

ACADEMIC DISCIPLINE AND DISMISSAL POLICY

The Department of Surgery programs (General Surgery and Plastic Surgery) will follow the WVU School of Medicine GME and ACGME policy on academic discipline and dismissal. This policy is derived from the SOM/GME by-laws which can be found at [GME Policies | School of Medicine | West Virginia University \(wvu.edu\)](https://www.wvu.edu/undergraduate/academic/gme/policies).

The Department of Surgery may take corrective or disciplinary action including dismissal for cause, including but not limited to the following circumstances:

- Unsatisfactory academic or clinical performance
- Failure to comply with the policies, rules, and regulations of the SOM/GME by-laws House Officer Program, University or other facilities where the House Officer is trained
- Revocation or suspension of license
- Violation of federal and/or state laws, regulations, or ordinances
- Acts of moral turpitude
- Insubordination
- Conduct that is detrimental to patient care
- Unprofessional conduct
- excessive tardiness and/or repeated failure of appropriate notification (see attendance, punctuality and leave policy)

Corrective or disciplinary actions may include but not limited to:

- Issue a warning or reprimand
- Impose terms of remediation or a requirement for additional training, consultation or treatment
- Institute, continue, or modify an existing summary suspension of a House Officer's appointment
- Terminate, limit or suspend a House Officer's appointment or privileges
- Non-renewal of a House Officer's appointment
- Dismiss a House Officer from the House Officer Program; or
- Any other action that the House Officer Program deems is appropriate under the circumstances.

A. Level I Intervention:

Oral and/or Written counseling or other Adverse Action:

Minor academic deficiencies that may be corrected at Level I include: unsatisfactory academic or clinical performance or failure to comply with the policies, rules, and regulations of the SOM/GME by-laws House Officer Program or University or other facilities where the House Officer is trained.

Corrective action for minor academic deficiencies or disciplinary offenses, which do not warrant probation with remediation as defined in the Level II intervention, shall be determined and administered by each Department. Corrective action may include oral or written counseling or any other action deemed appropriate by the Department under the circumstances. Corrective actions for such minor academic deficiencies and/or

offenses are not subject to appeal.

B. Level II Intervention:

Probation/Remediation Plan or other Adverse Action:

Serious academic or professional deficiencies may lead to placement of a House Officer on probation. An academic or professionalism deficiency that is not successfully addressed while on probation, may lead to non-reappointment or other disciplinary action. The Program Director shall notify the House Officer in writing that they have been placed on probation and the length of probation. A corrective and/or disciplinary plan will be developed that outlines the terms and duration of probation **and** the deficiencies for which probation was implemented. Failure of the House Officer to comply with the terms of the plan may result in termination or non-renewal of the House Officer's appointment.

C. Level III intervention:

Dismissal and/or Non-reappointment:

Any of the following may be cause for dismissal or non-reappointment including failure to comply or address the deficiencies within the corrective and disciplinary plan as outlined in the Level II intervention:

- A. Demonstrated incompetence or dishonesty in the performance of professional duties, including but not limited to research misconduct.
- B. Conduct which directly and substantially impairs the individual's fulfillment of institutional responsibilities, including but not limited verified instances of sexual harassment, or of racial, gender-related, or other discriminatory practices.
- C. Insubordination by refusal to abide by legitimate reasonable directions of administrators or of the WVU Board of Governors.
- D. Physical or mental disability for which no reasonable accommodation can be made, and which makes the resident unable, within a reasonable degree of medical certainty and by reasonably determined medical opinion, to perform assigned duties.
- E. Substantial and manifest neglect of duty.
- F. Failure to return at the end of a leave of absence.
- G. Failure to comply with all policies of WVU Hospitals, Inc.

A House Officer, who is dissatisfied with a Level II or Level III intervention, may appeal

that decision by following the Academic Grievance Policy and Procedure in Section XI of GME Bylaws.

DISCIPLINE POLICY – DEPT. OF SURGERY

Administrative responsibilities including accurate and timely documentation are vital to the practice of medicine. Not only in regards to patient care but also in the maintenance of the Surgery Residency Program. Throughout the surgery residency there are numerous administrative tasks in addition to documentation that must be completed. Failure to do so violates the essence of Professionalism, one of the six core competencies. These tasks include (but not limited to the following, see specific policies for more details): 1) weekly recording of duty hours, 2) monthly updates of Operative Logs, 3) yearly CBL's, 4) reporting for semi-annual evaluation with the program director, 5) completion of USMLE Step III, 6) Employee Health requirements 7) completion of assigned ABSITE topic summaries, 8) fulfilling research requirements, 9) completion of SCORE and 10) completing dictations within the allotted time frame.

Consequences:

A series of administrative steps have been approved by the Program Education Committee to correct non-compliance. Residents will be reminded 10 days before the end of the month in an email containing a list of tasks to be completed by the end of the month. On the first of the month, if the required administrative tasks are not completed, the resident will be notified by the Residency Administration that his/her meal card has been turned off. The meal card will remain off the number of days it took to complete the deficiencies. If the deficiencies persist by the 15th of the month the resident will be placed on administrative leave (see below) until the delinquencies are corrected.

Administrative Leave:

When a resident is on administrative leave, residents will relinquish all operative assignments during the day but will fulfill all other floor care, clinic assignments and all other non-OR responsibilities. The time freed up from the operative theater will be used to complete the delinquencies. These residents will take call (night time and weekends) as assigned. In addition, if a resident has been placed on administrative leave for a third time in a single year, each day on administrative leave will consume one day of vacation time allotted. ~~If a resident has no vacation remaining or exceeds the number of days remaining, days will be subtracted from the following year's allotment.~~ Upon completion of the missing documentation, the resident will contact the Residency Program Administrator. Upon verification by the Residency Program Administrator that all documentation requirements have been completed, the resident may return to full clinical status. If vacation days were required, this will be communicated to the Program Director and a note placed into the resident's file. Residents accruing three Administrative leaves in any one PGY year or five during their residency, will proceed to the next step.

Next steps are defined by the GME and include level I-III interventions. See [GME Policies | School of Medicine | West Virginia University \(wvu.edu\)](#) for further details.

Probation:

Probation shall be instituted for three months. “Have you ever been on Probation?” is a question asked by many states during the licensing process, hospital credentialing and insurance companies and thus should be avoided to save time and angst in the future. During probation, the remedial plan consists of correction of delinquencies and 100% compliance with all documentation and administrative requirements. If the resident does not comply, see Final Actions.

Final Actions:

Under certain circumstances, the Program Director may proceed directly to termination from the program or consider allowing the resident to finish the year but not to be promoted to the next year (GME level III intervention). In the case of graduating residents, the PD may decide that the resident has failed to satisfactorily complete the residency requirements and therefore would be unable to validate residency training, an essential requirement for being accepted for the Qualifying examination of the American Board of Surgery.