

Geisinger Health System
Graduate Medical Education
Policy and Procedure

CRITERIA FOR SELECTION, EVALUATION, REAPPOINTMENT AND DISMISSAL OF RESIDENTS (CSERDR)

I. Eligibility and Selection of Residents for Appointment

It is the policy of Geisinger Health System (GHS) and its sponsored residency programs to adhere to the guidelines published by the Accreditation Council on Graduate Medical Education with respect to the eligibility and selection of residents. These guidelines are contained in Section III of the ACGME Institutional Requirements (effective July 1, 2007). Residents will be selected for the various programs based upon their previous records and accomplishments. Eligible applicants will be selected on the basis of preparedness, ability, aptitude, academic credentials, communication skills, motivation and integrity. Each program is required to develop program-specific criteria within these guidelines. Programs must not discriminate with regard to sex, age, race, religion, color, national origin, disability, or veteran status.

II. Appointment Process

A. Conditions of Appointment

1. Appointment is conditional upon successful completion of a pre-employment drug screening and a background check.
2. Appropriate licensure from either the Pennsylvania State Board of Medicine or Board of Osteopathic Medicine is required prior to appointment. The prospective resident is responsible for obtaining the appropriate licensure. The Graduate Medical Education office will provide assistance.
3. All residents in the United States on a Visa must comply with the regulations set forth by the U.S. Department of Homeland Security. Securing a Visa is the responsibility of the prospective resident.
4. Appointment is contingent upon verification of any prerequisite training. It is the responsibility of the applicant to provide contact information. The Graduate Medical Education office must receive primary source-verified completion of required training prior to appointment.
5. The period of appointment shall not exceed twelve (12) months, with renewal dependent upon performance and the requirements of the residency program.

B. Offer of Appointment

The resident agreement will specify the conditions and terms of the appointment, the Geisinger Health System benefits, and will include the following information:

1. The beginning date and ending date of the period of appointment.
2. Statement that renewal of appointment shall be dependent upon achievement of performance standards and requirements of the residency program.
3. The current stipend for the appointment.

III. Evaluation Procedure

- A. Periodic, formative written evaluation of residents will be conducted at the end of each resident's rotation, and at least semi-annually, under the direction of the program director. The main evaluation purpose is to assess the resident's progress in achieving the six core competencies defined by the ACGME. Refer to the ACGME website for a full description of the core competencies (<http://www.acgme.org/outcome/comp/compFull.asp>). This process is required for all programs.

In addition, evaluation of residents may include other factors deemed necessary or desirable to complete the requirements of the program, including—but not limited to—knowledge, clinical competence, professional conduct, and interpersonal skills. The evaluation process is intended to establish standards for resident performance and to indicate the ability to proceed to the next level. The process will, to the extent reasonably possible, provide early identification of deficiencies in knowledge, skills or professional character and allow appropriate remedial action to enable a resident to satisfactorily complete the requirements of the program.

- B. Program Directors are strongly encouraged to develop and use multiple assessors and methods to provide accurate assessments. For example, certain skills in the domain of "Professionalism" can be assessed with standardized patients, patient surveys, and direct observation by faculty and other providers. The ACGME website contains a "toolbox" of assessment methods for the six core competencies (<http://www.acgme.org/Outcome/assess/Toolbox.pdf> and <http://www.acgme.org/Outcome/assess/ToolTable.pdf>).

RRC requirements related to resident evaluation in the various specialties vary, as do the concomitant requirements of the various Boards. For example, some but not all programs require residents to take an annual in-training examination. RRC and Board requirements and resources are specified on the ACGME website (http://www.acgme.org/acWebsite/resInfo/ri_residentEvalSpec020105.pdf).

Other acceptable performance standards may be determined by the program director. Program directors or faculty advisors are required to provide timely feedback through personal, face-to-face conferences with residents.

- C. Program directors are required to obtain the resident's confidential, written evaluation of the quality of faculty and educational experiences in the program at least annually.
- D. A Program Resident Advisory Committee or appropriately designated body shall meet at least once each residency year to conduct a summative evaluation of residents to review the performance of residents and make a determination as to their ability to continue in the program and/or advance to a higher level of responsibility.
- E. The results of all resident evaluations will be kept on file in the resident's evaluation folder in each department. The evaluation folder will be available for the resident's inspection.

IV. Renewal of Appointments

- A. In the event the resident intends not to seek renewal of this agreement for a subsequent year of residency, the resident shall furnish the program director written notice of such intent no less than ninety (90) days prior to the expiration of this agreement.
- B. At least 120 days (or thirty days, if the appointment period is nine months or less) prior to the end of a resident's current appointment period, the program director shall:
 - 1. Provide an offer of appointment in accordance with part II.B. of this policy; or
 - 2. If GHS intends not to renew a resident's contract, the resident will be notified in writing no later than four (4) months prior to the end of the resident's current contract. However, if the intent to not renew the contract occurs within the four months prior to the end of the contract, GHS will provide the resident with as much written notice of the intent as circumstances will allow prior to the end of the contract. A resident may initiate the appeals process, as discussed in Section VI. C., if a written notice of intent to not renew the contract is received.
 - 3. If GHS intends not to renew a resident's contract due to closure of a training program, procedures as set forth in the Policy on Residency Program Closure/Reduction will be followed.

