



San Antonio Uniformed Services Health Education Consortium San Antonio, Texas

SAUSHEC Due Process Policy

I. General.

A. This document outlines the SAUSHEC Due Process Policy for residents (defined below) who encounter academic, technical, and/or professional conduct problems achieving the knowledge, skills, and attitudes required of an independent practitioner in their current field of study. Such problems are to be specifically identified in one or more domains of the Accreditation Council for Graduate Medical Education (ACGME) general competencies, based on determinations using appropriate evaluation tools.

The procedures prescribed herein apply to adverse actions, which include academic probation, extension of training for academic problems, and termination from training. These actions typically follow a sequence of non-punitive corrective steps and emphasize due process comprised of an appropriate notification of trainees, an opportunity to be heard, and a careful, non-arbitrary, non-capricious decision making process.

B. These procedures must be applied uniformly and fairly by the Graduate Medical Education Committee (GMEC) or the Allied Health Education Committee (AHEC) to all residents in each SAUSHEC program. The SAUSHEC Due Process Policy applies to all residents in training programs for any deficiencies relating to professional or academic performance, regardless of the sponsoring uniformed service. Issues of misconduct and/or noncompliance with uniformed service regulations may also be independently reviewed according to the policies of the resident's commander and sponsoring uniformed service. In other words, active duty residents who violate provisions of the Uniformed Code of Military Justice (UCMJ) potentially face separate charges and punishments under the Code.

C. Upon entry into a training program, each resident will be provided a written or link to an electronic copy (available on the SAUSHEC website) of this Due Process Policy and will sign a statement acknowledging receipt of this policy and awareness of the contents therein. This signed statement will be maintained in the resident's training file.

D. Residents will be fully informed regarding each step of any academic remediation plan. A resident's refusal to acknowledge receipt of written remediation recommendations during any process prescribed herein will be documented, but will not result in a delay of any recommended action or proceeding.

II. Definition of Terms. These terms are defined to conform to the administrative structures of SAUSHEC.

A. **Adverse academic action.** A term that refers to academic probation, extension in training for academic problems, and termination from training for failure to meet expected standards. An adverse action indicates the resident has encountered significant difficulty in achieving the

knowledge, skills and attitudes required in the domains of the general competencies. These actions are generally considered reportable adverse actions by state licensing boards, hospital credential committees, specialty boards and/or the National Practitioner Data Bank. Adverse academic actions are subject to future reporting by SAUSHEC and by the resident. SAUSHEC's policy for reporting adverse academic actions is posted on the SAUSHEC website.

B. Allied Health Education Academic Action Sub-Committee (AHEAC). The Institutional Educational Committee composed of the Associate Deans, program directors from each Allied Health educational program, resident representatives, and designated SAUSHEC faculty. To conduct business, the AHEAC must have a quorum (defined as 50 percent of its voting members present). The AHEAC's role is the decision authority for adverse academic actions involving graduate allied health trainees.

C. Appellate Authority. An individual designated in this policy who has the final authority on adverse actions. The Dean is the Appellate Authority for academic probation and extensions in training for academic problems while the resident's SAUSHEC Command Council Member is the Appellate Authority for terminations in training.

D. Associate Dean, SAUSHEC. The appointed individual who works under the direction of the Dean and is the on-site, day-to-day manager of medical education issues at his/her respective institution and actions involving residents from his/her respective service.

E. Dean, SAUSHEC. The institutional official having the authority and responsibility for oversight and administration of SAUSHEC training programs. He/she is also the ACGME Designated Institutional Official (DIO) for GME for the consortium. The Dean is the appellate authority for academic probations and extensions in training for academic problems.

F. Decision Authority. An individual designated in institutional policy as possessing approval authority for adverse academic actions. The decision authority for SAUSHEC regarding adverse academic actions is the appropriate Institutional Education Committee.

G. Faculty Board. A formally appointed board of SAUSHEC faculty members and one non-voting resident requested by a trainee to conduct a formal review as part of an appeal of an adverse action involving extension in training or termination. (See paragraph VIII.)

H. Graduate Medical Education Adverse Action Sub-Committee (GMEAC). The Institutional Educational Committee voting members are composed of the Associate Deans, program directors from each graduate medical education (GME) program, resident representatives, and designated SAUSHEC faculty. To conduct business, the GMEAC must have a quorum (defined as 50 percent of its voting members present). The GMEAC's role is the decision authority for adverse academic actions involving graduate GME trainees.

I. Institutional Education Committee. One of two institutional level SAUSHEC committees, the Graduate Medical Education Academic Action Sub-Committee (GMEAC), or the Allied Health Education Academic Action Sub-Committee (AHEAC), which are the decision authority in adverse academic actions.

J. **Command Council Member.** The SAUSHEC Command Council consists of the Commanders of the 59 MDW and BAMC. The appropriate Command Council Member is the appellate authority for terminations. In their dual roles as commanders, each SAUSHEC Command Council Member retains military administrative and UCMJ responsibility for the residents assigned to his/her command.

K. **Program training committee.** An education committee composed of key faculty members and, when appropriate, resident representatives, of an individual training program. The Program Training Committee is charged with developing program curricula, policies, and program evaluations, and assists in the management of residents who are failing to meet program or military standards. Each SAUSHEC training program will have a program training committee that will be chaired by the program director or designee.

