



**San Antonio Uniformed Services  
Health Education Consortium  
San Antonio, Texas**

**SAUSHEC Policy on Non-Adverse Resident Actions**

**I. General.**

A. This document outlines the SAUSHEC policy for residents who are recommended for non-adverse actions. Generally, these actions are not reportable to entities such as state licensing boards, and do not become part of the trainee's permanent academic record. Because these actions are administrative and non-adverse, residents do not have the option to appeal them. Depending on the specific action, it is approved either by the program director (PD) or by the Dean, SAUSHEC.

The procedures prescribed herein apply to program level remediation (PLR), Dean's administrative remediation (DAR), extension of training for medical or administrative reasons, and voluntary resignation from training for residents who are in good academic status.

B. Upon entry into a training program, the resident will be provided a written or electronic copy (available on the SAUSHEC website) of this policy.

C. Residents will be fully informed regarding each step of any remediation. 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. SAUSHEC. The consortium of Brooke Army Medical Center (BAMC) and the 59th Medical Wing (59 MDW), SAUSHEC was created to administer and manage military graduate medical education (GME) and graduate allied health education (GAHE) programs in San Antonio. Its two major training sites are the San Antonio Military Medical Center (SAMMC) and the Wilford Hall Ambulatory Surgical Center (WHASC).

B. Dean, SAUSHEC. The institutional official having the authority and the responsibility for oversight and administration of SAUSHEC programs. He/she is also the ACGME Designated Institutional Official (DIO) for GME and the Chief Executive Officer (CEO) for GAHE for the consortium. The Dean serves as the decision authority for non-adverse actions unless otherwise specified in this policy.

C. Associate Dean. 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. BAMC and 59 MDW each have an Associate Dean.

D. Institutional Education Committee (IEC). One of two institutional level SAUSHEC sub-committees, the Graduate Medical Education Adverse Action Sub-Committee (GMEAC) or the Allied Health Education Adverse Action Sub-Committee (AHEAC), which are the decision authority for adverse academic actions regarding SAUSHEC Graduate Medical Education (GME) and Graduate Allied Health Education (GAHE) trainees, respectively. The Dean may transfer the decision authority to the respective IEC as noted in this policy.

E. Institutional Documents/Policies. The organizational documents/policies that define the structure, processes, chain of authority, and accountability for SAUSHEC.

F. Member Institution Commander. The Commander of the respective member institution (i.e. 59<sup>th</sup> MDW or BAMC) to which each SAUSHEC Graduate Medical and/or Allied Health trainee is assigned.

G. Uniformed Service. SAUSHEC residents are, for the most part, active duty officers of the uniformed services (Army, Air Force, or Navy). All residents are governed by SAUSHEC policies. All residents on active duty are governed by the UCMJ, and rules and regulations specific to their respective uniformed service.

H. 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.

I. 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 IEC.

J. Accreditation and Certification Bodies. The organizations responsible for determining the program's training requirements necessary for a trainee to achieve competence as an independent practitioner.

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

**III. Program Director Responsibility.** Program directors are responsible for compliance with the requirements prescribed in this Non-Adverse Resident Actions 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 Commander. The resident will be notified that the issue will be reviewed by the institutional education committee 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 IEC 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.** Minimum documentation of a resident's performance by a program director is written documentation of the required semi-annual 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 as acknowledgement and comments.

A. Assessment of the resident's performance should consider the progressive development, under supervision, of the knowledge, skills, and attitudes in the competency domains required for safe, effective, and compassionate patient care commensurate with the resident's level of training and responsibility.

B. When progress is below program standards, the program director should assess:

1. Adequacy of clinical and academic experiences in the program.
2. Adequacy of supervision, teaching, and scholarly activity in the program.
3. Adequacy of the resident's personal learning program for professional growth with guidance from the teaching staff.
4. Adequacy of the resident's full participation in the educational and scholarly activities of the program.
5. Possible underlying issues (for example emotional, health, financial, or family stressors) that may be contributing to the resident's failure to achieve standards.

