POLICY & PROCEDURE: RESIDENT GRIEVANCE

POLICY SUMMARY/INTENT:

This Policy and Procedure is established to assist in clarifying and/or resolving misunderstandings during the term of the Agreement.

DEFINITIONS:

The following terms or phrases used in this policy shall be defined as stated below:

A. ACGME - Accreditation Council for Graduate Medical Education

B. Adventist Health Ukiah Valley (AHUV) - Institutional Sponsor for Graduate Medical Education Program

C. Agreement - The written contract between Adventist Health Ukiah Valley and the Resident known as the Graduate Medical Education Training Agreement.

D. Arbitrary - The will of one person

E. Capricious - Not based on sound judgment or no known standard

F. Corrective Action/Discipline - One or more of the following actions as delineated in Policy
   1. Probation
   2. Suspension
   3. Non-Renewal of Training Agreement
   4. Termination (other than for lack of the right to practice medicine in California)

G. Day - Refers to a business day and is defined as Monday through Thursday 8:30 a.m. to 5:00 p.m and Friday 8:30 a.m. to 12:00 noon, excluding legal holidays, unless otherwise stated.

H. Due Process - An opportunity provided to the Resident in order to obtain a review of corrective action/discipline through an informal review and/or formal review.

I. Formal Review - Formal process by a Review Committee (RC) appointed by the GMEC to which Resident and Service may present their relative positions regarding a grievance.

J. Graduate Medical Education (GMEC) - Committee to decide academic and academically related policy and procedural matters related to graduate medical education issues directly affecting Residents and/or the Residency Training Program.

K. Grievance - Any controversy, claim or concern by a Resident arising out of or concerning proposed or taken corrective action/discipline.
L. Informal Review (i.e. Informal Discussion) - Reasonable opportunity to discuss with the Chief of Staff or his/her designee, and the Program Director, any difference of opinion or dissatisfaction or grievance that may exist.

M. Program Director (PD) - The physician appointed to oversee the Graduate Medical Education Program and the Residents.

N. Review Committee (RC) - An ad hoc committee of three (3) or more non attorney physician members in good standing of the AHUV Medical Staff. At the discretion of the PD, resident physician in good standing may be selected in lieu of a AHUV Medical Staff member. All members of the RC are appointed by the PD to conduct the review requested by a resident.

AFFECTED DEPARTMENTS/SERVICES:

1. Family Medicine Residency Program

POLICY: COMPLIANCE – KEY ELEMENTS

PHILOSOPHY

General Philosophy

A. Adventist Health Ukiah Valley (AHUV) endeavors to provide Residents with an environment conducive for work and professional development. The institution understands that concerns or conflicts may arise during the term of the Resident’s Graduate Medical Education Training Agreement with AHUV. As such, this Policy and Procedure is established to assist in clarifying and/or resolving misunderstandings during the term of the Agreement.

B. AHUV also endeavors to require Residents to maintain a standard of conduct which will not be in conflict with the ethics, principles, and philosophy of the institution.

C. While the institution does not anticipate the need to discipline or terminate any Resident from the Training Program, nevertheless, in the event corrective action and/or discipline is deemed to be appropriate, this Policy and Procedure is established. Specifically, informal due process rights are afforded Residents who request review by a neutral party of corrective action or discipline affecting the Resident relative to his/her Agreement.

Academic And Academically Related Issues Leading to Corrective Action. Graduate Medical Education has as its goal to produce physicians capable of the competent and independent practice of medicine. This includes the consistent demonstration of appropriate attitudes and behaviors in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Residents at Adventist Health Ukiah Valley Family Medicine Training Program are expected to adhere to institutional values: Teamwork, Wholeness, Integrity, Compassion and Excellence. Therefore, for the purpose of this Policy and Procedure, issues related directly and/or indirectly to academic performance shall be viewed as “academically related.”

PURPOSE

General Purpose. The purpose of this Policy and Procedure is:

A. To provide an opportunity for Residents to address and attempt to resolve issues, concerns, or dissatisfaction’s which may arise out of the services provided under the interpretation of the Agreement.

B. To provide this opportunity in an expeditious manner that allows both resident and the program to pursue other educational opportunities.
C. To assure careful consideration, reasoned action, and fair treatment with due consideration and regard for the facts and circumstances which led to any corrective action/discipline recommended or taken; and,

D. To provide an opportunity for Residents to address and resolve issues related to corrective action/discipline imposed due to academically related matters.

Use of Policy and Procedure. It is anticipated that most disagreements would be worked out between the Resident, Program Director and other involved individuals, if any, before this Policy and Procedure is utilized. The procedures in this Policy must be utilized to completion prior to resorting to any legal action through the courts.

CORRECTIVE ACTION/DISCIPLINE OF RESIDENTS

A. Review of Proposed Corrective Action/Discipline. Prior to any corrective action/discipline formally proceeding after initiation, such proposed action must be reviewed by the Director of Graduate Medical Education or his/her designee. Corrective action or discipline delineated in the Policy:

1. Probation
2. Suspension
3. Non-renewal of the training Agreement
4. Termination

B. Initiator of Corrective Action/Discipline. Those persons who may initiate corrective action/discipline are:

1. Supervising Physician/Specialty Champion
2. Residency Program Director
3. Chief of Staff
4. AHUV administrators

C. Residents Rights Regarding Corrective Action/Discipline. If corrective action/discipline is utilized, the Resident has the right to:

1. Be informed in writing of the general nature of the charges made (e.g. a notice letter);
2. Discuss, explain and/or refute the charges;
3. Receive a copy of the GME Grievance Policy and Procedure; and
4. Utilize the Procedures as stated herein and must follow this Procedure to completion prior to resorting to any legal action through the courts.