L. **Remediation.** Counseling, program level remediation (PLR), Dean's administrative remediation, probation, and extension of training are all considered remediation processes designed to help a resident meet program and/or military standards of the knowledge, skills, and attitudes required in the domains of medical knowledge, clinical care, professionalism, interpersonal skills/communication, systems-based practice, and practice-based process improvement. Formative evaluations to include rotation evaluations, counseling at the program level, program level remediation, and Dean's administrative remediation are not considered reportable adverse actions (even if they have derogatory comments), since they have not been peer reviewed and approved by an Institutional Education Committee.

M. **Resident.** Any trainee, intern, resident, or fellow in a SAUSHEC training program.

N. **Review Authority.** The entity designated to provide a review of a case in which there is an appeal of an approved decision for an adverse academic action. For adverse academic actions in SAUSHEC the review authority is an appointed Faculty Board.

O. **SAUSHEC.** An acronym for the San Antonio Uniformed Services Health Education Consortium. This is the educational consortium comprising two component commands, Brooke Army Medical Center (BAMC) and 59th Medical Wing (59 MDW), that administers and manages military GME and GAHE programs in San Antonio. SAUSHEC is the ACGME-recognized sponsoring institution for military ACGME-accredited training programs in San Antonio.

P. **Uniformed Service.** One of the active duty military services (Army, Air Force, or Navy) of the United States government. SAUSHEC residents are, for the most part, active duty officers of the uniformed services. Residents on active duty are governed by SAUSHEC policies, the Uniformed Code of Military Justice (UCMJ), and rules and regulations specific to their respective uniformed service.

III. Program Director Responsibility Program directors are responsible for compliance with the requirements prescribed in this Due Process policy to include:

A. Ensuring a training file is maintained for each resident.

B. Ensuring a SAUSHEC Resident Training Agreement is signed by each resident prior to entry into the training program and annually thereafter, and ensuring these documents are maintained in the resident's training file.

C. Ensuring the program has a program training committee. The program director and/or the program training committee may make assessments and decisions on behalf of the training program.

D. Ensuring residents are provided with written educational goals and objectives specific to each training year (i.e. demonstrating progressive responsibility) that outline the knowledge, skills and attitudes that are expected in the program.

E. Ensuring that the program has an evaluation system in place that identifies as early as possible residents with deficiencies in knowledge, skills, and attitudes in any of the general competencies, and residents who are non-compliant with military service regulations such as those specifying weight, physical fitness, licensure, etc. The evaluation system must ensure that residents are given competency based written performance evaluations using valid and reliable tools. Evaluations must be performed at appropriate intervals that document whether the resident is achieving the educational goals of the program. The frequency of written evaluations must satisfy the requirements of the program's ACGME Residency Review Committee or applicable accreditation agency, but at a minimum they must be performed semi-annually.

F. Ensuring that a remediation plan is initiated and resident counseling is documented when a significant deficiency in knowledge, skills, or professional attitudes (or noncompliance with military service requirements) is identified. The documentation should include a section for resident signature as acknowledgement, and comments. It is recommended that another member of the education committee or the program coordinator is present when the program director counsels the resident.

G. Ensuring patient, resident and institutional safety and integrity. The program will immediately investigate any allegation of unethical behavior, unprofessional conduct, resident health problems or concerns that the resident cannot safely engage in patient care at the level expected at his/her stage of training.

If, during an interview, a resident begins to disclose information that indicates a violation of the Uniform Code of Military Justice (UCMJ) may have occurred, the program director will apprise the individual of his/her rights against self-incrimination and immediately contact the proper military legal and command authorities. After the circumstances are reviewed, if the program determines that an adverse academic action should be considered by the institutional education committee, the program will determine what the resident's temporary training status should be pending final decision by that institutional education committee, or by the administrative/legal investigation. The program may allow the resident to continue his/her duties, or may restrict or suspend the resident's training status and patient care activities pending final decisions by the institutional education committee and/or the Command Council member. The resident will be notified that the issue will be reviewed by the IEC and will be advised to review this due process policy. The Dean will schedule a time to review this proposed action at the next regularly scheduled institutional education meeting or conduct an ad hoc meeting of the GMEC or AHEC as necessary.

1. If the program determines the resident can be allowed to continue his/her duties pending review by the institutional education committee or command investigation, the program director must record in the resident training file the allegation and the results of the inquiry reflecting confidence in the resident's ability to perform all his/her duties.

2. If the program decides to restrict or suspend the resident's training status and patient care activities during the investigation(s), the program director must: 1) notify the resident in

writing that his/her training status and patient care activities are restricted or suspended and must specify the deficiencies, acts, or circumstances for which restriction or suspension from training status is imposed; 2) notify, in writing, the clinical department head to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; and 3) submit a written record of the allegation, inquiry and plan for restriction/suspension to the Dean that documents that the resident and appropriate department chair(s) have been informed of this decision.

