

 <b>JOHNS HOPKINS</b> MEDICINE	Johns Hopkins Medicine <b>Graduate Medical Education          Policies and Forms</b>	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/08/2017
	<i>Subject</i> <b>Policy on Probation, Suspension, and Dismissal of Residents/          Clinical Fellows</b>	<i>Page</i>	1 of 5
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## **I. INTRODUCTION**

The purpose of this policy is to describe the procedures that should be employed when a resident/clinical fellow fails to meet performance or academic standards for the training program in which he/she is engaged or is found to have acted in a manner that violates a policy or policies of the Johns Hopkins University School of Medicine. It is the policy of the School of Medicine to employ procedural fairness in all matters which may lead to probation, suspension or termination of Residents/Clinical Fellows. In the interests of all concerned parties the following procedure is to be followed whenever a Resident's/Clinical Fellow's performance or conduct requires that action be taken under this policy.

## **II. DEFINITIONS**

Resident/Clinical Fellow	This policy applies to all trainees appointed as resident or clinical fellow, whether in an ACGME-accredited program, or not.
Additional time	Additional time in the GME training program at a given PGY level or beyond the expiration of the Resident's/Clinical Fellow's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Resident/Clinical Fellow shall be notified in writing of any requirements for additional time. If the Resident/Clinical Fellow contests the decision to require additional time to satisfactorily complete the program or to achieve the goals required for advancement, a Trainee Evaluation Committee shall be convened to review the decision. Salary and benefits for additional time extending beyond the original period of appointment shall be determined based on institutional policies or at the discretion of the Associate Dean for Graduate Medical Education.
Administrative leave	Administrative leave is not intended to replace any leave that a Resident/Clinical Fellow may otherwise be entitled to, including vacation, sick leave, maternity/paternity or family leave. Non-medical leave of absence, investigatory leave, and suspension are examples of types of leave that fall under the administrative leave category.

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Leave of Absence	<p>If a Resident/Clinical Fellow wishes to take a leave of absence for non-medical reasons, this must be negotiated with the Training Program Director and requires an interruption in appointment, without pay. Except in unusual circumstances, a leave of absence may not extend beyond the Resident's/Clinical Fellow's period of appointment. During the leave of absence, benefits may be purchased through the School of Medicine Registrar's Office and are the responsibility of the Resident/Clinical Fellow. Reinstatement in the training program following non-medical leave of absence is dependent upon the availability of training positions. Where appropriate, Training Program Directors are encouraged to reinstate Residents/Clinical Fellows in good standing in the next available training position. However, position, salary and benefits cannot be guaranteed for voluntary interruption in appointment. Adjustment in quota positions will be negotiated with the University and Hospital administration through the Office of Graduate Medical Education.</p>
Investigatory leave	<p>A Resident/Clinical Fellow may be placed on investigatory leave in order to review or investigate allegations of deficiencies or concerns. Such leave shall be confirmed in writing, stating the reason(s) for and the expected duration of the leave, and specifying the activities the Resident/Clinical Fellow may engage in during the duration of the leave. The alleged deficiency should be of a nature that warrants removing the Resident/Clinical Fellow from the training program for the period of investigation. The investigation shall be concluded as quickly as possible so that the Resident/Clinical Fellow can either be returned to the program or action can be initiated for remediation, resignation or termination. Salary and benefits will be continued during investigatory leave. However, waivers of required activities of the program shall not be granted; all program requirements must be fulfilled. Investigatory leave does not constitute an adverse action and does not need to be reported as such.</p>
Suspension	<p>A Resident/Clinical Fellow may be suspended from part or all his or her usual and regular assignments in the training program, including clinical and/or didactic duties, when the removal of the Resident/Clinical Fellow from the clinical service or research site is required because of the Resident's/Clinical Fellow's failure to comply with the policies of the program or of the Institution. The Suspension shall be confirmed in writing, stating the reason(s) for the Suspension and its expected duration. Suspension generally should not exceed 60 calendar days and may be coupled with or followed by other academic actions. The Resident's/Clinical Fellow's salary and benefits may continue during the period of Suspension, depending on the circumstances and at the discretion of the Associate Dean for Graduate Medical Education.</p>
Letter of Counseling	<p>A letter of counseling may be issued by the Training Program Director to a Resident/Clinical Fellow to address a deficiency or concern that needs to be remedied or improved. Letters of counseling should describe the nature of the problem and suggestions for remedial actions or changes required on the part of the Postdoctoral Trainee. Failure to achieve improvement, or a repetition of the conduct, may lead to a Notice of Concern or other actions. A letter of counseling does not constitute a disciplinary action and may be removed from the Resident's/Clinical Fellow's file after one year with no further incidents or upon the completion of the program if there are no further incidents. In most cases, this will be the first written notification that there is a deficiency in performance or conduct.</p>

