



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**GME POLICY: ACADEMIC AND PROFESSIONAL IMPROVEMENT**

<b>Approved Date: 05/20/2024</b>	<b>Effective Date: 7/1/2024</b>	<b>Review Date: 7/1/2027</b>
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<b>Prisma Health-Midlands</b>		<b>Prisma Health-Upstate</b>	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider-based Facilities Associated with Prisma Health-Midlands Hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider-based Facilities Associated with Prisma Health-Upstate Hospitals

**Policy Statement:**

Prisma Health residency/fellowship programs are responsible for assessing and monitoring resident/fellow academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required of all residents/fellows, per ACGME and program requirements. Failure to demonstrate adequate, progressive medical knowledge or professionalism may result in academic improvement measures, as deemed appropriate.

**Associated Policies and Procedures:**

- Dismissal of Residents/Fellows
- Evaluation of Residents/Fellows
- Grievance and Due Process
- Promotion and Reappointments

**Definition(s):**

**Action Plan:** An agreed-upon plan of action between a Program Director and resident/fellow related to a deficiency(ies) or inappropriate action(s).

**Dismissal:** Termination of a resident’s/fellow’s employment and thus from his/her current training program

**Egregious event:** An event or action affecting a resident/fellow, program, patient, or institution determined by the DIO or residency/fellowship program leader to be of sufficient importance and urgency to require a rapid

response.

**Probation:** A designated period when a resident/fellow is closely observed, released from some responsibilities, or has extra-assigned responsibilities due to a deficiency(ies) or inappropriate action(s).

**Academic and Professional Improvement:** The process by which a resident/fellow completes a personalized plan for improvement of identified deficiencies in performance during his/her residency program.

**Responsible Positions:**

Residents and Fellows  
DIO and GME Office  
Program Directors and Program Administrators  
Human Resources

**Equipment/Documentation Needed:**

Remediation Plan Documentation

**Procedural Steps:**

This policy has been developed in accordance with ACGME requirements & system procedures:

- a. to provide fair and formative process with due process for residents/fellows failing to meet expectation in core competencies or behavioral issues,
- b. to provide constructive feedback and encouragement to overcome deficiencies
- c. to provide guidance for the due process leading to adverse actions such as extension of training, probation, or dismissal from the program.

This policy also reflects Prisma Health's corrective action policy such that corrective action is not punitive. Instead, it emphasizes correcting the problem while maintaining the resident/fellow's dignity and respect. Depending on the severity of the offense or deficiency, appropriate steps are taken to work with the resident/fellow through a process that provides for increasingly serious steps, if not resolved. A Program Director may seek confidential counsel from the GME Academic Advisory Committee at any point and must do so for remediation at Level 2 or above. A Program Director may initiate remediation at his/her discretion at any Level, as defined below, and remediation actions do not have to follow the levels sequentially.

Academic and/or professional improvement levels are based on the issues considered and are not required to be sequential.

**Level 1 – Constructive Advice**

If a resident/fellow is identified as failing to meet the minimum requirements for progression in the program in any core competency, faculty or resident/fellows notify the Program Director and disclose the details of the concern. The Program Director meets with the resident/fellow and may take any of the following actions outlined in Levels 2 and 3.

The documentation produced at this level is **NOT** reportable for future licensure and credentialing purposes.

**Level 2 – Performance Improvement Plan**

If a resident/fellow has previously met with the Program Director who has provided the resident/fellow with basic documentation of the lack of progress and a similar concern is again raised or if a more serious infraction occurs, the PD must inform the DIO and present the situation to the GME Academic Advisory Committee before proceeding to a Level 2. The resident/fellow should receive a warning of deficiency(ies) prior to the problem(s) reaching a Level 2 improvement plan unless the infraction is of a more serious nature.

Decisions to implement an improvement plan are based on timely evaluation of the resident/fellow by the Program Director and must be supported by appropriate documentation.

If progress through the improvement plan is successful, all documentation is removed from the resident/fellow's file upon graduation.

The documentation produced at this level is **NOT** reportable for future licensure and credentialing purposes.

### **Level 3 – Probation or Non-Promotion**

If it is found that a deficiency or offense has not been corrected satisfactorily, or a serious infraction occurs, the resident/fellow is placed on formal probation, (hereinafter "probation"). Curriculum credit is withheld pending the outcome of formal probation. Moonlighting privileges, if previously granted, are suspended. The PD must inform the DIO and present the situation to the GME Academic Advisory Committee before proceeding to Level 3.

If a resident's/fellow's deficiency is believed by the Program Director to potentially compromise patient safety, the resident/fellow is removed from direct patient care responsibilities and placed on administrative leave for the duration of the investigation of the deficiency. Upon completion of the investigation, corrective action may occur, if warranted. A decision to place a resident/fellow on probation shall be based on timely evaluation by the Program Director and must be supported by appropriate documentation. The resident/fellow should receive sufficient warning of the deficiency(ies) or the offense(s) prior to the problem(s) reaching a Level 3 Formal Probation unless the type of infraction is of a severe nature.

If the resident/fellow refuses to sign and/or accept the terms of probation, the terms go into effect from the date that the Program Director's signature is placed on the letter. The resident/fellow may choose to appeal the recommendation for Level 3 Probation by initiating the formal grievance process.

If the terms and conditions of probation are met, the resident/fellow is retained by the program and, if no further adverse events transpire, is eligible to graduate from the program.

**Probation or Non-Promotion is reportable for all future licensure and credentialing purposes and could adversely affect future employability.**

### **Level 4 – Dismissal**

If a resident/fellow physician has been placed on probation and fails to successfully complete all expectations as outlined in his/her action plan for a known offense(s) or documented deficiency (if the problem recurs after an apparent successful probationary period), he or she is dismissed from the program. A decision to dismiss a resident/fellow shall be based on timely evaluation by the Program Director and must be supported by appropriate documentation. The resident/fellow should have received sufficient warning of the deficiency(ies) or the offense(s) prior to the problem(s) reaching a Level 4 Dismissal. If an action or failure to meet expectations is especially egregious and/or if the safety of a patient or other team member is in question, the Program Director may remove a resident/fellow from the premises.

If the resident/fellow refuses to sign and/or accept the terms of dismissal, the terms go into effect from the date that the Program Director's signature is placed on the letter. The resident/fellow may choose to appeal the recommendation for dismissal by initiating the formal resident/fellow grievance process.

Any information, materials, incident or other reports, statements, memoranda, or other data which are determined to be privileged are not to be copied or released without the prior authorization of the Designated Institutional Officer (DIO) and his/her designee with advance notification and/or upon request.

**Dismissal is reportable for all future licensure and credentialing purposes and could adversely affect future employability.**

#### **References:**

[ACGME Institutional Requirements](#) (Effective July 1, 2022)

III.B The Learning and Working Environment

[ACGME Common Program Requirements](#) (Effective July 1, 2022)

IV.B ACGME Competencies

V.A Resident Evaluation

#### **Appendices:**

Action Plan Template

Templates for Notification Letters

Academic and Professional Improvement Guidelines