IV. Documentation of Resident Performance. The minimum required documentation of a resident's performance by a program director is semi-annual written documentation of the assessment and counseling of the resident's progress in achieving the program's competency-based educational goals and objectives. Programs should perform more frequent written documentation of resident performance when there are indications the resident is not achieving curricular goals and objectives. The documentation should include a section for resident signature and comments. When possible, efforts to correct deficiencies in resident performance should be carried out through remediation processes at the program level, through counseling sessions, focused remediation plans, early use of faculty mentors, monitored self-study programs and other forms of program level remediation. When program level remediation has failed or is not appropriate for the particular issues at hand, academic probation, extension in training for academic reasons, and/or termination from training should be considered.

V. Academic Probation. (See also Appendix I.) A program director may propose academic probation for a resident after a period of program level remediation, after persistent uncorrected poor performance/attitude, or after a single incident of gross negligence or willful misconduct. Academic probation is a supervised remediation plan that has been decided by the institutional education committee (decision authority) to assist the resident in understanding and correcting significant deficiencies in knowledge, skills, or attitudes in the domains of the ACGME general competencies. The period of academic probation may be up to three months and begins on the day after the decision authority approves the probation.

A. The program director's recommendation for academic probation may be based upon one or more of the following and must be fully documented:

1. Failure to meet the competency based academic, professional, military or technical performance standards of the program.
2. Lack of endeavor in the training program.
3. Lack of application of the resident's knowledge or skill.
4. Unprofessional conduct (medical and/or military).
5. Failure to correct deficiencies despite counseling and/or PLR.
6. Regression or failure to progress after removal from prior PLR or academic probation despite continued counseling.
7. Severe disciplinary problems.
8. Evidence of substance abuse (in accordance with applicable Service regulations).
9. Incident of gross negligence or willful misconduct to include a violation of the

UCMJ.

10. Failure of a GME intern to pass the USMLE Step 3 or COMLEX Level 3 by the end of the PGY-1 year.

11. Failure of a GME PGY2 resident to obtain a medical license upon completion of the PGY2 year.

12. Non compliance in maintaining an active and unrestricted license for GME PGY3's and above.

13. Persistent failure in meeting general military requirements.

14. Other circumstances deemed significant by the program director and program training committee.

B. The first step in the academic probation process is for the program to determine the need for academic probation. The PD or designee should then meet with the resident to discuss the proposal and advise the resident of his/her right to due process, with an electronic or printed copy of the SAUSHEC Due Process Policy. The program should allow the resident an opportunity to respond (oral and/or written) before deciding whether to proceed with academic probation. If the decision is to proceed with academic probation, the program director or designee will again meet with the resident to present him/her with a completed Program Notification Template (Appendix II), which will be signed by the program director and resident, and which provides notice of the intent to recommend probation to the applicable IEC. Subsequently, a completed Academic Action Template (Appendix III) will be prepared, signed by the program director and resident, and a copy will be provided to the resident.

C. The program director's recommendation for academic probation will include the following:

1. Specific competency based reasons for the proposed academic probation, a description of the evaluation tools used to determine a competency problem exists, and a list of prior documented attempts to resolve the problem.

2. A proposed academic probation plan which includes: recommended duration of academic probation; the steps for improvement during academic probation; measurable endpoints for successful completion of academic probation; resources available to the resident to help him/her accomplish the academic probation goals; and consequences of failing to remediate the problems identified, including possible outcomes at the end of the academic probation period.

3. Documentation that the resident has acknowledged the academic probation proposal and been referred to the Due Process Policy.

D. The completed adverse academic action packet including the Program Notification Template (Appendix II) and AAT (Appendix III), should be forwarded to the appropriate executive manager of the SAUSHEC IEC and the resident no later than 4 business days before the next scheduled applicable IEC is scheduled to meet. Failure to provide the complete packet by this deadline may result in delay of academic action until a subsequent IEC meeting. The recommendation will be presented at a scheduled or ad hoc meeting of the applicable IEC. The resident has the option to give input to the IEC in the form of a brief oral or written statement.

Witnesses or legal representation are not authorized at this meeting. An IEC decision is determined by a simple majority vote of the voting members present.

1. If the IEC votes to accept the program director's recommendation for academic probation, the program director will notify the resident of the decision.

2. The resident may appeal the IEC's decision through a Faculty Board hearing, which provides recommendations to the appellate authority, the Dean (See paragraph VIII). The request for a Faculty Board hearing must be provided in writing (e-mail is acceptable) to the Dean within 5 business days of the notification meeting.

3. If the IEC votes to reject the academic probation recommendation, the program director will meet with the resident to determine an alternative plan for remediation.

During academic probation, the program director should assign a faculty advisor to assist the resident with the academic probation plan. If appropriate, voluntary medical or mental health evaluation/support within the military healthcare system will be offered to the resident at no cost. The program director will, if requested, give progress reports to the applicable IEC of the resident's performance during the period of academic probation. These reports will be submitted to the appropriate Associate Dean and to the probated resident 4 business days before the IEC meeting at which they will be presented. There should be documentation that the resident has received a copy of the progress report. The resident may also, if so desired, submit a written statement on his/her own behalf to the committee to supplement the progress report.

