



Policy Title:	Academic Deficiency Policy
Owner:	
Department:	GME
Origination Date:	6/26/2010
Last approved date:	1/20/23
Approved By:	GMEC

## I. Scope

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

## II. Definitions

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

## III. Purpose

Each program director is responsible for assessing and monitoring a resident’s academic and professional progress in the areas of:

- i. Medical Knowledge
- ii. Clinical Competence in Patient Care
- iii. Interpersonal and Communication Skills
- iv. Professionalism (includes absence of impairment)
- v. Attitudes
- vi. Practice-Based Learning and Improvement
- vii. Systems-Based Practice
- viii. Adherence to program, departmental, institutional and hospital policies and procedures

Failure to perform adequately in any of these areas may result in corrective action, up to and including termination. If a resident is not progressing appropriately, the program has a responsibility to inform the resident of the deficiency and provide them with an opportunity to correct the deficiency. At times it is possible and appropriate for the program to provide extra assistance or educational experiences for the resident to aid in this. It is ultimately the resident’s responsibility to take the steps necessary to meet expectations.

## IV. Procedure

### a. Notice of Deficiency (STRUCTURED FEEDBACK)

**General:** All residents should be provided routine verbal and written feedback that is consistent with their educational program. Some examples of feedback techniques include verbal feedback (from supervising faculty and program director), rotation evaluations, semi-annual evaluations, summative evaluations, as well as input from patients, ancillary staff or the program’s clinical competence committee. Feedback regarding serious deficiencies should be outlined for the resident, either in an evaluation form, a letter of concern, or other performance improvement plan.

**Letter of Deficiency:** If the program director determines that the deficiency is significant enough to warrant something more than routine feedback, a letter of concern, or other program level performance improvement plan, the program director may elect to issue a “Letter of Deficiency.” This letter provides the resident with a) notice of the deficiency; and b) an opportunity to correct the deficiency. As much as possible, a Letter of Deficiency should describe the observed deficiency(ies), and the expected academic standard. A Letter of Deficiency is considered a performance improvement plan. The Letter of Deficiency must include a timeline for reassessment or reevaluation.

A Letter of Deficiency must be cosigned by the program director and the DIO/chair of the GMEC.

The program director will continue to provide the resident with feedback consistent with the Letter of Deficiency. At each designated period of reassessment, the program director will notify the resident and the DIO/Chair of GMEC in writing that the Letter of Deficiency has been continued or resolved.

**b. Failure to Correct the Deficiency (ACTIONS)**

If the program director determines that the resident has failed to satisfactorily correct the deficiency and/or improve overall performance to an acceptable level, the program director, with input from the clinical competence committee, may elect to take further action which may include one or more of the following steps:

- i. Non-promotion to next PGY level
- ii. Repeat of rotation(s) that extends the required period of training
- iii. Non-renewal of resident’s contract
- iv. Termination from the program
- v. Suspension (other than for contractual or employment obligations)

A decision not to promote a resident to the next PGY level, to extend a resident’s defined period of training, to not renew a resident’s contract, and/or to terminate the resident’s participation in a program (Action(s)) may require disclosure to others upon request, including but not limited to privileging hospitals, licensure or specialty boards.

If a resident is subject to an Action, they must be notified of this in writing, such notification must be signed by the program director and the DIO/chair of GMEC. Any resident who is not being promoted, or whose contract is not being renewed should be notified of this in writing pursuant to the time period set forth in the resident agreement.

A non-renewal or termination of contract must be reported to the Illinois Department of Financial and Professional Regulation by the institution and program.

**c. Due Process and Request for Review:**

A resident who is subject to an Action may request a review of the decision as described in the Due Process and Resident Complaint Policy. A copy of the Due Process and Resident Complaint Policy should be given to any resident who is subject to an Action.

**V. References**

**VI. Attachments**

**VII. Periodic Review**

**VIII. Reviewed by**

Graduate Medical Education Committee

**IX. Office of Responsibility**

GME