

Charleston Area Medical Center Office of Graduate Medical Education

Academic Improvement

Purpose: To establish a policy and process for all CAMC graduate medical education programs to use in the course of evaluating and assessing the competence and progression of CAMC residents/fellows. Specifically, this policy will address the process to be utilized when a resident/fellow is not meeting the academic expectations of a program, including the Core Competencies and specialty-specific Milestones, and therefore, fails to progress.

Scope: This policy applies to all CAMC graduate medical education programs and residents/fellows.

Academic Evaluation Process

Performance Feedback: Residents/fellows receive routine feedback regarding their performance consistent with the educational program and applicable accreditation standards. Examples of feedback include verbal feedback, monthly evaluations, semi-annual evaluations, 360 evaluations, and mentoring. The program provides residents/fellows with objective performance evaluations based on Core Competencies and specialty-specific Milestones using multiple evaluators and feedback from the Clinical Competency Committee.

Individualized Learning Plan: An individualized learning plan (“ILP”) is an educational tool available for use by residents/fellows and programs to promote the Core Competency of Practice-Based Learning and Improvement. ILPs are generally formulated by the resident/fellow in consultation with their Program Director or advisor. ILPs promote self-directed learning by which residents/fellows identify learning needs, find resources to meet those needs, and evaluate their achievement. ILPs consider individual strengths and weaknesses, professional goals, and specialty requirements and identify the personal adjustments and resources needed to progress. Residents/fellows may be directed to develop ILPs in their normal course of their program or in response to academic deficiencies.

Clinical Competency Committee: Each residency program must have a Clinical Competency Committee (“CCC”). The CCC is responsible for routinely assessing resident/fellow performance and making recommendations to the Program Director.

Letter of Deficiency: When a resident/fellow requires and does not show improvement following normal feedback (i.e., verbal, written, structured or unstructured), a letter of deficiency is prepared and provided to the resident/fellow. The letter of deficiency is a form of structured feedback that is intended to amplify the need for improvement; identify the deficiencies as they relate to the Core Competencies; adequately describe the expected academic standard; and determine an appropriate monitoring and evaluation process. A letter of deficiency may involve placement of the resident/ fellow on an educational improvement plan, or it may direct that the resident/fellow develop an ILP for approval by their Program Director or advisor which addresses the areas requiring improvement. A letter of

deficiency is prepared by the Program Director or other GME official designated by CAMC (“PD Designee”) and is not considered a reportable action.

Failure to Cure the Deficiency: If the Program Director or PD Designee determines that a resident/fellow has not met the expected academic standards previously identified and satisfactorily cured outlined deficiencies, the Program Director or PD Designee may consider further action. In their determination of next steps, the Program Director or PD Designee will review the resident/fellow’s entire academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the CCC. After making appropriate consultations, the Program Director or PD Designee may take further action, which may include additional non-reportable action(s) or reportable action(s):

Non-Reportable Action: Non-reportable actions include, without limitation, a documented verbal warning or a written letter of deficiency. A non-reportable action generally will not be disclosed to others, such as future/potential employers, privileging hospitals, credentialing boards, and licensing and specialty boards.

Reportable Actions: Reportable actions are those disciplinary or corrective actions that the program and/or CAMC must disclose to others, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. CAMC also may have a legal obligation to report certain infractions that violate local, state, or federal law. Reportable actions may include the following:

- Election not to promote to the next PGY level;
- Extension of training;
- Non-renewal of contract;
- Probation/Suspension (with or without pay at the discretion of the DIO); and/or,
- Dismissal from the residency or fellowship program.

Before implementing a reportable action, the Program Director or PD Designee must consult with the Designated Institutional Official (DIO) or other GME official designated by CAMC (“DIO Designee”), who will facilitate consultation with Human Resources and other appropriate CAMC departments and officials. If a reportable action is implemented, such decision will be provided to the resident/fellow in writing. The Program Director or PD Designee will convey any reportable action to the Central GME Office.

In the event that CAMC elects not to promote or reappoint a resident/fellow to the program, CAMC will strive to provide forty-five (45) days written notice to the resident/trainee. However, if the primary reason(s) for non-promotion or non-renewal occurs within the forty-five (45) days prior to the expiration of resident/fellow’s current agreement, CAMC will provide the resident/fellow with as much written notice as the circumstances reasonably allow prior to the expiration of the current agreement. CAMC reserves the right to remove a resident from duty or suspend resident access to CAMC facilities and systems during the notice period. A resident/fellow’s right to due process will be included in the written notice.

Request for Due Process Review of Reportable Action

Under this policy, residents/fellows who are subject to a reportable action may request a review of the decision to ensure due process.

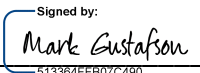

A written Request for Review must be submitted to the DIO and Administrative Director of GME in the Central GME Office within seven calendar (7) days of receiving a written notice of the reportable action. A Request for Review submitted by email should be sent to GME@vandaliahealth.org. Requests for Review received after the deadline will not be subject to review.

Upon receipt of the Request for Review, the DIO or DIO Designee shall convene a due process review committee (the "Committee"). On matters related to academic deficiency and improvement, the Committee will be comprised of three of the following representatives or their designees as appointed by CAMC: the Chair of the GMEC; the Chief Academic Officer; and a Chair/Faculty Member from outside of the resident/fellow's department. The Committee may also elect to consult representatives from other departments, including but not limited to, Medical Affairs, Office of the General Counsel, Administration, and Human Resources.

Once scheduled, the Central GME Office will notify the resident/fellow of the Committee meeting date, time, and location. Although not required, the resident/fellow has the option of submitting a written perspective paper with or without supporting documentation and/or requesting the opportunity to address the Committee at the meeting. If submitting a written perspective paper and/or requesting to address the Committee, the Central GME Office must receive this submission and request in advance of the scheduled meeting date. A written perspective paper and/or request to address the Committee should be submitted by the resident/fellow to the Central GME Office via email at GME@vandaliahealth.org.

The Committee will review the appeal to determine whether the program complied with applicable GME policies and procedures in implementing the reportable action and whether the decision to take reportable action was reasonable and not arbitrary based on the record and any extenuating circumstances. This is not a legal proceeding and as such, it does not include legal representatives of any party or legal rules of evidence. The Committee will generally issue a final determination within twenty-one (21) calendar days of its receipt of the Request for Review. The Committee reserves the right to extend the review period for good cause, including without limitation when additional information is needed from other sources to complete the review. The Committee's decision is considered the final review and is a binding decision. Upon conclusion of the review, the Committee's decision will be provided to the resident/fellow, the Program Director, the DIO, and/or others as appropriate.

Signatures:

GMEC Chair:	 <small>Signed by: 513364FFB07C490</small> <hr/> Mark Gustafson, DO	<hr/> 5/7/2026 <hr/> Date
DIO:	 <small>DocuSigned by: D1119686F13144F...</small> <hr/> Dink Jardine, MD	<hr/> 5/11/2026 <hr/> Date