

## Medical Education Policy: Discipline – Academic Remediation

Facility: CMC  
Origin Date: July 2009  
Revision Date: August 2019  
Sponsor: GMEC

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### 1. PURPOSE:

It is expected that all residents will progress in their training programs according to criteria set by the respective program. There are several options for a Program Director (PD) to help a Resident reach the expected academic performance when a Resident does not progress as expected. Academic Remediation is an action taken by a PD when deficiencies in Resident performance are identified and to assist the resident in understanding and correcting the identified deficiencies. The Institution will provide oversight of this action, and Residents will be assured that the identified process is followed.

### 2. SCOPE:

This Policy applies to all ACGME, Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited post-graduate training programs sponsored by Carilion Medical Center (CMC)

### 3. DEFINITIONS:

- 3.1 Non-adverse Action is an action described in this policy that requires neither the Resident nor the program to report the disciplinary event in future disclosures.
- 3.2 Academic Remediation: a non-adverse action taken at the departmental level by the Program Director with support from the Clinical Competency Committee (CCC) to correct a variety of educational and performance deficiencies. These may include, but are not limited to, failure to achieve expected levels of performance in any of the six (6) ACGME competency domains. A formal written Remediation Document must be developed for each occurrence of Remediation. The DIO must provide an initial review and approval of the Academic Remediation plan prior to the PD notifying the Resident of the action.

3.3 Remediation Document: a written document developed by the PD, in coordination with the Office of Graduate Medical Education, identifying the specific areas of deficiency, time frame of the remediation, the expected corrective action plan and outcome measures to assess the Resident's progress for each period of Remediation. The Remediation Document must identify the potential consequences of failure to meet the expectations of the Remediation, including subsequent Institutional Probation or Non-renewal of Contract.

3.4 Other Definitions:

3.4.1 Business Days refers to Monday through Friday and excludes holidays recognized by Carilion Clinic.

3.4.2 Designated Institutional Official (DIO) is the individual appointed by the Institution to provide oversight, administration, and accountability to Carilion Clinic's accredited Graduate Medical Education programs.

3.4.3 Institution is the Carilion Medical Center.

3.4.4 Program Director (PD) is the lead physician appointed by the Institution and registered with the appropriate ACGME Residency Review Committee, CPME or CODA to provide academic and administrative oversight of the respective Residency Program.

3.4.5 Resident refers to all interns, residents, and fellows participating in a Carilion Clinic accredited post-graduate medical education Program

4. PROCEDURE:

4.1 General Guidelines:

4.1.1 The timeframes described in this Policy are to be followed in the normal course, but they may be altered or adjusted for good reason. Additionally, the parties may agree in writing to waive a particular timeframe.

4.1.2 If hand delivery of a document is utilized under this Policy, the person delivering the document will ask the recipient of the document to sign and date the document to acknowledge receipt. If the recipient refuses to do so, the person delivering the document will note "recipient refused to sign and date at \_\_\_\_ (time) on \_\_\_\_\_ (date)."

4.1.3 If written notice is to be provided or delivered under this Policy, it may be accomplished by hand delivery, via delivery of the USPS or via overnight delivery by a reputable overnight delivery organization. Notice will be deemed to be received on the date of hand delivery, on the day delivered by the overnight delivery organization or on the third day following deposit of the written notice with the USPS. The most recent address on record should be used for USPS and overnight delivery.

## 4.2 Academic Remediation:

- 4.2.1 In most instances the PD will confer with the program's Clinical Competency Committee (CCC) about a Resident's poor performance. If the CCC and/or the PD believe the Resident is not progressing in the program as expected, the PD must develop a Remediation Document prior to placing the Resident on Academic Remediation.
- 4.2.2 Initial Review: The Remediation Document must be reviewed and approved by the DIO prior to notification of the Resident.
- 4.2.3 The Program Director must provide verbal and written notification to the Resident of the decision to place the Resident on Academic Remediation. The written notice must include the Remediation Document.
- 4.2.4 The Resident will be required to report to the office of the Program Director as soon as reasonably possible after verbal notification to receive and sign the Remediation Document.
- 4.2.5 The Resident will be given an opportunity to clarify his or her understanding of the components of the Remediation Document.
- 4.2.6 The Resident will be provided with a copy of the Remediation Document and a copy will be retained in the Resident's file.
- 4.2.7 If the Resident is unable to report to the office of the Program Director in a reasonable period of time (three business days), the Remediation Document will be delivered to the Resident.
- 4.2.8 The PD must provide the DIO with regular updates on the progress of Residents on Remediation.
- 4.2.9 A period of Academic Remediation shall not exceed six (6) months.
- 4.2.10 For a Resident who remains on Academic Remediation at the regular time of promotion, Academic remediation may result in failure of promotion if in view of the CCC the Resident does not appear ready for the next level of responsibility.

## 4.3 Outcomes of Remediation:

- 4.3.1 Resident meets the requirements of Remediation:
  - 4.3.1.1 PD removes resident from Remediation.
  - 4.3.1.2 All documentation concerning the Remediation is removed from the resident's file at the time the resident completes the program.
- 4.3.2 Resident fails to meet the requirements of Remediation:
  - 4.3.2.1 Option 1: the PD extends Remediation:

- 4.3.2.1.1 The initial Remediation Document must be amended to include the ongoing or new deficiencies and a new time frame to resolve the deficiencies.
- 4.3.2.1.2 The DIO must review and approve the amended Remediation Document.
- 4.3.2.1.3 The amended Remediation Document must be provided to the Resident, as above.
- 4.3.2.2 Option 2: The PD takes a Non-Renewal of Contract action against the Resident (see Discipline – Non-Renewal of Contract policy).
- 4.3.2.3 Option 3: The PD places the Resident on Institutional Probation (see Discipline – Institutional Probation policy).

**5. Right to Appeal: None.**

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<b>Name</b>	<b>Title</b>	<b>Dept./Committee</b>	<b>Date</b>
Daniel Harrington, MD	DIO	GMEC	July 21, 2009
Daniel Harrington, MD	DIO	GMEC	June 19, 2012
Donald Kees, MD	DIO	GMEC	January 19, 2016
Donald Kees, MD	DIO	GMEC	August 20, 2019