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Notice of Concern	A Notice of Concern may be issued by the Training Program Director to a Resident/Clinical Fellow to address a deficiency or behavior that needs to be immediately remedied or improved. The Notice of Concern shall be in writing and should describe the nature of the deficiency or behavior and any necessary remedial actions required on the part of the Resident/Clinical Fellow. The Training Program Director shall review the notice of concern with the Resident/Clinical Fellow. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct, may lead to additional notices or other actions, including probation, suspension or dismissal. In most cases, the Notice of Concern is used when there has been either inadequate improvement after the Letter of Counseling. However, it may be used as the initial notification when there is a problem of greater significance than should be addressed with a Letter of Counseling.
Probation	Probation shall be used for Residents/Clinical Fellows who are in jeopardy of not successfully completing the requirements of the training program or who are not performing or behaving satisfactorily. Conditions of probation shall be communicated to the Resident/Clinical Fellow in writing and should include: a description of the reasons for the probation, an individualized remediation plan, and the expected time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or other academic actions. The probationary period should not be less than 30 days and its duration should be appropriate for the issue(s) of concern. In most cases Probation will be preceded by a Letter of Counseling and/or a Notice of Concern, unless the circumstances warrant more immediate action.

### **III. PROCEDURE**

- A. When evaluations of a Resident/Clinical Fellow suggest that s/he is not meeting the expectations of the training program, or whenever the Training Program Director is notified that a Resident's/Clinical Fellow's behavior is suspected to have violated a policy of the Johns Hopkins Institutions, the Training Program Director or his/ her representative shall:
1. meet with the Resident/Clinical Fellow to discuss the area(s) of concern
  2. provide counseling, and
  3. identify appropriate measures for improvement or remediation.

In advance of formal academic or disciplinary action, including Notice of Concern, Probation, Suspension or Termination, the Training Program Director or preceptor should have written documentation of the date and nature of all previous warnings and other communications given to the Resident/Clinical Fellow whose performance or conduct fails to meet expected standards. A Training Program Director or preceptor should give verbal warnings to an individual Resident/Clinical Fellow in the presence of at least one other individual and the content of the warning and the concern that prompted it must be documented. Training Program Directors and preceptors are expected to provide appropriate counseling and/or attempts at remediation to Residents/Clinical Fellows whose performance is less than satisfactory.

If an offense is so serious that it poses immediate and serious danger to patients, faculty or staff or to the institutions, immediate suspension prior to procedural review is appropriate.