**V. Remediation Plans.** Education programs require flexibility in program structure and design to maximize the opportunity for each individual resident to achieve competence. Residents should be evaluated and given feedback, counseling and faculty assistance to overcome deficiencies. Any academic remediation action must be thoroughly discussed with the resident, documented in writing, and made part of the resident training file. When the program director and program training committee identify residents whose academic, professional, or military performance fails to meet expected standards of knowledge, skills, or attitudes of one or more competencies, they must develop a written remediation plan that will outline what competencies are not being met and what is needed to get the resident back on track. The Dean or an Associate Dean may also initiate a recommendation for a remediation plan. Residents may be considered for non-adverse remediation such as PLR and DAR based upon but not limited to any of the following.

A. Failure to meet academic or technical, competency-based performance standards or objectives of the training program.

B. Lack of application to include, but not limited to, unexcused absences, tardiness, and/or failure to perform clinical duties in a timely or adequate fashion.

C. Conduct considered unprofessional that directly affects the practice of medicine, conduct of the training program, or performance of military duties.

D. Failure to meet professional or administrative (military, program, or hospital) responsibilities.

**VI. Program Level Remediation (PLR).** PLR allows for correction of deficiencies without formal academic probation and should generally be preceded by written documentation of counseling between the resident and the program director/program training committee.

A. In general, PLR precedes formal academic probation. However, cases of gross negligence, willful misconduct, or dishonesty can be referred to the IEC for immediate consideration of academic probation or termination (as described in the SAUSHEC Due Process Policy). Additionally, a resident will be placed on PRL for:

1. Failure to have a license by 15 March or, for off cycle residents. Timeline dates for off-cycle interns will be adjusted accordingly.

2. Failure to **take** their USMLE Step 3 or COMLEX Level 3 by 15 March. Timeline dates for off-cycle interns will be adjusted accordingly.

B. A PLR plan will not exceed two months but can be extended or repeated (in same competencies) only with approval by the appropriate Associate Dean or the Dean.

C. SAUSHEC PDs should use the Non-Adverse Remediation Template (NRT), which has been developed to assist them both in documenting deficiencies and in planning remediation based upon competencies. The program director will provide the resident with a clear, written PLR plan that will include the following:

1. Description of specific competency deficiencies and previous efforts (counseling, evaluation feedback) to remedy them.

2. Methods and resources to be used to improve the noted deficiencies.

3. Objective goals that must be achieved to be removed from PLR.

4. Restrictions or conditions placed on the resident during the PLR period.

5. Time frame for documentation of improvement (not to exceed three months).

6. Consequences of failing to remediate the deficiencies in the allotted time.

D. When appropriate, the program director will offer to assist the resident with obtaining outside evaluations, such as neuropsychological testing or mental health counseling, to maximize the chance of successfully achieving the goals of the PLR plan. The PD will designate a faculty advisor (in small programs this could be the program director) to assist the resident during remediation.

E. The program director will ensure that the resident has a clear understanding of the remediation plan. The resident will sign a statement acknowledging receipt of the program level remediation plan. This signed statement will be maintained in the resident's training file until the resident leaves the program, when all PLR documents will be expunged from the training record.

F. The program director must forward any PLR actions to the appropriate Associate Dean for review and appraisal of the potential for future academic actions.

G. The total number of residents on PLR and the distribution by training program will be reported as an informational item at each IEC meeting.

## **VII. Dean's Administrative Remediation (DAR).**

A. When a resident who is otherwise performing well in his/her academic training fails to meet certain administrative milestones required by military or civilian regulatory agencies, he/she may be placed on DAR.

1. GME interns must pass the USMLE Step 3 or COMLEX Level 3 prior to the end of their PGY 1 year. If, due to unexcused delay in taking the test or a failure, they have not obtained a passing score as of 01 May, they will be placed on DAR by the Dean. GME interns who have not obtained a passing score as of 15 June will be presented for academic probation, extension in training, and/or termination at the June meeting of the GMEAC, unless there are extenuating circumstances or they obtain a passing score by 1 July. Timeline dates for off-cycle interns will be adjusted accordingly. Details about adverse actions recommended for residents appear in SAUSHEC's Due Process policy. There are additional service-specific actions that may occur if a resident fails to meet this requirement

2. GME residents must possess an active, valid, unrestricted state medical license prior to the end of their PGY 2 year. To facilitate this timeline, all PGY 2 residents must initially **apply** for a license prior to 01 January. Those residents without a license as of 15 March will be placed on PLR. If they still do not have a medical license by 01 May, they will be placed on DAR by the Dean. Failure to obtain an unrestricted state medical license by 15 June will result in the resident being recommended to the GMEAC for academic probation, extension in training, and/or termination at the June meeting of the GMEAC, unless there are extenuating circumstances or they obtain a license by 1 July. Timeline dates for off cycle residents will be adjusted accordingly. Details about adverse actions recommended for residents appear in SAUSHEC's Due Process policy. There are additional service-specific actions that may occur if a resident fails to meet this requirement.