E. Extension of the academic probation period. An extension of academic probation can be recommended by the program director and approved by the service-specific Associate Dean, SAUSHEC for up to an additional 3 months. The program director should notify the resident that he/she is requesting extension prior to the end of their period of initial probation. The Associate Dean, SAUSHEC will subsequently notify the resident in writing of this decision. Since this is not a new academic action, extension of probation is not appealable.

F. Academic Probation will end in one of the following ways:

1. Return to normal training status: The program may determine that the resident's performance has improved and meets the stated terms for successful remediation, i.e. all measurable endpoints have been achieved. The program director will then recommend that the IEC remove the resident from academic probation. Removal from academic probation requires a simple majority vote of the voting members present. Once approved, the program director will immediately notify the resident and return him/her to normal training status. The Associate Dean will provide the resident and program director with official written notification of the action.

2. Extension of training. (See paragraph VI.)

3. Termination. (See paragraph VII.)

4. Resignation. (See paragraph IX.)

VI. Extension of Training for Academic Problems. (See also Appendix I) Extension of training may be necessary to give the resident additional training time he/she needs to acquire the knowledge, skills and attitudes in the general competencies necessary to be an independent practitioner in the current field of study. Recommendations for extension of training are processed

following the same steps as academic probation to present before the IEC. (See paragraph V.)

A. Usually, brief periods of absence from training can be accommodated without an extension of training as long as the resident is progressing satisfactorily, and the absence does not interfere with each service's training policy, the American Board of Medical Specialties requirements for residency training, or other accreditation agency requirements. Occasionally, an extension of training is necessary for training missed due to medical, personal, or administrative reasons unrelated to poor academic performance. These are not considered adverse academic actions. Refer to the service specific policy on Leave of Absence for more guidance. Such non-adverse extensions of training should be coordinated through the appropriate Associate Dean and do not require action by the applicable IEC. (See Non-Adverse Action Policy)

B. Recommendations for extension of training for academic problems generally follow a period of approved academic probation and are considered adverse actions.

1. If the IEC (decision authority) votes to accept the program director's recommendation for extension in training, the program director will notify the resident of the recommendation immediately.

2. The resident may appeal the IEC's extension decision through a Faculty Board hearing, which provides recommendations to the appellate authority, the Dean (See paragraph VIII & Appendix I). The request for a Faculty Board hearing must be provided in writing (e-mail is acceptable) to the Dean within 5 business days of the notification meeting.

3. If the IEC votes to reject the extension in training, the program director will meet with the resident to determine an alternative plan for remediation.

C. Since extension of training may affect future professional assignments, special pay, and/or military obligations, the appropriate service-specific administrative authority must be notified. The appropriate service-specific administrative authority is not an appellate authority.

VII. Termination from Training. (See also Appendix IV.) Termination is the most serious academic action that can be imposed and means the program director and program training committee have concluded the resident will be unable to obtain the knowledge, skills, and attitudes in the ACGME general competencies necessary to be a fully independent practitioner in their specialty. Termination will normally be considered after a period of approved academic probation, but may be considered after a single incident of gross negligence or willful misconduct. A recommendation for termination must be decided by a two-thirds majority vote of the applicable IEC voting members present.

A. Recommendation for termination will be based upon one of the following:

1. Failure to satisfactorily correct deficiencies while on academic probation.
2. Regression or failure to satisfactorily progress after removal from prior academic probation.
3. Evidence that continuation in training presents a hazard to patients or the resident.
4. Evidence of gross negligence, willful misconduct or professional dishonesty. This may be a pattern of past performance or may reflect a single act.

5. Failure to meet significant military/professional milestones or requirements (determined by service, regulation, and policy) despite documented attempts at remediation.

6. Other circumstances that indicate to the program director and the program training committee that the resident cannot be successful in achieving the goals and objectives of the program.

B. The first step in the termination process is for the program to determine the need for termination. Then the PD or designee should meet with the resident to discuss the proposal and to advise the resident of his/her right to due process under this policy, with an electronic or printed copy of the SAUSHEC Due Process Policy. The program should allow the resident an opportunity to respond (oral and/or written) and before deciding whether to proceed with termination.

C. Next, the program director and/or program training committee review the resident's response (oral and/or written) to decide whether to proceed with termination. If the decision is to proceed, the program director and/or program training committee will again meet with the resident and will present the resident with the completed Program Notification Template (Appendix II). This notification will be signed by the resident and program director, and it will be maintained in the resident's training file. A copy should be given to the resident.

D. The program director will complete a written termination recommendation to be provided to the applicable IEC. A recommendation for termination will include the following:

1. Specific reasons for the proposed termination outlining the competencies that are not being achieved, the evaluation tools used to make this determination, and a summary of past attempts to correct the problems, including copies of previous probation request(s), if applicable.

2. A description of the circumstances of the termination; how many months of training have been successfully completed by the resident; and whether the resident will be recommended for future training in the same specialty, or a different specialty, or at all.

E. The completed adverse academic action packet, including the Program Notification Letter (Appendix II) and termination recommendation letter (see preceding paragraph) should be forwarded to the appropriate Associate Dean and the resident no later than 4 business days before applicable IEC is scheduled to meet. Failure to provide the complete packet by this deadline may result in a delay of academic action until a subsequent meeting. The resident has the option to give input to the IEC meeting in the form of a brief oral or written statement. Witnesses or legal representation are not authorized at this meeting.

