DUE PROCESS POLICY

1. DEFINITIONS

a. Corrective actions include:
   - Oral Warning
   - Written Warning
   - Remediation
   - Probation
   - Non-advancement

Corrective actions cannot be appealed.

b. Administrative Leave (with pay) is utilized when a resident needs to be removed from the work environment pending an investigation. This cannot be appealed, but could (depending on the results of the investigation) lead to an adverse action, which can be appealed.

c. Adverse actions include:
   - Suspension (without pay)
   - Non-renewal
   - Termination

Adverse actions can be appealed.

If applicable, all corrective and adverse actions must be utilized in a manner consistent with the Resident Professionalism Code of Conduct.

2. PROCEDURES

a. Corrective actions are implemented by the program director, generally with input from the program’s clinical competency committee. Before a final decision to impose a corrective action (other than oral or written warning) is made, the program director must meet with the resident to hear any relevant facts the resident wishes to present for consideration. If a decision is made to implement any corrective action (other than an oral warning), the program director must provide in writing the reason(s) for the corrective action and the plan for the future.

   - Oral and written warnings may be utilized when a single intervention is appropriate to identify and attempt to correct a deficiency or problem behavior. Documentation of oral and written warnings is maintained in the program’s resident file.
• **Remediation** is appropriate for cases of academic and/or clinical deficiency when significant, multiple, and/or recurrent deficiencies have been identified, especially if required training must be repeated. (If a resident simply needs improvement in a certain area that is not expected to impact training progress, a simple improvement plan alone may suffice.) A remediation plan must be provided in writing that details the deficiencies in past performance, as well as an improvement plan with expected goals and the timetable for meeting them. An initial period of remediation may or may not also include the resident being placed on probation. Remediation documentation must be provided to the Office of Educational Affairs.

• **Probation** is utilized when the severity or pattern of problems is such that an adverse action may be considered but the program director chooses to give the resident a defined period of time to resolve the problem(s). If a resident is placed on probation, a detailed remediation plan as above must be developed and presented to the resident. This documentation must also be submitted to the Designated Institutional Official (DIO). At the end of the pre-defined probationary period, the probation is either lifted, or an adverse action results.

• **Non-advancement** is utilized when the resident has not been judged to have made sufficient progress to be promoted to the next PGY level. The program director should provide the resident with written intent of non-advancement as early as possible prior to the end of the academic year, and again, must provide a detailed remediation plan. All letters of non-advancement must be approved by the DIO prior to being presented to the resident.

b. **Administrative leave (with pay)** can be implemented by the program director at any time, but should be discussed as soon as possible with the Office of Educational Affairs to ensure that appropriate procedures are followed. Note that per Medical Staff bylaws, other individuals are also authorized to remove a resident from patient care activity under certain circumstances. The program director must inform the resident of the reason for the leave in writing, and should work with the appropriate individuals (university, hospital, PRN, etc.) to ensure that an investigation is carried out in a timely manner. The program director must also inform the resident in writing of the result of the investigation and any further action to be taken.

c. **Adverse actions** should be discussed by the program director with the Office of Educational Affairs prior to implementation to allow for review of supporting documentation and of the information to be communicated to the resident. The resident’s personnel file must support the adverse action and include at minimum: evaluations, signed and dated letters to the resident regarding performance, Clinical Competency Committee (CCC) minutes pertinent to the decision and progress reports. When meeting with the resident, an independent observer such as an associate program director or program assistant should be included. Template letters for communication of adverse actions must be utilized.
The department chair must also be informed that an adverse action is being implemented. Although the decision regarding which adverse action is appropriate under the given circumstances rests with the program director, attention should also be paid to the existing Resident Professionalism Code of Conduct, which may assist in applying the appropriate action.

- **Suspension (without pay)** is generally utilized for repeated offenses that do not immediately endanger the safety of the resident or others. The program director must meet with and notify the resident in writing by means providing for verification of receipt of the suspension, the reason for the suspension, and the length of time. Should the resident choose to appeal the suspension, the resident may institute the appeal process as outlined below.

- **Non-renewal** is generally utilized when resident performance or behavior continues at an unsatisfactory level despite corrective and/or adverse action. The program director should meet with and provide the resident with written intent of non-renewal as early as possible prior to the end of the academic year. Should the resident choose to appeal the non-renewal, the resident may institute the appeal process as outlined below.

- **Termination** is utilized when the program director concludes that the resident must be dismissed from the program immediately, for failure of appropriate response to corrective and/or adverse actions, offenses subject to termination as per the Resident Professionalism Code of Conduct, or for other egregious actions or omissions. The program director must meet with and notify the resident in writing by means providing for verification of receipt of the termination and the reason for the termination. Should the resident choose to appeal the termination, the resident may institute the appeal process as outlined below.

### 3. Appeal

Appeal of adverse actions must be made by the resident in writing to the DIO within ten (10) working days of the date that the notice was issued. This appeal must include any documentation or objective evidence that the resident wishes to have considered during the appeal process. Failure to file such an appeal within ten (10) working days of the date that the notice was issued will render the adverse action final. The DIO in consultation with the Office of General Counsel may choose to review the appeal or designate an individual and/or panel to review the appeal. In either case, the available evidence should be reviewed within ten (10) working days of receipt of the appeal unless more time is needed for a reasonable and thorough review. The DIO and/or panel may choose to meet with the resident as part of the review process – the resident may have an advisor present at this meeting, but that advisor cannot participate in the discussion. Once the review is complete, the reviewing individual/panel will make a recommendation to the DIO, and a decision to either uphold, modify, or reverse the adverse action will be made by the DIO, and communicated in writing to the resident within five (5) working days of the
conclusion of the review process. The decision reached by the DIO is final, and will also be communicated to the program director, department chair, and Dean, College of Medicine-Jacksonville.