

DIGNITY HEALTH EAST VALLEY
GRADUATE MEDICAL EDUCATION OFFICE

GRADUATE MEDICAL EDUCATION MANUAL

Title: Resident Due Process and Grievance Policy	
Policy #: IV.D	
Date(s) Reviewed and/or Revised: 4/13/21	Date Approved by GMEC: 4/13/21

I. Purpose

The purpose of the policy is to describe the graduate medical education due process and to establish appeals and grievance procedures consistent with the principles of due process related to both evaluations and academic/administrative adverse actions. These procedures provide guidance for the fair resolution of disputes regarding the resident's performance and conduct.

II. Scope

The policy applies to all Dignity Health East Valley residents, fellows, and their respective training programs.

III. Definitions

- » *ACGME*: This body is responsible for accrediting the majority of graduate medical training programs (i.e., internships, residencies, and fellowships, AKA subspecialty residencies) for physicians in the United States. It is a nonprofit private council that evaluates and accredits medical residency and internship programs. In this policy, the term "resident" includes all interns, residents, and fellows in GME training programs.
- » *Clinical Competency Committee*: This ACGME-required committee reviews all resident evaluations semiannually, prepares and assures the reporting of milestones evaluations of each resident semiannually to ACGME, and advises the program director regarding resident progress, including promotion, remediation, and dismissal.

IV. Policy

A. General Guidelines

1. Promotion and reappointment of a resident, as well as completion of a training program, is contingent upon the resident's satisfactory performance in meeting knowledge, performance, and behavior standards and expectations as set by the institution and program.

2. If a resident does not satisfactorily meet the standards and expectations, the resident may be subject to a variety of adverse actions.
3. All notices under this policy should optimally be delivered to the recipient's official Dignity Health East Valley email address.

B. Challenging an Evaluation

The resident has the right to challenge the accuracy of a written or electronic evaluation of their performance.

1. As a first step, the resident should meet with the program director to discuss the evaluation. The resident should present their concerns with the evaluation in as objective a manner as possible. For example, a concern may be that the faculty member did not have sufficient exposure to the resident during the evaluation period to form an objective opinion or complete an evaluation.
2. As a result of that conversation, the program director may decide:
 - a. To uphold the evaluation and include it in the resident's record.
 - b. To not act on the challenge to the evaluation at the time but to keep it in the resident's record for future reference.
 - c. To act on the challenge to the evaluation and to purge it from the resident's record.
3. If the resident is not satisfied with the program director's resolution of the evaluation challenge, the resident may appeal the program director's decision to the clinical competency committee. The resident's appeal must be submitted by email to the chair of the CCC within 10 calendar days of the program director's decision regarding the challenge.
4. The clinical competency committee shall, upon receiving the request for an appeal, schedule a meeting within 30 calendar days of receipt of the appeal to consider the resident's concerns and provide findings and recommendations to the program director regarding the disposition of the evaluation.
5. The program director will review all committee findings and recommendations to make a final decision on the disposition of the evaluation within 10 calendar days of receiving the findings and recommendations from the committee.
6. The decision of the program director will be at their sole discretion and will be final with no further appeals allowed.
7. The final decision must be documented in CCC minutes and communicated to the resident.

C. Appealing an Adverse Action

1. Corrective actions that may be appealed are:
 - a. Probation.

- b. Election not to promote to the next PGY level.
 - c. Extension of the defined training period.
 - d. Nonrenewal.
 - e. Dismissal (except where due to loss or restriction of licensure).
 - f. Determination not to certify a resident to sit for an accrediting board if decision is not related to board requirements.
2. An appeal of an adverse action must be made in writing by email by the resident to the DIO within 7 calendar days after receipt of the notice of the adverse action. If the resident does not make a timely appeal, the decision of the program director regarding the adverse action is final, and the adverse action will be implemented.
 3. If an appeal is made, an appeal committee will be appointed by the DIO. The composition of the appeal committee will be as follows:
 - a. The DIO will function as the chair of the appeal committee.
 - b. Two program directors not affiliated with the clinical department of the program involved in the appeal.
 - c. House staff leadership council will nominate a resident or fellow to sit on the appeals committee.
 4. The appeal committee will function using the following procedures:
 - a. The appeal committee will normally meet within **14 calendar days** of the receipt of the notice of appeal.
 - b. The appeal committee meeting will be scheduled to provide sufficient time for the committee members to receive the information necessary to make a final decision regarding the appeal.
 - c. A complete copy of the resident's evaluation file and the notification of the adverse action must be supplied to the appeal committee in advance of the committee meeting.
 - d. The recommendation of the clinical competency committee to the program director regarding the adverse action under appeal shall be presented to the appeal committee if such a recommendation exists.
 - e. The resident should submit written evidence in support of the appeal. This can include letters of support from other faculty members who do not serve on the clinical competency committee. Such evidence may be submitted electronically to the DIO. The DIO shall advise the resident of the deadline for submitting such evidence, normally 7 calendar days prior to the committee meeting.
 - f. The program director may also submit additional written evidence beyond items (c) and (d) above and may identify witnesses with substantive knowledge of the case to present evidence in support of the adverse action. Such evidence may be submitted electronically to the DIO no less than 7 calendar days prior to the committee meeting.
 - g. The appeal committee meeting is not controlled by legal rules of evidence or procedure. No formal transcript of the appeal committee meeting is required.

- h. After the review of documents, the appeal committee may ask for further clarification of any facts. The appeal committee may also ask the resident and/or the program director to present to the committee. Only the appeals committee may request attendance of other people to present to the committee.
- i. Neither the resident nor the program director has the right to request to present to the appeals committee.
- j. At the conclusion of the appeal committee's deliberations, the committee chair will call for a vote to uphold, modify, or reverse the original adverse action.
- k. If additional meetings are required after the initial committee meeting, a final determination by the appeal committee must be normally made within 14 calendar days of the first committee meeting.
- l. The chair of the appeal committee will normally notify both the resident and the program director regarding the committee's decision within 7 calendar days of the decision.
- m. The decision of the committee is final and may not be further appealed.
- n. The committee's decision should be properly documented in the resident's file.

D. Grievance Related to the Work Environment, Program, or Faculty

- 1. In the event a resident/fellow has concerns or complaints about their program or educational learning environment:
 - a. It is recommended the resident/fellow discuss such concerns with the program director and/or department chair of their respective program.
 - b. If the resident/fellow believes real or perceived conflicts of interest would preclude or render unproductive such a discussion, it is recommended they engage the DIO for advice and counsel on the most appropriate course of action to address their grievance (e.g., reporting mechanisms through human resources, reporting anonymously through the Dignity Health Compliance Hotline: (800) 845-4310, reporting anonymously through the Hotline Web Submission form: <https://commonspirit.complytrack.com/Portal/Create-Form/450009>, reporting to the GME Office).
- 2. The DIO is at all times available to assist the resident through these processes.

V. References

<https://www.acgme.org/acgmeweb/>

Dignity Health Compliance Resources:

- Compliance Hotline: (800) 845-4310
- Hotline Web Submission form: <https://commonspirit.complytrack.com/Portal/Create-Form/450009>

VI. Amendments

Dignity Health East Valley reserves the right to modify, amend, or terminate this policy at any time.

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.