

Charleston Area Medical Center Office of Graduate Medical Education

Misconduct

Purpose: To establish a policy and process for all CAMC graduate medical education programs to use when allegations of misconduct are made against a resident/fellow.

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

Allegations of Misconduct: Any person who observes or has reason to believe that a resident/fellow has engaged in misconduct of any kind should immediately report the behavior to the Program Director or another member of CAMC residency program leadership. The Program Director or other residency program leader will immediately notify the CAMC Designated Institutional Official (DIO) of the complaint.

Misconduct Review Process

Misconduct Inquiry: Upon receipt of a complaint of resident/fellow misconduct, the Program Director or a designee appointed by the Institution (the “Reviewer”) will conduct an inquiry as follows:

- Meet or otherwise communicate with the complaining party or review the complaint to identify the behavior at issue and any related information.
- Meet or otherwise communicate with the resident/fellow to advise the trainee of the existence of the complaint and to give the resident/fellow the opportunity to respond to the allegations and provide supporting information.
- As applicable, obtain relevant documentation, and meet or otherwise communicate with witnesses who are deemed by the Reviewer to have relevant information.
- Consult with the DIO and, as appropriate, other departments (e.g., Human Resources, Corporate Compliance, Security, Medical Affairs) to complete the inquiry.

All allegations of discrimination or harassment will be reported immediately to Human Resources and addressed in accordance with the Institution’s policy against harassment. All allegations of sex/gender-based harassment and/or sexual harassment will be reported immediately to the Title IX Coordinator and addressed in accordance with the Institution’s policies against sex/gender-based harassment and sexual harassment.

While the inquiry process is underway, the DIO or designee has the authority to remove the accused resident/fellow from duty. CAMC may designate the removal from duty as with or without pay. If the inquiry reveals no misconduct occurred, then the resident/fellow will be reinstated with full pay.

Outcome of Inquiry: Upon conclusion of the inquiry, the Reviewer will render a determination as to whether misconduct occurred. Based on the outcome, the Program Director or designee (if not the Reviewer), the DIO or designee, and other CAMC departments, as appropriate, will determine appropriate responsive action(s). If a policy violation did not occur, it could be determined that no

further action is warranted, and the matter is considered closed. If a policy violation did occur, it could be determined that 1) corrective action in the form of non-reportable action(s) is appropriate; and/or 2) disciplinary action in the form of reportable action(s) is required.

Non-Reportable Actions: Non-reportable actions include, without limitation, a documented verbal warning or a written letter of misconduct with or without other corrective action.

If misconduct violates the Core Competency of Professionalism and a resident/fellow has the ability to learn from the experience through an academic improvement process, the resident/fellow may receive a letter of deficiency outlining the Professionalism deficiency, the expected academic standard, the academic improvement required under the Professionalism competency, and the monitoring and evaluation process pursuant to Academic Improvement Policy.

Any actions taken under the Academic Improvement Policy based on a violation of the Misconduct Policy may occur in addition to other disciplinary or corrective actions taken under the Misconduct Policy.

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 may also be under a legal obligation to report certain infractions that violate local, state, or federal law. Reportable actions may include the following:

- Election to not 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.

A reportable action is subject to approval by the Program Director and the DIO or designee(s) appointed by CAMC. Before reportable action is implemented, Human Resources and other appropriate CAMC departments should be consulted.

Notice of Outcome: The Program Director or designee will inform the resident/fellow of the outcome of the inquiry and any resulting action to be taken by the program. If reportable action is taken, such decision will be provided to the resident/fellow in writing. The Program Director will convey the notice of outcome 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. However, if the primary reason(s) for non-promotion or non-renewal occurs within the forty-five (45) day period prior to the expiration of resident/fellow's current agreement, CAMC will provide the resident/fellow with as much written notice as circumstances will reasonably allow prior to the expiration of the current agreement. CAMC reserves the right to remove a resident/fellow from duty and suspend facility or systems access during any 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 both the DIO or designee and Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving 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.

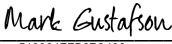
Upon receipt of the Request for Review, the Administrative Director of GME will work with the DIO or designee to convene a due process review committee ("Committee"). For matters related to misconduct, the Committee will be comprised of three of the following representatives or their designees appointed by the Institution: Chair of the GMEC; Chief Academic Officer; Chief Medical Officer; Chief Operating Officer; Vice President of Human Resources; or Chief of Staff. The Committee may also elect to consult representatives from other CAMC departments, including but not limited to Medical Affairs, Office of the General Counsel, and Administration.

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 at least 48 hours in advance of the scheduled meeting. A written perspective paper and/or requests 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 misconduct review process complied with this policy and any other 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.

No Retaliation: Initial and full inquiries will be conducted with due regard for confidentiality to the extent possible. Under no circumstances may anyone retaliate against, interfere with, or discourage anyone from participating in good faith, in an inquiry conducted under this policy. A resident/fellow who believes they may have been retaliated against in violation of this policy should immediately report it to their Program Director, the DIO, or the Central GME Office.

Signatures:

GMEC Chair: Signed by:

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Mark Gustafson, DO 5/7/2026
Date

DIO: DocuSigned by:

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Dink Jardine, MD 5/7/2026
Date

Conduct Evaluation Process Flowchart