GRIEVANCE PROCESS

A. Notification:

1. Any notification necessary in this Policy and Procedure, whether for informal review or formal review, shall be made by email using the AHUV email address.
2. Notification sent by email will be assumed to have occurred the day the email is sent unless the email is returned as deliverable.

B. Elements of the Notice Letter. Is delineated in Policy.
C. **Grievance Procedure Requests.** The Resident may request that the GMEC Grievance Policy and Procedure be initiated after receipt of the notification of corrective action/discipline. Such a request must be submitted to the GME office in writing within five (5) days after receipt of notification of corrective action/discipline. Failure to appeal within the time limit shall be deemed a waiver of the right to the informal review or the formal review and acquiescence to the decision rendered.

D. **Time Limit.** Time limits noted in this Policy and Procedure may be waived or may be extended at the discretion of the reviewing committee, the PD, AHUV Administration, Supervising Physician or Specialty Champion. The formal review may be postponed only on the approval of the Chairperson of the Review Committee, the PD or AHUV Administration as appropriate. Any recess and/or reconvening of the informal review or the formal review is permissible for the convenience of the participants or the Committee Chairperson of the Review Committee, or the PD as appropriate.

F. **Representation.** The Resident may be accompanied to the informal review and meeting with the Review Committee by a non-attorney physician member of either the AHUV Medical Staff in good standing, or a current faculty member of his/her residency program of his/her choosing. The service and/or person bringing the charges to the Committee or initiating corrective action/discipline also may be accompanied by a non-attorney physician member of either the AHUV Medical Staff in good standing or a current faculty member of his/her residency program of his/her choosing. It is understood that the person serving as a representative is doing so as part of his/her duties as a member of the AHUV Medical staff or faculty. In no way is participation in this process as a representative to be construed as hostile toward AHUV, nor will any adverse action be taken against such person as a result of participating in this process.

**INFORMAL REVIEW**

A. **Conduct the Informal Review.** The Resident may request an informal review of the issue or concern by the Supervising Physician or Specialty Champion within which the Residency Program functions. In the event that the Supervising Physician or Specialty Champion is also the Program Director, they may appoint an alternate member of the Medical Staff to conduct the informal review.

B. **Attendance by Resident at the Informal Review Meeting.** If an informal review is scheduled and the Resident does not attend such meeting without requesting and being granted an extension or postponement, the Supervising Physician or Specialty Champion may reach a decision based on the information available at the time of the meeting. The decision of the Supervising Physician or Specialty Champion or Committee at the informal review would then be deemed final and binding. In such instance, the Resident will be deemed to have waived the right to a formal review and to have acquiesced to the corrective action/discipline and recommendations and/or decisions.

C. **Time Limit for Informal Review.** The Informal Review shall occur prior to the time set for the Review Committee to meet.

D. **Scope of the Informal Review.** The Informal Review can consider 1) whether the proposed action is in accordance with AHUV and Residency Program Policy; and 2) whether an alternative course of action would demonstrate the Resident's competence in a reasonable length of time.

E. **Outcome.** The Supervising Physician or Specialty Champion will notify the PD, the Resident and the Program Director of his/her findings in writing within three (3) days of the Informal Review. If the Resident is not satisfied with the results of the informal review and has not waived formal review rights, the Resident may submit a request to proceed to a Formal Review. The GME office must receive the request for Formal Review within five (5) days of receipt of the outcome of the Informal Review.

**FORMAL REVIEW PROCESS**

A. **Membership of the Review Committee.** The Review Committee (RC) members shall be appointed by the GMEC. The RC shall consist of an ad hoc committee of three (3) or more non-
attorney physicians members in good standing of the AHUV Medical Staff. At the discretion of the PD, a AHUV Resident Physician in good standing may be appointed to the RC in lieu of a AHUV Medical Staff member. All members of the RC are appointed by the GMEC to conduct the review requested by a Resident.

B. Process. At least two (2) of the three (3) members of the RC shall communicate with the Resident within ten (10) days of the grievance being filed. At least two (2) of the three (3) members shall communicate with the Program Director or his/her designee within ten (10) days of the grievance being filed. Failure to either the Resident or the Program Director (or his/her designee) to make themselves available to the RC within this period may be construed as waiving their right to provide input to the RC.

C. Time Limit. The RC shall meet to discuss the issue no later than twenty (20) days after acknowledgment to the Resident by the PD of receipt of the Resident's Grievance.

D. Scope. The RC shall review the issues presented to it by the Resident and the program to consider whether the proposed decision is in accord with the AHUV graduate medical education policy and has been reached appropriately. The RC arrives at its conclusion by a majority opinion.

E. Report. The RC shall report whether or not proposed action was capricious or arbitrary. This report shall be made to the PD within five (5) days of the meeting of the RC. The RC may use the Grievance Committee reporting form if desired, to report the findings of the RC to the PD.

REPORTING PROCEDURE

A. AHUV Administration shall consider the written report of the RC and any other relevant written material that has been provided to the RC. AHUV Administration shall send a notice of the Administration's final decision to the Resident by US mail to the home address of the resident, via email or to the Resident's departmental mailbox within ten (10) days of receipt of the report of the RC.

B. AHUV Administration shall have final authority to impose disciplinary action as it deems appropriate.

C. The GMEC resident Grievance Policy and Procedure must be utilized if Resident wishes to challenge the decision regarding suspension, termination, or eligibility to receive a Certificate of Completion of Graduate Medical Education, and is a pre-condition to seeking judicial relief.

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

HAWAII: Not applicable
OREGON: Not applicable
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Not applicable

ENTITY POLICY OWNER: Residency Administrator

APPROVED BY: Not applicable