1. If the IEC votes to accept the program director's recommendation for termination, the program director will notify the resident of the recommendation in writing and move the resident to administrative or non-training program clinical duties if applicable. This meeting will be documented by the Program Director, and an acknowledgment signed and dated by the resident will be obtained, a copy of which will be maintained in the resident's training file by the program director.

2. The resident may appeal the termination decision through a Faculty Board hearing that provides recommendations to the appellate authority, the member institution Commander (See paragraph VIII). The request for a Faculty Board hearing must be provided in writing (e-mail is acceptable) to the Dean within 5 calendar days of the notification meeting.

3. If the IEC votes to reject the termination recommendation, the program director and

the resident will meet with the Associate Dean, SAUSHEC to be given the decision in writing along with specific comments as to what plan to pursue in the absence of termination. An acknowledgment of the meeting, which has been signed and dated by the resident, will be maintained in the resident's training file by the program director.

VIII. Faculty Board Hearing

A. Preliminaries. The Faculty Board serves as the review authority for the appellate authority following an appeal of the IEC's decision. The resident is expected to attend the Faculty Board hearing. If the resident fails to attend, s/he will be judged to have waived his/her right to participate in the hearing. If the resident subsequently cannot attend a scheduled hearing for a valid reason, and a reasonable delay would not make it possible for the resident to attend, then the Faculty Board hearing may proceed in the resident's absence. The circumstances and the necessity of proceeding with a Faculty Board hearing without the resident present will be clearly recorded in minutes of the hearing.

B. Impartiality of faculty board. Adverse actions requiring a faculty board hearing are infrequent and will affect a resident's medical career; therefore, it is essential to provide an unbiased hearing for the resident and for SAUSHEC. Personnel participating in the faculty board hearing should be able to provide a fair and impartial review of the evidence presented. Members of the medical staff are not automatically disqualified from participating in a faculty board hearing because they are personally acquainted with the resident or the program director or because they have some knowledge of the matters giving rise to the academic action. However, these staff members should not have a preformed opinion on the matter in question. Any party may petition for disqualification of a member of the faculty board on the basis of bias, prejudice, or conflict of interest. The Dean will make the final decision on faculty board membership.

C. **Members of faculty board.** When a hearing is authorized under this policy, the Dean will appoint in writing qualified faculty to serve as members.

1. The faculty board must be composed of at least 3 but no more than 5 voting members and may include other program directors and faculty. No more than one voting member would have voted at the Institutional Education Committee meeting that considered the issue under review.

2. The Dean will designate a Chair, usually the ranking member of the faculty board.

3. A resident representative will be assigned by the Dean as a peer review non-voting member and will serve as an advisor to the Chair of the Faculty Board.

D. The following personnel should not serve as members of a faculty board:

1. A person (e.g., DME, program director, or institutional commander) who has influenced any part of an investigation or action against the resident.

2. A person who has served as a military investigating officer in the case.

3. A person whose testimony or recommendation has played a significant part in initiating the action involving the resident.

E. Academic probation, extension in training for academic problems and termination are

the only adverse academic actions to be considered by a Faculty Board.

F. Procedure. The Chair of the Faculty Board shall ensure compliance with the following hearing procedures.

1. The resident shall be provided with at least 10 working days' advance notice of the scheduled board date to generate their official letter to the appellate authority outlining their reasons for appeal, gather additional documents, contact witnesses, and prepare for the hearing. The Chair will ensure that the resident understands the hearing procedure including his/her right to counsel.

2. The resident has the right to consult legal counsel for advice on these issues. Legal council may be civilian (hired at the resident's expense) or military (if allowed by service specific regulations). The faculty board hearing is administrative in nature and not a court of law; consequently, during the hearing, the resident can consult with his/her legal counsel but counsel may not address the faculty board or witnesses directly.

3. All materials, documentation, and evidence shall be submitted to the Dean's office at least one week in advance of the hearing, so that of the program director, resident and faculty board members can have 5 working days to review the materials. Parties may submit additional materials or documentation closer to the hearing, provided that the Chair agrees on the nature, extent, and timing of such document submission.

4. The Chair should consult with military legal counsel before conducting the hearing and is encouraged to have a government or DoD legal advisor present during the proceedings, especially if legal counsel for the resident will be present at the hearing. These proceedings are not bound by formal rules of evidence or a strict procedural format because the hearing is administrative in nature (i.e., the rules of evidence prescribed for trials and courts-martial are not applicable). During the hearing, faculty board members may question witnesses. The Chair and his/her legal advisor are authorized to administer oaths to personnel and witnesses. The Faculty Board can review and discuss any of the submitted documents during the hearing. If appropriate, a military investigation report for the institutional commander can be provided to the faculty board for review, and an investigating officer may present relevant documentary evidence and testimony at the faculty board hearing; however, a military investigation should not be used as a substitute for an objective faculty board review of the academic issues.

