

**Department of Pediatrics  
Graduate Education Programs**

Subject: Policy on Promotion, Remediation, and Dismissal  
Date: April 10, 2001  
Approved: Stephen Wadowski, MD  
Pediatric Program Director

Resident performance in the training program is assessed as described in the program evaluation policy. Furthermore, residents are continuously monitored by more senior resident, fellows, chief residents and attending faculty. Upon admission to the program it is anticipated that residents will successfully advance from pediatric level one to two to three. (Residents in preliminary pediatrics are admitted to the program for one year only). There is no pyramid system. Resident's with continued satisfactory performance in clinical competence, knowledge base, self-directed learning, management skills, professionalism, moral and ethical character, reliability and responsibility will be advanced in training level and offered the opportunity to remain in the program. Residents admitted to the program for a Preliminary Pediatrics year will not generally be considered for renewal. Upon completion of one year in preliminary training, they will be dismissed without prejudice or need to demonstrate cause.

Promotion is predicated on successful acquisition of knowledge, skills, attitudes, competencies and professional conduct as described in program and rotation curricula: goals and objectives, and ABP guidelines. This is determined by satisfactory performance evaluations, standardized assessments (in-training examinations), observations and/or other methods described. Residents at pediatric level-one (PL1) are expected to have satisfactorily practiced basic pediatrics demonstrating basic knowledge of the specialty along with reporting, investigation and basic management skills. At pediatric level-two (PL2), residents are expected to have mastered basic pediatric knowledge, reporting and investigative skill and practiced advanced management skills, evaluation and management of complex diseases and multi-system diseases, and supervised more junior residents and students. At pediatric level three (PL3), residents should be able to educate other residents and students as well as manage and supervise care and education for all general pediatric conditions including multiple subspecialty conditions and complex multisystem disease. Candidates for Pediatric level-four (PL4) chief residents are competitively selected from among the most outstanding performers based on the PL1 and PL2 evaluations, in-training examinations, increment of improvement between years, House Staff Affairs Committee assessment and opinions of current Chief Residents, Vice-Chairs, Chairman and Program Director.

As described in the Evaluation Policy, resident evaluation and performance are routinely monitored. Any problems identified with basic competencies or knowledge, skills or attitudes or acquisition of competencies or knowledge, skills, attitudes or professional characteristics including moral and ethical character results in corrective measures. Corrective measures include counseling, remediation, academic probation and warning. The Program Director or designee meets with the resident. The time and date of the meeting and the issues are documented. The Resident is counseled. A Plan for remediation, timetable and official assignment to a faculty mentor is established. If the resident satisfactorily completes remediation and underlying problems resolve, the resident will be allowed to advance. If problems persist and performance remains marginal, resident may be given further opportunity to remediate or may be subject to non-renewal. This may require the resident to repeat another entire training year or a portion thereof as determined by the Program Director. This determination will be made and the resident will be informed of this status by the end of the 11<sup>th</sup> month of

the training year (or by May 30<sup>th</sup> for residents beginning July 1). If an attempt at remediation has been made and performance remains marginal or unsatisfactory, the decision not to renew the resident for an additional year in the program may be made. This should occur no later than 4 months prior to the end of the training year. In general, renewal decisions, will be made by 4 ½ months into the training year for established residents (November 15<sup>th</sup> for residents beginning July 1) or 5 ½ months into the year for first year residents (December 15<sup>th</sup>) for residents beginning July 1). If the decision cannot be made by that time the resident is to be informed in writing that the decision to renew has not been made yet and the resident is to be given a date, not to exceed 4 months prior to the end of the training year, when he/she will be informed of the decision to renew or not renew. In addition, the resident will be counseled and informed of the issues of concern delaying renewal and assisted in addressing those issues.

Disciplinary action, include reprimand, suspension and termination. In the event of a critical incident, one in which substantial risk for harm to patient welfare occurs or harm to professional colleagues, or unprofessional conduct (as described by accrediting agencies and professional organization including ACGME, AAMC, ABP, AAP, AMA, NYS Department of Professional Licensing, NYS Department of Health and local hospital bylaws), a resident may be summarily suspended, without pay, by the Program Director. Upon summary suspension the incident and the resident's prior record should be reviewed by the House Staff Affairs Committee. The Committee should make recommendations to the Program Director for rescinding suspension, prolonging suspension or for immediate dismissal and termination.

Incidents which are serious but less critical may result in formal counseling, reprimand, and suspension. Recurrent incidents (greater than one) are reason for non-renewal or termination. Also, violation of departmental or institutional policies, and guidelines may be reason for corrective or disciplinary action including counseling, reprimand, reassignment, suspension or termination.

All proceedings regarding disciplinary actions are strictly confidential. However, these proceedings will be documented and entered into the resident's permanent record. In addition, copies of such documentation are to be forwarded to the GME Office of SUNY Downstate.

Corrective measures are designed to assist residents with improving performance and meeting expectations. As such, corrective measures are not subject to grievance procedures. In the case of disciplinary measures, residents are entitled to have advisors present at hearings and counseling sessions, but such representatives may not participate in proceedings. For disciplinary actions residents are entitled to due process as described in the Program's and Institution's Due Process and Grievance Policy.