DISCIPLINARY ACTION, SUSPENSION, OR TERMINATION

Informal Procedures

The Vascular Neurology Residency Program Director will make every effort to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, informal efforts by the Program Director shall include notifying the resident in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident to address it. Such remediation steps may include restructuring of the educational plan by changing the type and duration of the rotation, removal from some clinical responsibilities, assignment of additional clinical responsibilities, closer faculty supervision or imposing a program of required reading, interim oral, practical or written examinations. If these informal efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal disciplinary action.

Formal Disciplinary Action

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 of 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, 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 set forth in Section XI of the WASHINGTON UNIVERSITY/BJH/SLCH GME Consortium Operating Principles (Full Document at http://aladdin.wustl.edu/gme/gme.nsf ABOUT THE GME CONSORTIUM

Specific Procedures

Formal disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the resident’s clinical responsibilities; (3) extension of the residency or denial of academic credit that has the effect of extending the residency; or (4) denial of certification of satisfactory completion of the residency program.
The Department Chair or Program Director shall notify the Resident in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME Office (in the case of Residents) and the Associate Dean for Medical Education (Graduate Medical Education). The notification should advise the resident of his or her right to request a review of the action in accordance with the grievance procedure 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 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.

In the case of non-renewal, the written notice of intent not to renew a resident’s contract must be given no later than four months prior to the end of the current contract. However, if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract, is required. The notification should advise the resident of his/her right to request a review of the action in accordance with the grievance procedures set forth below.

**Complaints by Hospital**

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a resident, 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 set forth below.

**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 licensed in Missouri for activities which are also grounds for disciplinary action by the State Board or the voluntary resignation or any physician licensed in Missouri against whom any complaints or reports have been made which might have led to such disciplinary action.

**Procedure for Review of Academic and Disciplinary Decisions Relating to Residents**

**Preamble**

Both the School of Medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to residents and residency programs resides within the departments and the individual residency programs. Academic and performance standards, and methods of resident training and evaluation, are to be determined by the departments and programs and may differ among them. The interests of the residents, the Medical School, and the Hospitals are best served when problems are resolved as part of the regular communication between the residents and departmental officials in charge of the training program. Thus residents are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions or evaluations by discussing the matter with the Department Chair, Division Chief or Program Director, as appropriate. The Office of the Associate Dean for Medical Education (Graduate Medical Education) is available to provide confidential guidance in this effort. The department may also have available a more formal procedure for review.

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If the matter is not resolved, either by informal or formal means, at the departmental level, and the action taken by the department involves:

1. Suspension, termination, or non-reappointment;
2. Reduction, limitation, or restriction of the resident's clinical responsibilities
3. Extension of the residency or denial of academic credit that has the effect of extending the residency
4. Denial of certification of satisfactory completion of the residency program

The resident may request a review of the departmental decision, which will follow the procedure set forth below. Decisions or actions other than those described in the preceding sentence are not subject to review under this procedure. The availability of this procedure for review of certain kinds of decisions in no way is intended to affect the right of the department and/or the Hospital to counsel and evaluate residents routinely on performance or progress in the normal course of the training program.

**Associate Dean (Graduate Medical Education)**

The resident shall make the request for a formal review in writing within 30 calendar days after the departmental decision to the Associate Dean for Medical Education (Graduate Medical Education), describing the matter in dispute and all previous attempts at resolution. The Associate Dean shall forward a copy of the request to the Program Director, who shall have the opportunity to respond in writing within 10 calendar days, a copy of which shall be furnished to the resident. (Copies of all correspondence relating to the review shall be furnished by the Associate Dean's office on a confidential basis to the President of the Hospital in the case of a resident) The Associate Dean shall discuss the dispute with the resident and the Program Director (and the Hospital, if appropriate) in an effort to resolve the matter. If the matter is not resolved within 30 calendar days from the date of receipt of the request for review, the Associate Dean shall notify the resident in writing that the matter has not been resolved and that the resident has a right to request a hearing. If the matter is resolved, the Associate Dean shall summarize the resolution in a letter to the resident, Program Director, and President of the Hospital in the case of a resident.

Periodically, the Associate Dean shall report to the GMEC on the nature of matters brought to his or her attention under this procedure and the nature of the resolution, if any.

**Hearing Panel**

The resident shall make the request for a hearing in writing to the Chair of the GMEC within 7 calendar days after the date of the notice from the Associate Dean that the matter has not been resolved. The Chair of the GMEC shall appoint a five-member hearing panel, three members to come from the GMEC membership—one program director, who shall act as chair of the hearing panel, one senior resident, and one Hospital representative—and two members to come from the elected representatives of the clinical departments to the Executive Committee of the Faculty Council or the Faculty Rights Committee of the School of Medicine. No member of these bodies who has been involved in the dispute in any way shall serve on the hearing panel.