B. DAR is not a reportable adverse action. When the resident provides documentation of completing the administrative requirement, he/she will be returned to normal training status and DAR documents will be expunged from the training record.

C. The total number of residents on DAR and the distribution by training program will be reported as an informational item at applicable IEC.

**VIII. Medical or Administrative Extension of Training.** Non-adverse extension of training may be necessary 1) to allow the resident to make up missed time to meet training time requirements of the accreditation and certification bodies or 2) to give the resident additional time needed to comply with an administrative requirement in circumstances unrelated to poor academic performance or academic deficiencies. These recommendations are processed using the Non-Adverse Action Template.

A. Usually, brief periods of absence from training can be accommodated without an extension in training as long as the absence does not interfere with the accreditation and/or certification body's requirements for residency training or with military training requirements and the resident is progressing satisfactorily.

B. For extensions of residents who are in good academic status, the Dean may approve the program's proposal. If the resident is not in good academic standing or disagrees with the terms of the extension, then the Dean will refer the decision to the applicable IEC. The IEC will review the resident's objections (if any) and program's proposal, and will be the decision authority. Approved extensions will then be sent to the applicable service specific authority.

C. Since extension in training may affect future professional assignments and special pays, the applicable service specific authority must be notified as soon as a resident is being considered for an extension of training. These offices must again be officially notified when the Dean informs the resident that the extension has been approved by SAUSHEC.

D. Extensions in training and/or the events (e.g., medical leave) that resulted in a non-adverse extension may be reportable to licensing boards or on training verification reports in the future. Therefore, these become part of the trainee's permanent academic record.

**IX. Resident Resignation.** Residents may submit a written request to their program director seeking resignation from their program. The request will be considered by the program director and program training committee and forwarded to the Dean with the program's proposal for action. This proposal should state whether the program supports the resident's request including the proposed effective date of the resignation; the circumstances of the resignation; whether or not performance has been satisfactory up to the time of resignation; 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, a different specialty, or at all. The resident will acknowledge receipt of the statement. For resignations by residents who are in good academic status, the Dean (or designee) is the decision authority and will meet with and review the proposal with resident. If the resident is not in good academic standing, the

program does not support the resignation request or the resident disagrees with the terms of the resignation, then the Dean may refer the decision to the applicable IEC. The IEC will review the resident's request and the program's proposal, and make a decision. Accepted resignations will then be sent to the applicable service specific authority.

Resignations are actions which are reportable to entities such as state licensing boards, and do become part of the trainee's permanent academic record. A resident may choose to resign rather than face a pending academic action. However, as described in SAUSHEC's Due Process Policy, once the applicable Institutional Education Committee has met and voted recommend adverse action, the resident may not resign in an effort to prevent an adverse action from being reported on his/her academic record.

**X. Other Actions Leading to Non-Adverse Release From Training:**

A. *Release from Active Duty:* Policies set by the Defense Officer Personnel Manpower Act and the individual uniformed services may provide for the release from active duty of certain officers who fail selection to the next higher officer grade. Because continuation in training in Consortium-sponsored programs requires that residents be on active duty, release from active duty necessarily terminates resident status, but is not considered an adverse action.

B. *Physical Training and Weight Reference Agreement:* Residents must meet all parent service fitness standards and failure to do so may lead to administrative separation and thus termination of training.

C. Other personnel actions as deemed necessary by the trainee's parent military Service.

**XI. Re-Entry into GME.** Once a resident leaves a SAUSHEC training program by resignation, there is no option for reinstatement by SAUSHEC or its member institutions. The former resident may only pursue further military training through application and selection by a designated Selection Board. Applicants must meet all current service-specific eligibility requirements when submitting such an application.

**References**

1. Army Regulation 351-3, Oct 2007
2. Army Regulation 40-68, May 2009
3. Air Force Instruction 41-117, 19 Oct 2011
4. Air Force Instruction 41-119, 16 Aug 2011