PDAR AND DISCIPLINARY ACTION POLICY

LYDIA ESPINOZA, M.A.
Sr. Director
Graduate Medical Education Office
TTUHSCEP

JANUARY 10, 2020
OBJECTIVE

• Review the Disciplinary Action Policy
• Review the Performance Improvement Plan (PIP) Form
• Review Performance Deficiency Alert Review (PDAR) Forms 1 & 2
• Evaluate and discuss case scenarios to understand the process
The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)
DISCIPLINARY ACTIONS

Actions taken by the training program as a consequence of underperformance (academic or behavioral)

• Observation
• Probation
• Suspension
• Non-Promotion
• Non-Renewal
• Dismissal
PURPOSE: To have a written institutional policy for notice to a trainee of an adverse disciplinary action taken by the Program Director on behalf of training program faculty.

POLICY STATEMENT: The following procedure will apply when an adverse disciplinary action is taken by a trainee’s clinical department:

1) Notice by the Program Director to the affected trainee with copy to the department chair;
2) Copy of notice of disciplinary action submitted by the Program Director to the Office of Graduate Medical Education within three (3) working days of the formal communication to the affected trainee;
3) Copy of notice of disciplinary action filed in the trainee’s permanent file; and
4) Copy of any correspondence by trainee regarding the disciplinary action submitted to the Office of Graduate Medical Education (within three (3) working days) with copy also filed in the trainee’s permanent file.
MISCONDUCT

Misconduct during the training period may result in immediate termination.
• Early identification of deficiency (ies)
• Clinical Competency Committee (CCC)
• Meet with the Designated Institutional Official (DIO)
• Formal Documentation Forms
  • Performance Improvement Plan (PIP) – to document initial/internal action prior to Disciplinary Action
  • Performance Deficiency Alert & Review (PDAR) Forms 1 & 2 – official forms to document Disciplinary Actions
• Purpose of documentation
  • Protects Trainee and Program
    • Litigation
    • Miscommunication
• Meeting with Trainee
  • Adverse Action Appeals Policy
  • Reportable
The Adverse Action Appeals Policy indicates which disciplinary actions are *Appealable vs. Not Appealable to the Graduate Medical Education Committee (GMEC).*

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Adverse Action Appeals Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE:</td>
<td>To provide a process where trainees may request to appeal a suspension, non-renewal, non-promotion or dismissal (collectively referred to as Adverse Action) from training.</td>
</tr>
<tr>
<td>POLICY STATEMENT:</td>
<td>The Sponsoring Institution, through the Graduate Medical Education Committee (GMEC), is committed to assuring that individual residency/fellowship programs have established criteria for an appeals process when an Adverse Action is taken against residents/fellows (hereinafter Trainee). The GMEC carries the responsibility to assure that this policy is aligned with current ACGME requirements.</td>
</tr>
<tr>
<td>PROCEDURE:</td>
<td>Over the course of training in graduate medical education, a Trainee is expected to acquire progressive and increasing competence in the knowledge, skills and attitudes of the training specialty in which he/she is training. An Adverse Action may be taken as a consequence of a deficiency being identified. Administrative actions involving observation and probation are not appealable. However, these non-appealable actions should be addressed at the program level. Programs should have an established internal process for these actions.</td>
</tr>
</tbody>
</table>
Disciplinary Actions are reportable to the Texas Medical Board (TMB).

TO: Postgraduate Training Program Directors

FROM: Texas Medical Board, Licensure Dept - Physician in Training Section

Board rule §171.6 states in part that the Director of each approved postgraduate training program shall report in writing to the Executive Director of the Board, the events within thirty days of the director's knowledge.
The Clinical Competency Committee (CCC) serves as advisory to the Program Director.

The Clinical Competency Committee should:

- review all resident evaluations semi-annually; *(Core)*

- prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, *(Core)*

- advise the program director regarding resident progress, including promotion, remediation, and dismissal. *(Detail)*
• Other examples of documentation are:
  • Verbal conversations
  • Feedback
  • Monitoring or tracking
  • Special accommodations
  • One-on-one training sessions
  • Referral to the Resident’s Assistance Program (RAP) or other counseling
  • Test taking resources and assistance
PERFORMANCE IMPROVEMENT PLAN (PIP)

PIP Form Review
PERFORMANCE IMPROVEMENT PLAN (PIP)

**REAASSESSMENT OUTCOME**

Date of Reassessment: ______________________

Was the Performance Improvement Plan Completed?  [ ] Yes  [ ] No

If NO, the next plan of action is:

[ ] A new or edited PIP will be issued

[ ] The disciplinary action will be followed

**Reassessment Comments:**

_I acknowledge that I have reviewed and understand the Reassessment Outcome information provided above._

Signature of Program Director: ___________________________  Date: __________  Signature of Trainee: ___________________________  Date: __________