5. The Chair will arrange for orderly presentation of evidence. The Chair, who may consult with the military legal advisor, should rule on any objection made by the resident or program director against a witness or evidence.

a. The resident and program director may present evidence and witnesses in support of their respective positions and may ask questions of any of the witnesses under the direction of the Chair. In general, the resident and program director are entitled to hear all testimony and examine all evidence that is presented at the hearing. However, the Chair can excuse any participant in the hearing from certain portions of the hearing if the Chair feels this will improve the chances of the faculty board obtaining a complete picture of the issues.

b. The hearing will be closed to the public. Only those persons approved by the Chair will be allowed to attend any or all of the proceedings. The hearing and its deliberations are confidential and will not be discussed with, or released to, anyone without approval of the Dean and only then on a strict need to know basis.

6. After the respective positions are presented, voting members of the faculty board and the resident advisor to the Chair should deliberate in private and determine, by majority vote of the voting members, their recommendations. The Chair will submit to the Dean no more than 5 working days after the hearing a summary in writing of the process followed during the proceedings and the recommendation of the board. Faculty Board members should bear in mind their responsibility to clearly document the factual basis for their recommendation(s). General statements and recommendations should be supported by specifically identified incidents or situations. Case histories relied upon should be tabbed as exhibits to the report and documented by copies of pertinent medical records where feasible. A minority report may be submitted if the faculty board recommendation is not unanimous. A record of the faculty board's report will be maintained in the appropriate GME office as part of the resident's records.

G. **Faculty Board Recommendation.** The recommendation from the Faculty Board is referred to the Appeal Authority for final appellate decision.

H. **Final Appellate Decision.**

1. The Dean will serve as the appellate authority for academic probation and extensions in training for academic problems. The appropriate Command Council Member will serve as the appeal authority for termination decisions. The appellate authority will notify the resident in writing of the decision.

2. If the appellate authority upholds the decision, the decision will be communicated to the appropriate service-specific authority.

3. The appellate decision is final and there is no right to further appeal.

IX. **Resident Resignation.** If the resident is in good academic standing at the time of the request to resign and he/she agrees with the written recommendation for action, then the Dean can approve the resignation (See Non-Adverse Action Policy). If the resident is not in good academic standing or disagrees with the terms of the resignation, then the Dean will refer for a decision by the applicable IEC. The IEC will review the resident's request, the Program's recommendation, and will make a decision to uphold or overturn the resignation request. If a resignation request is upheld, the Non-Adverse Action Policy would be followed. If a request for resignation is denied, established Due Process Policies will be followed if adverse academic action is to be taken.

A resident may request to resign rather than face a pending academic action. However, once the applicable IEC has met and voted for an adverse academic action, the resident may not resign in an effort to prevent an academic action from being reported on his/her academic record.

X. **Reporting Adverse Academic Actions.** When required by Department of Defense regulations, licensing or credentialing agencies, or by the resident's uniformed service, adverse academic actions--to include probation, extension of training for academic deficiencies, and/or termination--will be reported as outlined in the SAUSHEC Reporting Adverse Actions policy. SAUSHEC's policy for reporting adverse academic actions is posted on the SAUSHEC website.

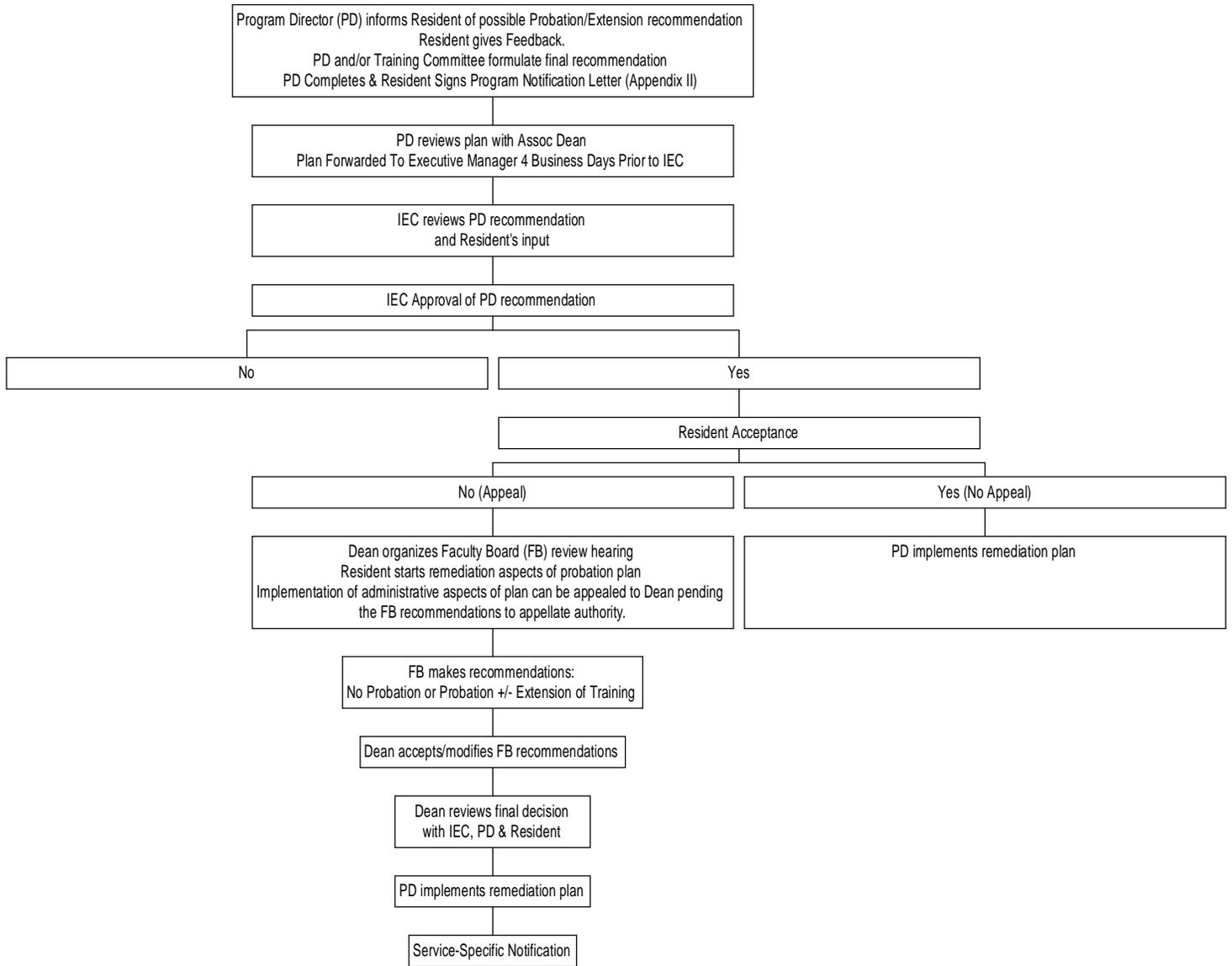
XI. **Re-Entry into GME.** Once a resident leaves a SAUSHEC training program by resignation or termination, there is no option for reinstatement by SAUSHEC or its member institutions.