A hearing date shall be set by the chair of the hearing panel within 30 calendar days of the receipt of the resident's request for a hearing. At least 7 calendar days before the hearing, the Program Director shall furnish the chair of the hearing panel and the resident with a statement of reasons for the action taken, along with any supporting documentation. The resident shall have the opportunity to respond in writing at
least two calendar days before the hearing, copies to be furnished to the chair of the hearing panel and the Program Director.

At the hearing, both the resident and the Program Director may present evidence and witnesses, subject to limitations set by the chair based on relevancy or time, and may examine the evidence and witnesses presented by the other. The members of the hearing panel may also ask questions and request the presence of additional witnesses if deemed necessary. A stenographic record of the hearing will be made. The resident may be accompanied by one advisor, identified by name and title at least 6 days before the hearing, who may advise the resident but not otherwise participate in the hearing. The hearing shall not be construed as a formal legal proceeding, and formal rules of law or evidence shall not apply.

Subsequent to the conclusion of the hearing, the hearing panel shall deliberate in private and reach a decision as to its recommendation by majority vote. It shall make a written report and recommendation to the Dean of the Medical School and President of the Hospital within 15 calendar days after the conclusion of the hearing, copies of which shall be sent to the resident, the Program Director and the Associate Dean.

The recommendation of the hearing panel shall be accepted, rejected or modified by the Dean and President, or their designees, in writing, within 15 calendar days after the date of the recommendation and report. Copies shall be sent to the chair of the hearing panel, the resident, the Program Director, and the Associate Dean. The decision of the Dean and President, or their designees, shall be final.

**Applicability**

This procedure applies to all residents in ACGME-accredited residency programs at Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine, as well as residents in certain non-ACGME-accredited programs as designated by the GMEC.

**Complaint Procedure**

This procedure shall apply to any resident complaints or grievances relating to any aspect of the residency programs, except for departmental decisions and actions falling within the four categories set forth in the Procedure for Review of Academic and Disciplinary Decisions Relating to Residents in the section above.

The principles set forth in the “Preamble” to the Procedure for Review of Academic and Disciplinary Decisions Relating to Resident in the section above apply as well to this grievance policy, and thus resident’s are encouraged to make every effort to resolve disagreements or disputes over any matter relating to the residency programs by discussing the matter first with the Program Director, Division Chief or Department Chair, as appropriate. If the matter is not resolved at the departmental level, or if the resident feels it is inappropriate or impractical to discuss the matter at the departmental level, the resident may confidentially submit the complaint or grievance in writing to the Associate Dean for Graduate Medical Education for consideration. The Associate Dean for Graduate Medical Education, in his or her discretion, taking into account the nature of the complaint or grievance, may, but is not required, to refer the matter to either a standing GMEC subcommittee or an ad hoc GMEC subcommittee to consider the matter. If the matter is referred by the Associate Dean to a subcommittee, the subcommittee shall report back to the Associate Dean, the GMEC and the GME Board on the process followed by the subcommittee in considering the complaint or grievance and any findings or recommendations resulting there from. Additionally, the Associate Dean for GME will periodically report to the GMEC on the nature of complaints filed under this proceeding. In the event the GMEC recommends further follow up on a specific complaint filed, it will be submitted to the standing GMEC subcommittee or an ad hoc GMEC committee for further review.
Conflict Resolution

Resolution of any conflicts or concerns of a Vascular Neurology Resident will be handled in a fair and orderly way. In general, issues or conflicts encountered by a resident that are not resolved at a peer level should be discussed with the attending physician on duty at the time the problem is identified. If the conflict is with the attending, the problem should immediately be drawn to the attention of the Director of the Vascular Neurology Program and/or the Neurology Department Chairman. The attending will seek to resolve the problem or refer it to the Director of the Vascular Neurology Program and/or the Neurology Department Chairman. If a conflict arises with the leadership of the training program, the WUSM Associate Dean for Graduate Medical Education should be contacted. Institutional guidelines for grievances may be obtained by contacting the GME office.

