



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean for Graduate
Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: August 19, 2019

ACADEMIC IMPROVEMENT POLICY

Policy Statement

The purpose of this policy is to establish a process for all graduate medical education (GME) programs at the George Washington University School of Medicine and Health Sciences to follow in the normal process of evaluating and assessing competence and progress of resident. This policy specifically addresses the process to be utilized when a resident is not meeting the academic expectations of a program, and is failing to progress.

Definitions

Resident – refers to all interns, residents and fellows enrolled in an ACGME Accredited program of postgraduate medical education (GME)

Post-Graduate Training Program – refers to an ACGME-sponsored residency or fellowship educational program.

Objective Feedback – Assessments and evaluations that are typically structured and scored or rated based on predetermined criteria that are uniformly applied. Examples include but are not limited to tests, in-service exams, shelf exams, United States Medical Licensing Examination (USMLE), Objective Structured Clinical Examinations (OSCE's), etc.

Subjective Feedback – Assessments and evaluations that are made by faculty and other evaluators, structured or unstructured, based on their professional judgments and opinions. Examples include but are not limited rotational evaluations, verbal feedback, 360 evaluations, etc.

Scope

This policy will apply to all Residents who participate in Post-Graduate Training Programs at the George Washington University School of Medicine and Health Sciences.

Who Needs to Know This Policy

All Program Directors, Assistant Program Directors, and faculty who are associated with a Post-Graduate Training Program at the George Washington University School of Medicine and Health Sciences.

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

Created: May 16, 2011

Amended: June 15, 2015

Amended: August 19, 2019

Process

Performance Feedback

All Residents should be provided routine feedback regarding their performance that is consistent with the goals and objectives of their educational program requirements. Some examples of feedback include but are not limited to structured and unstructured feedback (such as rotational evaluations, mentoring evaluations, semi-annual evaluations, unsolicited feedback, review of milestone performance), objective feedback, summative evaluations, and assessments from the program's Clinical Competency Committee.

Clinical Competency Committee

Each Post-Graduate Training Program must have a Clinical Competency Committee ("CCC"). The CCC is a departmental committee that is responsible for routinely assessing Resident performance, and making recommendations to the Program Director.

Letter of Deficiency

When a Resident does not show improvement following normal feedback (verbal, written, structured or unstructured), a Letter of Deficiency (LoD) should be prepared and delivered to the Resident. The LoD should be reviewed by the Associate Dean of GME or his/her designee, signed by the Program Director, and acknowledged by the Resident with a signature. The purpose of the LoD is to amplify the structured and unstructured feedback provided to the Resident and to articulate clearly the Resident's deficiencies that need to be remediated. The LoD should be competency-based, and provide the Resident with notice of the deficiencies and an opportunity to remediate through a remediation plan. The remediation plan should be developed by the CCC, and or the Program Director with clearly defined steps for improvement. Alternatively, the Resident can create his or her own independent remediation plan subject to approval by the Program Director. A LoD is simply feedback and is not considered to be a reportable action.

After a LoD has been provided to the Resident, the Program Director or an assigned mentor should provide the Resident with regular feedback consistent with the LoD. A written evaluation of progress may be considered after each feedback session. Once the Resident satisfactorily resolves the deficiencies, they will continue on with their program until they have satisfactorily completed all of the training requirements.

Failure to Cure the Deficiency

If the Program Director or the CCC determines that a Resident is not meeting academic standards, or has failed to satisfactorily cure the deficiencies, the Program Director may consider the following in determining whether or not to take further action: Review of the academic record, subjective and objective assessments and evaluations, and feedback

from the faculty, peers and the CCC. The Program Director may elect to take further action, which may include one or more of the following steps:

1. Issue another Letter of Deficiency, OR
2. Implement one or more of the following Reportable Actions:
 - a. Non-promotion to the next PGY level;
 - b. Extension of contract, which may include extension of the defined training period. (Note that extension of training for non-academic reasons, such as approved medical leave, is not subject for due process review);
 - c. Denial of credit for previously completed rotation(s); or
Dismissal from the Post-Graduate Training Program.

Reportable Actions

The decision not to promote a Resident to the next PGY level, to extend a Resident's contract, to extend a Resident's defined period of training, to deny a Resident credit for a previously completed rotation, and/or to terminate the Resident's participation in a Post-Graduate Training Program are each considered "Reportable Actions." Reportable Actions are those actions that the Post-Graduate Training Program must disclose to others upon request, including without limitation future employers, privileging hospitals, credentialing organizations, licensing and specialty boards. All Reportable Actions should be reviewed by the Graduate Medical Education Committee. (GMEC) The Resident should be given a copy of the GME Academic Improvement Policy, or be given a link within the letter directing him or her to this Policy on the GW website. Residents who are subject to a Reportable Action may request a review of a Reportable Action as provided in this Policy.

Review

Request for Review

A review of the decision to take a Reportable Action may be requested by the Resident. This request should be submitted to the Associate Dean for GME or their designee within fourteen (14) days of notification by the Program Director of the Reportable Action. Upon receipt of a request for review, the Associate Dean for GME will determine whether the matter is reviewable under this Policy. If so, the Associate Dean for GME will appoint a neutral physician reviewer.

The physician reviewer will:

1. Review the complaint;
2. Meet with the Resident;
3. Review the Resident's entire academic record / file;
4. Discuss with the Program Director;

5. Consider any extenuating circumstances;
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed. Specifically, that the Resident received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Associate Dean for GME will:

1. Appoint the physician reviewer;
2. Assist the physician reviewer to identify other potential participants, if warranted;
3. Attend all meetings held by the physician reviewer
4. Coordinate communications between the physician reviewer and the Resident;
5. Monitor timely completion of the review process;
6. Notify the Resident and the Program Director of the determination of the reviewer; and
7. Notify the Dean of the School of Medicine and Health Sciences of the determination of the reviewer.

Opportunity for a Final Review

If either the Resident or the Program Director disagrees with the decision of the physician reviewer, either can request a final review by the Dean of the School of Medicine and Health Sciences (or his/her designee) of the decision to take a Reportable Action. A request for final review shall be submitted to the Dean of the School of Medicine and Health Sciences within fourteen (14) days of notification by the Associate Dean for GME of the decision of the physician reviewer. The final review by the Dean of the School of Medicine and Health Sciences or his/her designee will be based solely upon whether the process set forth in this Policy was followed. The decision of the Dean of the School of Medicine and Health Sciences or his/her designee will be the final and binding decision. The decision of the Dean of the School of Medicine and Health Sciences or his/her designee will be provided to the Resident, Program Director, and Associate Dean for GME.