References

1. Army Regulation 351-3, Professional Education and Training Programs of the Army Medical Department, 15 October 2007.
2. Army Regulation 40-68, Clinical Quality Management, 26 February 2004. Rapid Action Revision, 22 May 2009.
3. Air Force Instruction 41-117, Medical Service Office Education, 19 October 2011.

APPENDIX I

Probation or Extension of Training Process



APPENDIX II

Program Notification of Academic Action Template (SAUSHEC Letter Head)

[XXX Residency]

[Date]

MEMORANDUM FOR RECORD

SUBJECT: Notification of IEC Referral for Academic Probation[and/or Extension of Training] [or, Termination]

1. On [date], the [specialty] program met to review the apparent deficiencies of [resident's name] in meeting the standard as a [specialty] [intern/resident/fellow] in the competencies of [competencies with deficiencies].
2. The final program decision included [written and/or verbal] input from [resident's name].
3. The program has decided to refer this matter to the Institutional Education Committee (IEC) with a recommendation for [academic probation] [and/or extension of training] [or, termination]. The IEC will consider this matter and is the decision authority for all adverse academic actions.
4. A completed academic action template is pending which will outline the specific deficiencies and recommendations for remediation. A copy of the academic action template will be provided to [resident's name] prior to the IEC meeting.
5. [Resident's name] will have an opportunity to address the IEC at the time of their deliberations, in accordance with the SAUSHEC Due Process Policy. A copy of the policy has been made available to [resident's name].

[Program Director's Name, Rank]
PROGRAM DIRECTOR

I HAVE RECEIVED NOTIFICATION OF THE INTENT OF THE PROGRAM TO REFER THIS MATTER TO THE IEC WITH A RECOMMENDATION FOR [ACADEMIC PROBATION] [AND/or EXTENSION OF TRAINING] [or, TERMINATION].

I HAVE ALSO RECEIVED INSTRUCTIONS ON ACCESSING THE SAUSHEC DUE PROCESS POLICY AND OMBUDSMEN FLYER ON THE SAUSHEC WEBSITE.

[Resident's Name, Rank]

APPENDIX III

**SAUSHEC Academic Action Template
for ADVERSE ACTIONS**

Personal Data

Resident:	Date:
Program:	Program Year level:
Action Proposed: <input type="checkbox"/> Probation [see Due Process Policy, paragraph V] <input type="checkbox"/> Extension in Training with Probation [see Due Process Policy, paragraph VI] <input type="checkbox"/> Termination [see Due Process Policy, paragraph VII]	

History

Mark as applicable	Date(s)
Written Counseling	
Program Level Remediation	
Probation	
Extension in Training	

Due Process Procedures

	Date
Resident informed of proposed action	
Resident provided input	
Resident signed notification letter	
Projected date of GMEC action	

Competency Issues

Goals and Objectives or standards not being achieved (see Annex A)	Brief description with example(s)	Evaluation Tools used
Medical Knowledge		
Patient Care		
Interpersonal and Communication Skills		
Professionalism		
Practice Based Learning and Improvement		
Systems Based Practice		

Assessment of relevant program issues (see Annex B):

Assessment of resident's current GME capabilities (see Annex B):

Assessment of factors impacting resident's GME capabilities (see Annex B)

Extrinsic factors: Prior preparation for residency/fellowship in medical school and/or previous GME

Intrinsic factors:

Remediation Plan

Resident:

Timeline

Dates of Proposed Action:
IEC Progress report(s) on:
IEC Final report on:

