign it as appropriate and schedule a meeting with the trainee.
5. At the meeting, PD will ask the trainee to read the letter, sign and date, provide the trainee a copy of the letter and a copy of the *Adverse Action Appeals Policy*.
6. PD and trainee will follow the Adverse Action Appeals Policy process.
7. Submit signed copies of the Non-Renewal Letter to the DIO.
8. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken.
9. Submit a copy of the TMB PD Statement to the DIO
10. Submit an Employee Payroll Action Form (ePAF) to reflect **termination** of training.
11. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

The GME office will include documentation provided in the Resident/Fellow file.

DISMISSAL

- Appealable to GMEC
- Reportable to TMB

If the CCC recommends **Dismissal**, the PD must:

1. Schedule a meeting with the DIO and General Counsel
2. Communicate to the CCC any recommendations provided by the DIO and General Counsel.
3. The CCC may assist with the development of the Dismissal Letter.
4. Prepare Dismissal Letter, sign it as appropriate, and schedule a meeting with trainee.
5. At the meeting, PD will ask trainee to read the letter, provide the trainee a copy of the letter and a copy of the *Adverse Action Appeals Policy*.
6. PD and trainee will follow the Adverse Action Appeals Policy process.
7. Submit to the DIO signed copies of the Dismissal Letter.
8. Submit to the Texas Medical Board (TMB), *within 30 days*, the TMB PD Statement indicating the action taken.
9. Submit a copy of the TMB PD Statement to the DIO.
10. Submit an Employee Payroll Action Form (ePAF) to reflect **termination** of training.
11. Notify HR, PLFSOM Administration, Health Benefits Office, and Lubbock (PLI).

The GME office will include documentation provided in the Res/Fell file.

DISCIPLINARY ACTIONS CHART

Action	Appealable to GMEC	Not Appealable to GMEC	Reportable to TMB	Not Reportable to TMB
Observation		X	X	
Probation		X	X	
Non-Promotion (<i>extend training or repeat year</i>)	X		X	
Non-Renewal (<i>failed Step 3, requirements not met</i>)	X		X	
Suspension (<i>with or without pay</i>)	X		X	
Dismissal	X		X	

**Paul L. Foster School of Medicine
GRADUATE MEDICAL EDUCATION
PERFORMANCE DEFICIENCY ALERT AND REVIEW**

Resident: _____

Date: _____

This PDAR is to officially inform you of the faculty's concern regarding your performance as a resident. Based upon evaluative information provided by members of the teaching faculty of the residency program, your performance in the following competencies has been identified as marginal or unsatisfactory.

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families

gather essential and accurate information about their patients

make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment

develop and carry out patient management plans

counsel and educate patients and their families

use information technology to support patient care decisions and patient education

perform competently all medical and invasive procedures considered essential for the area of practice

provide health care services aimed at preventing health problems or maintaining health

work with health care professionals, including those from other disciplines, to provide patient-focused care

other

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

demonstrate an investigatory and analytic thinking approach to clinical situations

know and apply the basic and clinically supportive sciences which are appropriate to their discipline

other

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

analyze practice experience and perform practice-based improvement activities using a systematic methodology

locate, appraise and assimilate evidence from scientific studies related to their patients' health problems

obtain and use information about their own population of patients and the larger population from which their patients are drawn

apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

use information technology to manage information, access on-line medical information; and support their own education

facilitate the learning of students and other health care professionals

other

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families and professional associates. Residents are expected to:

create and sustain a therapeutic and ethically sound relationship with patients

use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

work effectively with others as a member or leader of a health care team or other professional group

demonstrate timely compliance in completing administrative duties (including paperwork)

other

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Residents are expected to:

demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development

demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

demonstrate timely compliance in completing administrative duties (including paperwork)

other

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice

know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

practice cost-effective health care and resource allocation that does not compromise quality of care

advocate for quality patient care and assist patients in dealing with system complexities

know how to partner with health care managers and health care providers to assess, coordinate and improve health care and how these activities can affect system performance

other

PROGRAM DIRECTOR SUMMARY REGARDING SPECIFIC MARGINAL OR UNSATISFACTORY PERFORMANCE

(PD may also include any other discussion points not covered above)

Note: Please add a separate sheet if the box below is not sufficient space

Based on the deficiency(ies) identified above, the Clinical Competency Committee (CCC) and the Program Director are recommending the following disciplinary action:

_____ Issuance of new PDAR

_____ Placed on **Observation** effective on: _____

_____ Placed on **Probation** effective on: _____

_____ **Non-Promotion** [repeat a rotation(s) or repeat of the entire year] effective on: _____

_____ **Non-Renewal** [unmet Res/Fell Agreement of Appointment requirements] effective on: _____

_____ Placed on **Suspension** effective on: _____

_____ **Dismissal** effective on: _____

Acknowledgement

This signature is only to acknowledge the trainee has read and understood its content.

Signature of Trainee

Date

Signature of Program Director

Date

**PERFORMANCE DEFICIENCY ALERT AND REVIEW (PDAR)
ACTION PLAN TO IDENTIFY DEFICIENCIES**

Resident: _____

PGY Level: _____

Program: _____

Performance Deficiency(ies)	Deficiency Action Plan	Evaluation Metrics	Timeline for Completion of the Action Plan

Scheduled Reassessment Date with the Trainee: _____

DISCIPLINARY ACTION REASSESSMENT OUTCOME

Reassessment Meeting Date with the Trainee: _____

If it is determined that trainee has **failed** to satisfactorily improve the identified deficiency (ies) and/or improve the overall performance to an acceptable level, further action may be taken.

Was Action Plan Completed Satisfactorily? Yes No

If **not**, the next course of action is:

- A new or edited PDAR
- Probation
- Non-Promotion
- Non-Renewal
- Suspension
- Dismissal

Reassessment Comments:

*I **acknowledge** I have reviewed and understand the Reassessment Outcome information provided above.*

Signature of Trainee

Date

Signature of Program Director

Date