Impaired Residents

Policies and procedures for identification and treatment of impaired physicians in training (PIT) in the Graduate Medical Education programs on the Washington University/Barnes Jewish/Children’s Campus are currently in place and will be adhered to for the Vascular Neurology Program. The purpose of these policies and procedures is to provide a means to identify impaired Physicians in Training and facilitate their treatment. This policy allows confidential reporting or self-reporting of substance abuse problems or mental health problems of sufficient magnitude to affect a physician’s competence. All such information will be held in confidence and will not be discussed among other members of the PIT’s clinical department unless the Program Director and/or Health Advisory Committee (HAC) determine that certain individuals have a legitimate need to know in order to insure appropriate treatment for the PIT and/or provide safe patient care. All allegations of substance abuse of mental illness significant enough to cause impairment will be considered by the Program Director and investigated appropriately with the advice and counsel of the HAC/MPHP as needed. Missouri Physicians’ Health Program is the impaired physicians group for Missouri sponsored by the Missouri State Medical Association. The staff of this organization has received specific training in dealing with substance abuse, and mental health problems and will be involved in the evaluation, intervention, referral for treatment, drug testing and re-entry monitoring as outlined in these policies and procedures. If the investigation reveals that a substance abuse problem exists or that significant mental illness exists or is likely to exist, immediate steps will be taken to remove the impaired PIT from patient care responsibilities. In this case, an intervention will be performed immediately under the direction of the MPHP staff or another qualified mental health care provider and attended by persons deemed necessary for the intervention. As part of this process a request will be made that the PIT will voluntarily submit to an evaluation and follow the recommendations for treatment made by the treatment facility, the MPHP staff and/or the mental health care provider. The PIT may be given a choice of evaluations or treatment locations by the MPHP staff or mental health care provider but must obtain an evaluation by someone approved by the Health Advisory Committee. In the interest of maintaining confidentiality and preserving the impaired PIT’s ability to return to practice with prejudice, it is strongly recommended that the treatment be conducted outside of the Barnes-Jewish-Children’s Hospital complex. In the event that the suspected impaired PIT should refuse to submit to an evaluation or drug testing, the Program Director shall make a recommendation for immediate suspension of that individual’s training if, in the opinion of the Program Director in consultation with the Health Advisory Committee, continued activity as a PIT could endanger the health of patients or personnel. Following suspension, a recommendation of permanent termination or reinstatement will be made by the Program Director in consultation with the Health Advisory Committee. All actions of the Program Director are subject to the review process as delineated in the GME Consortium Operating Principles document.
Refusal to submit to evaluation or drug testing under this policy will be considered grounds for termination of training for due cause in accordance with the GME Consortium Operating Principles. The impaired PIT shall be responsible for all treatment costs not covered by health insurance as well as fees for follow-up monitoring. If the impaired PIT follows the course of action recommended during intervention, the individual will be placed on a medical leave of absence with no other disciplinary action. This leave of absence to obtain medical evaluation or treatment will be governed by the policies regarding medical leave. Long term follow-up of the impaired PITs will be done by MPHP staff or the mental health care provider in accordance with the advocacy agreement. The impaired PIT must agree to sign the necessary release forms for the MPHP or mental health care provider to report compliance or non-compliance with the terms of the advocacy agreement to the Program Director and subsequently to the HAC. In the event that the MPHP staff, mental health care provider, the Health Advisory Committee or the Program Director believes that the previously impaired PIT is relapsing or not complying with the agreed upon program or refuses to follow the recommendation of the MPHP staff or mental health care provider, the Program Director will consider a recommendation for suspension of training. If training is suspended, the recommendation for termination or re-instatement will be determined by the Program Director in consultation with the Health Advisory Committee. The decision to terminate training will also result in termination of employment. Any action will be taken in accordance with the GME Consortium Operating Principles and subject to the review process delineated in that document. Any termination of the training must be reported by the Program Director to the Missouri State Board of Healing Arts. Following successful treatment, all previously impaired PITs in training must receive a release from the treating provider and/or the MPHP staff prior to returning to work. However, the final decision to allow the formerly impaired PIT to return to work following treatment will be made by the Program Director in consultation with the Health Advisory Committee and MPHP staff or mental health care provider. Should the Program Director, in consultation with Health Advisory Committee and other professionals, determine that the performance of duties for the clinical training program is incompatible with recovery or that return to the training program poses an unacceptable risk to the department, to patients or to individuals, the impaired PIT will be given the opportunity to resign from the training program and, in the absence of resignation, will be terminated. Any termination will be subject to the review process as set forth in the GME Consortium Operating Principles document. In the event that impairment has been documented during the training program, the Program Director is obligated to report this in questions from state medical boards or hospital privileging committees or subsequent employers. The impaired PIT shall be made aware of this reporting requirement, upon return to the training program. It is recognized that there may be circumstances in which the assistance of the Missouri Physicians’ Health Program may be deemed inappropriate, unnecessary or unacceptable or the program itself may cease to exist. In such circumstances the Program Director with the approval of the HAC will have the authority to select an alternative program that meets the needs of those impaired PITs. In the event that the Program Director or acting Program Director is unavailable, the clinical chair of the department in question will have the authority to make decisions on urgent matters concerning substance abuse or mental health problems.