Page 1 of 1
MEETING WITH TRAINEE

• What happens in the meeting for a Performance Improvement Plan?
  • Overview
  • Documentation
PERFORMANCE DEFICIENCY ALERT AND REVIEW (PDAR-1)

PDAR – 1 Form Review
PROGRAM DIRECTOR COMMENTS REGARDING SPECIFIC MARGINAL OR UNSATISFACTORY PERFORMANCE (supporting data and discussion points):

Level of Action Taken

Placed on Observation effective: 
Placed on Probation effective: 
Placed on Suspension effective: 

Failure to Cure the Deficiency(ies): If it is determined that you have failed to satisfactorily cure the identified deficiency(ies) and/or improve your overall performance to an acceptable level, further action may be taken and can include one or more of the following steps:

1. Issuance of a new PDAR
2. Requiring the repeat of a rotation or rotations
3. Non-promotion to the next PGY level
4. Denial of credit for previously completed rotations
5. Dismissal from the training program
### PERFORMANCE & DEFICIENCY ALERT & REVIEW FORM (PDAR) PLAN FOR REMEDIATION OF IDENTIFIED DEFICIENCIES

<table>
<thead>
<tr>
<th>Plan for Improvement</th>
<th>Evaluation Criteria</th>
<th>Timeline for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date set for reassessment:**

**Signature of Trainee:**

**Date:**

**Signature of Program Director:**

**Date:**

**Date Remediation Resolved:**

**Signature of Trainee:**

**Date:**

**Signature of Program Director:**

**Date:**
MEETING WITH TRAINEE

• What happens in the meeting for a **Disciplinary Action**?
  • Overview
  • Documentation
  • Appealable vs. Not Appealable
    • *Adverse Action Appeals Policy*
  • Reportable
## ACTIONS CHART

<table>
<thead>
<tr>
<th>Action</th>
<th>Appealable to GMEC</th>
<th>Not Appealable to GMEC</th>
<th>Reportable to TMB</th>
<th>Not Reportable to TMB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Improvement Plan (PIP)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Probation</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suspension (with or without pay)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Promotion (extend training or repeat year)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Renewal (failed Step 3, contract requirements not met)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dismissal</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE # 1
A resident trainee was provided an institutional State Travel Card for use when traveling to complete required rotations at out of town participating sites.

The trainee misused the card on several occasions despite warnings.
CASE #1 – REVIEW

• Which process should the program follow?  
  PIP or Disciplinary Action

• Which form?  PIP or PDAR

• Appealable?

• Reportable?
# ACTIONS CHART

<table>
<thead>
<tr>
<th>Action</th>
<th>Appealable to GMEC</th>
<th>Not Appealable to GMEC</th>
<th>Reportable to TMB</th>
<th>Not Reportable to TMB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Improvement Plan (PIP)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Observation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Probation</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension (with or without pay)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Promotion (extend training or repeat year)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Renewal (failed Step 3, contract requirements not met)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dismissal</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
CASE # 2
A resident was noticed by a colleague to smell of alcohol during clinic. His behavior was found to be erratic and was noticed by a nurse. This was reported by both the resident and the nurse to the program director.
CASE #2 - REVIEW

• Which process should the program follow? *PIP or Disciplinary Action*

• Which form? *PIP or PDAR*

• Appealable?

• Reportable?
# ACTIONS CHART

<table>
<thead>
<tr>
<th>Action</th>
<th>Appealable to GMEC</th>
<th>Not Appealable to GMEC</th>
<th>Reportable to TMB</th>
<th>Not Reportable to TMB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Improvement Plan (PIP)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Probation</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suspension (with or without pay)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Promotion (extend training or repeat year)</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-Renewal (failed Step 3, contract requirements not met)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dismissal</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
CASE # 3
A PGY-2 resident trainee took the USMLE Step 3 exam in April during the second half of PGY-2 year of training.

The results came back indicating the trainee did not pass the exam.
CASE #3 – REVIEW

• Which process should the program follow?  
  PIP or Disciplinary Action

• Which form?  
  PIP or PDAR / Step 3 Policy

• Appealable?

• Reportable?
<table>
<thead>
<tr>
<th>Action</th>
<th>Appealable to GMEC</th>
<th>Not Appealable to GMEC</th>
<th>Reportable to TMB</th>
<th>Not Reportable to TMB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Improvement Plan (PIP)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Probation</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Suspension (with or without pay)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Non-Promotion (extend training or repeat year)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Non-Renewal (failed Step 3, contract requirements not met)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dismissal</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
SUMMARY

• Programs, faculty and trainees should be familiar with the Disciplinary Action Policy, PIP Form & PDAR Forms 1 & 2.

• It is important for programs to identify struggling medical learners early and to document.

• This policy will serve as a guide for programs and will offer trainees the assurance of an appropriate due process.

• The GME Office is available for assistance.
QUESTIONS?
Thank you!

Office of Graduate Medical Education

(915) 215-4460