V. Grievance Procedure and Due Process

- A. Each residency program or department must have a process for taking disciplinary action against a program's resident. Each program must also have a process for adjudicating complaints or grievances relevant to the program.
- B. Resident is encouraged to seek resolution of grievances relating to duties. "Grievance" means any difference between the resident and Geisinger Health System with respect to the interpretation or application of or compliance with the provisions of the Resident Agreement. The procedure is as follows:
 - 1. Resident to program director or department chair – A resident with a grievance is urged to first discuss it with the program director or department chair to which the resident may be assigned from time to time. Issues can best be resolved at this stage and every effort should be made to affect a mutually agreeable solution.
 - 2. Resident to Chief Academic Officer – If, after discussion with the department chair or program director, the grievance is not resolved to the satisfaction of resident, the resident has the option to present the grievance to the Chief Academic Officer. In situations when the concern relates to the department chair or program director, and the resident believes that it cannot be presented to the department chair or program director, the resident may present the grievance directly to the Chief Academic Officer for guidance.
 - 3. Upon failure to satisfactorily resolve the concern with the Chief Academic Officer, the resident may request that the concern be brought before an ad

hoc committee. The composition of the committee will be determined by the degree of concern. For the most severe concern, as determined by the Chief Academic Officer, the committee will consist of educators, peers, and other necessary personnel, including executive leadership. The committee will investigate the concern(s) by appropriate methods and reach a decision by simple majority vote. The decision of the committee shall be reached within a reasonable time period, and be final and binding upon the parties and documented. During the investigation, resident status will remain unchanged unless suspended from clinical duties for cause.

VI. Dismissal of Residents

- A. A resident may be dismissed for cause during an appointment period. Examples of cause for dismissal include, but are not limited to, the following:
1. Failure to meet the performance or conduct standards of the program
 2. Violation of the rules and regulations of the GHS or a violation of the directions of the program director or of the director or coordinator of the service to which the resident is assigned
 3. Abuse, sexual harassment, or assault of any individual
 4. Refusal of evaluation for suspected impairment that impacts performance as described in the system physician impairment policy
 5. Refusal of rehabilitation for a diagnosed impairment that impacts performance
 6. Any conduct which is or would be detrimental to GHS operations, activities or interests
 7. Deficiencies in maintaining current medical records, including discharge summaries
 8. Lack of evidence of continuing self-education
 9. Persistent strife in interpersonal relations in the workplace
 10. Lack of progress in developing acceptable clinical judgment
 11. Any breach of the resident agreement
 12. Failure to adhere to GHS rules and regulations pertaining to password-protected secured information, patient confidentiality, and to HIPPA regulations.
- B. When any of the above causes for dismissal arise, the program director may recommend dismissal to the Chair of the GMEC. The GMEC will examine the process to ensure that all applicable policies have been followed and that the resident has been given adequate opportunity to respond. The Chief Academic Officer shall give written notice of dismissal. The dismissal notice shall include a summary of the cause for dismissal and shall advise the resident of the right of appeal provided by this policy.

- C. A decision not to renew an appointment or a recommendation for dismissal may be appealed. The appeal notice must be submitted in writing to the Chief Academic Officer no more than seven (7) days after receiving written notice of the non-renewal or dismissal. In the case of a recommended dismissal, if an appeal is filed the dismissal will be suspended pending conclusion of the appeal. However, when the cause for dismissal creates reasonable grounds to believe that there is a threat to the safety of patients, the resident, or other persons or property, or a threat to disrupt the essential operations of the medical center, the Chief Academic Officer may direct that all or part of the resident's duties be suspended with pay, pending conclusion of the appeal.
- D. Upon receipt of an appeal notice, an Appeal Board will be appointed by the Chief Medical Officer, consisting of the following: The Chief Academic Officer or, where the CAO is conflicted, the CAO's designee; one ACMO or the ACMO's designee; a senior resident in the same program or a specialty related to the program of the appealing resident, a resident designated by the House Staff Association, a resident acceptable to the appealing resident and two senior members of the teaching faculty.
- E. The Appeal Board shall provide the resident an opportunity to present oral and written statements by the resident and other persons in support of the appeal. The division chief or a designee shall be responsible for presenting evidence in support of the non-renewal or dismissal. Specific procedures applicable to the appeal shall be adopted by the Appeal Board and furnished to the resident and the division chief.
- F. The recommendation of the Appeal Board shall be submitted to the Chief Medical Officer who shall have final authority over the non-renewal or dismissal.

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