Remediation plan summary for each competency not being met

Competency	Remediation Plan	Evaluation Tool and Endpoints
Medical Knowledge		
Patient Care		
Professionalism		
Interpersonal and Communication Skills		
Practice Based Learning and Improvement		
Systems Based Practice		

Plan for other remediation issues

Resident mentor assigned	
Mental Health support	
Plan for other factors limiting GME capabilities	

Program Director signature and date:

Resident verification: I have reviewed and discussed the contents of this form with my program director and understand that further academic action such as probation, extension, and termination could be recommended to the IEC at any time during the period covered above if I am unable to meet defined endpoints. I know where to get a copy of the SAUSHEC Due Process Policy from the SAUSHEC web site (<http://www.bamc.amedd.army.mil/saushec/>). I know how to contact a SAUSHEC Ombudsman via pager, phone or email as listed on their flyer on the SAUSHEC web site.

Resident signature and date:

SAUSHEC Academic Action Template Annex A

MEDICAL KNOWLEDGE: Residents must demonstrate knowledge about established & evolving biomedical, clinical, & cognate (e.g. epidemiological & social-behavioral) sciences & application of this knowledge to patient care. Residents are expected to:

1. know & apply basic & clinically supportive sciences which are appropriate to their discipline
2. demonstrate an investigatory & analytic thinking approach to clinical situations

PATIENT CARE: Residents must provide patient care that is compassionate, appropriate & effective for treatment of health problems & promotion of health. Residents are expected to:

1. communicate effectively & demonstrate caring & respectful behaviors when interacting with patients and their families
2. gather essential & accurate information about their patients
3. make informed decisions about diagnostic & therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, & clinical judgment
4. develop & carry out patient management plans counsel & educate patients & their families
5. use information technology to support patient care decisions & patient education
6. perform competently all medical & invasive procedures considered essential for area of practice
7. provide health care services aimed at preventing health problems or maintaining health
8. work with health care professionals, including those from other disciplines, to provide patient-focused care

INTERPERSONAL & COMMUNICATION SKILLS: Residents must demonstrate interpersonal & communication skills that result in effective information exchange & teaming with patients, patients families, & professional associates. Residents are expected to:

1. create & sustain a therapeutic & ethically sound relationship with patients
2. use effective listening skills & elicit & provide information using effective nonverbal, explanatory, questioning & writing skills
3. work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM: Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, & sensitivity to a diverse patient population. Residents are expected to:

1. demonstrate respect, compassion, & integrity; a responsiveness to needs of patients & society that supersedes self-interest; accountability to patients, society, & the profession; & a commitment to excellence & on-going professional development

SAUSHEC Academic Action Template Annex A (Cont.)

2. demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
3. demonstrate sensitivity & responsiveness to patients' culture, age, gender, & disabilities

PRACTICE -BASED LEARNING and IMPROVEMENT: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

1. analyze practice experience and perform practice-based improvement activities using a systematic methodology
2. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
3. apply knowledge of study designs and statistical methods to appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
4. obtain and use information about their own population of patients and the larger population from which their patients are drawn
5. use information technology to manage information, access on-line medical information, and support their own education
6. facilitate teaching of students and other health care professionals

SYSTEMS BASED PRACTICE: Residents must demonstrate awareness of and responsiveness to larger context and system of Health Care and ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
2. understand how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society and how these elements of the system affect their own practice
3. practice cost-effective health care and resource allocation that does not compromise quality of care
4. advocate for quality patient care and assist patients in dealing with system complexities
5. know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance

SAUSHEC Academic Action Template Annex B

Program Issues that can affect resident performance

1. Leadership
2. Morale
3. Program Processes
G and Os defined, reasonable and accepted by faculty and residents; Effective evaluation and feedback system; Effective supervision system; Communication/Chain of command systems in program
4. Program work environment
5. Scheduling system fair; Duty hour standards; Support systems; Harassment issues
6. Faculty
7. Numbers, specialty mix, availability, GME skills (teaching, feedback etc)
8. Patient material
Too much; too little; wrong mix

GME Capability Domains

1. Intellectual capabilities
2. Acquisition of Medical knowledge and/or Application of Medical knowledge
3. Psychomotor skill capabilities
4. Organizational skills capabilities
5. Social skills capabilities
6. Coping/Adapting skills capabilities
7. Work effort capabilities
8. Teaching skills capabilities

Extrinsic factors that can affect residents GME capabilities

1. Prior preparation for residency/fellowship in medical school and/or previous GME
2. Personal life issues
3. Social; Support system; Financial
4. Fit between resident and program
5. Cultural conflicts
6. Drugs, Alcohol and other temptations

Intrinsic factors that can affect residents GME capabilities

1. Medical conditions affecting the resident
2. Mental Health conditions affecting the Resident
3. Learning disorder; Depression; Stress/burnout; Personality disorders; Poor insight; Immaturity/delayed adolescence; Performance anxiety
4. Attitude of the resident
5. Doubts about choice of profession; Work ethic; Professional ethics; Hippocratic oath (patient above self); Commitment to lifelong learning and self improvement; Intellectual honesty with patients, colleagues and self; Other professional ethical standards

Appendix IV

Termination Process