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- B. Trainee Evaluation Committee: An ad hoc Trainee Evaluation Committee shall be appointed by the Training Program Director or Department Chair to review a Notice of Concern or decision for Probation, Suspension, or Termination. The Trainee Evaluation Committee shall include no fewer than three faculty members of the specialty or subspecialty in which the trainee is engaged. In some circumstances the program's Clinical Competency Committee may serve as the Trainee Evaluation Committee. The Program Director will offer to appoint a faculty member [within the same specialty or subspecialty] who will advise the trainee and provide support and guidance to the trainee throughout the process. This individual, if appointed, will not be a voting member of the Trainee Evaluation Committee. The trainee may identify this individual, subject to approval by the Program Director. The Training Program Director shall provide the Trainee Evaluation Committee with documentation of the concerns that led to the academic or disciplinary action, including documentation of previous meetings with the Postdoctoral Trainee and of prior efforts to counsel the trainee. The Training Program Director or Department Chair shall inform the Resident/Clinical Fellow of the composition of the Evaluation Committee. The trainee will be offered an opportunity to meet with the Trainee Evaluation Committee, and the Resident/Clinical Fellow should be informed that he or she may provide the Trainee Evaluation Committee with a written statement responding to the Notice of Concern or, if Probation, Suspension, or Termination has been recommended, providing a statement explaining why s/he feels the Probation, Suspension, or Termination is not warranted.

Within 10 working days of the Training Program Director or Department Chair's delivery of a Notice of Concern or decision for Probation, Suspension, or Termination the Trainee Evaluation Committee shall be provided with all documentation, including the statement from the Resident/Clinical Fellow, if provided, and may request to meet with the Resident/Clinical Fellow. In cases of Probation, Suspension, or Termination the Trainee Evaluation Committee shall reach a decision to uphold the original action or to request an alternate action within 30 days. An oral notification shall be delivered to the Resident/Clinical Fellow within 3 days and in writing within 10 working days of the decision.

In cases of a Notice of Concern or Probation, the Trainee Evaluation Committee shall assist the Training Program Director in determining an appropriate course of remediation and shall review the Resident's/Clinical Fellow's progress periodically to determine whether the trainee has satisfactorily addressed or remediated the concerns that led to academic or disciplinary action.

- C. The Training Program Director or preceptor shall inform the Associate Dean for Graduate Medical Education before a Resident/Clinical Fellow is to receive a Notice of Concern or to be placed on Probation, Suspended or Terminated. The Training Program Director shall also notify the appropriate Vice President for Medical Affairs before the action is taken. A written statement describing the problem, warnings issued, deliberations of the Trainee Evaluation Committee and the proposed resolution (remediation, Probation, Suspension, Termination, or return to good standing) shall be provided to the Associate Dean for Graduate Medical Education and the appropriate Vice President for Medical Affairs. Before taking final action the Training Program Director shall first confer with the Associate Dean for Graduate Medical Education and, when appropriate, the Vice President for Medical Affairs, before informing the Resident/Clinical Fellow of the decision.
- D. In actions involving Residents/Clinical Fellows with appointments to the Resident Staff the appropriate Vice President for Medical Affairs and legal department of the hospital must determine whether the action (probation, suspension or termination) should be reported to State or Federal Authorities, as applicable.
- E. The Training Program Director or preceptor must provide a specific statement to the
- F. Resident/Clinical Fellow as to the action to be taken, i.e., Probation, Suspension or Termination; effect on salary, benefits and training certification; and if applicable, whether or not the action taken is reportable to the Board of Physicians.
1. In cases of Termination, salary and benefits shall terminate as of the effective date, and training certification shall be granted for the period of months of acceptable service. Health insurance coverage may be maintained under COBRA

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options so as to provide continuous health care insurance coverage, in which case the Resident/Clinical Fellow is responsible for all premiums.

2. A Suspension may be imposed with or without pay, and shall result in suspension of training credit during interruption of service. In instances of suspension with pay, benefits coverage shall be continued during the period of Suspension. The Resident/Clinical Fellow suspended without pay shall be responsible for the full premiums of the benefits during the suspension period.
- G. Written decisions shall be hand-delivered to the Resident/Clinical Fellow at a meeting informing him or her of the decision or sent by overnight delivery service.
- H. The Resident/Clinical Fellow may appeal an adverse decision to the Dean of the School of Medicine by notifying him/her in writing within 7 days of the decision. The Dean's review will be limited to review of whether the procedures set forth in this policy were followed and his/her decision will be final.