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Owner	Jennifer Lee: Director
Area	Medical Education
Applicability	Gundersen Region (All Hospitals)

Resident and Fellow Disciplinary Process

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Applicable To

All residents and fellows of Gundersen Lutheran Administrative Services, Inc., independently and as agent for Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd., Gundersen Medical Foundation, Inc., Memorial Hospital of Boscobel, Tri-County Memorial Hospital Inc., St. Joseph's Health Services Inc., Palmer Lutheran Health Center, Moundview Memorial Hospital & Clinics, Inc., and Saint Elizabeth's Hospital of Wabasha, Inc. (hereinafter referred to collectively as "Gundersen").

Purpose Statement

This policy covers corrective actions, suspensions, and terminations of residents/ellows, as well as any complaints or grievances that residents/fellows may have related directly thereto. For resident/fellow complaints and grievances involving other issues, please refer to Gundersen Medical Foundation's Policy Resident/Fellow Grievances.

Definitions

For purposes of this policy, the following terms have the following meanings:

A. **Academic Deficiency**: any one or more of the following: insufficient level of medical knowledge; inability to use medical knowledge effectively in connection with patient care; lack of appropriate technical skills; insufficient level of professionalism; insufficient level of interpersonal and communication skills; lack of practice-based learning and improvement; or lack of system-based practice that is evident from a resident's/fellow's academic performance.

B. **ACGME:** The Accreditation Council for Graduate Medical Education organization that sets and

monitors voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans. The ACGME oversees the accreditation of the majority of residency and fellowship programs in the United States.

C. N**on-ACGME:** Any program that is not accredited by the ACGME. These programs may be accredited by another organization that sets and monitors voluntary professional educational standards essential in preparing clinicians to deliver safe, high-quality medical care. The Non-ACGME accrediting bodies oversee the accreditation of residency and fellowship programs outside of the ACGME.

D. **Clinical Competency Committee (CCC):** The Committee comprised of faculty of the corresponding residency/fellowship training program who meet regularly to review resident/fellow performance; makes recommendations to the program director for resident/fellow progress, including promotion, remediation, and dismissal.

E. **Director:** The Program Director of the residency/fellowship training program or an authorized representative thereof.

F. **DIO:** Designated Institutional Official of the ACGME residency/fellowship programs.

G. **VP:** Vice President of Medical Education and overseer of the Non-ACGME residency/fellowship programs.

H. **HR Partner:** Human Resource Partner.

I. **Serious Misconduct:** Any one or more of the following: a violation of applicable federal, state or local law or regulation; a violation of professional or ethical standards commonly applied to physicians and residents/fellows; an act or omission defined as unprofessional conduct by chapter 448, Stats. or the Wisconsin Medical Examining Board; and any act in violation of chapters 161 or 450, Stats. involving unlawful use, transfer and prescription of various controlled and other substances.

J. **Performance Improvement Plan (PIP):** A tool designed for a resident/fellow with performance/academic concerns that provides the framework for an opportunity to succeed.

K. **Resident:** A person appointed to a residency position in the Gundersen Medical Foundation Graduate Medical Education program sponsored by Gundersen (Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd.) and Gundersen Medical Foundation, Inc.

L. **Fellow:** A person appointed to a fellowship position in the Gundersen Medical Foundation Graduate Medical Education program sponsored by Gundersen (Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd.) and Gundersen Medical Foundation, Inc.

Procedures

Reviews

I. The Program Director (PD) of each residency/fellowship program shall meet with the respective Clinical Competency Committee (CCC) or similar committee for Non-ACGME programs to review and assess the competency-based academic and professional performance of all residents/fellows within their program. This periodic review shall be conducted no less than twice each year for all residents/fellows. The PD will advise the resident/fellow of what the PD is presenting to the CCC or similar committee for non-ACGME programs. If there are any significant concerns/issues with a resident/fellow performance,

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the VP/DIO must be informed via written communication of the concerns/issues.

1. **Need for Corrective Action:** Whenever the academic or professional performance of a resident/fellow is considered to be unsatisfactory to the operations and/or educational environment of the institution to which the resident/fellow is assigned, corrective action regarding the individual may be taken by the program director (PD). If a deficiency is found which requires corrective action beyond verbal or written coaching, the PD will collaborate with the CCC or similar committee for non-ACGME programs, the HR Partner, and the VP/DIO to develop a performance improvement plan of the performance and/or academic concerns.
2. **Corrective Action:** Performance Improvement Plan (PIP) will be developed which will indicate the performance and/or academic concerns and define the performance and/or academic requirements, monitoring plan, time lines, and consequences of failing to meet the requirements of the PIP. During the course of the PIP time line, the PD shall meet in person with and counsel the resident/fellow and inform the resident/fellow of progress related to the PIP.
3. **Concluding the PIP:** At the conclusion of the PIP (which is predetermined at the onset of the PIP), the PD will review the assessment data with the advisement from the CCC or similar committee for non-ACGME programs and subsequently review with the resident/fellow. One of four outcomes is possible:
    a. Successful completion of PIP
    b. Unsuccessful completion of PIP
    c. PIP needs to be continued for an extended interval to collect more data
    d. PIP needs modification to provide alternate or improved data about the resident/fellow upon which to make an informed decision.
4. If the PD with advisement from the CCC or similar committee for non-ACGME programs, determines the resident/fellow has successfully completed the PIP (outcome a. as listed above), the decision will be documented by the PD and communicated in writing to the resident/fellow, the HR Partner and the VP/DIO within two (2) business days of the decision.
5. If the PD with advisement from the CCC or similar committee for non-ACGME programs, determines the resident/fellow has outcome 3.b., c., or d., the PD will determine the action to be taken in collaboration with HR Partner and the VP/DIO. The decision will be documented by the PD and communicated in writing to the resident/fellow, the HR Partner and the VP/DIO within two (2) business days of the decision.
6. **Resident's/Fellow's Options:**
    a. If the recommendation in section 3 above is deemed adverse by the resident/fellow (suspension, termination, non-renewal, non-promotion, extension), the PD shall give the resident/fellow at least three (3) business days to elect one of the following options:
        i. Accept the decision of the PD in writing
        ii. Submit a written resignation from the program to the PD
        iii. Submit a written request to the PD requesting appeal of the

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decision. If the resident/fellow does not reply in writing in three (3) business days, then the recommendation will be realized

b. If the resident/fellow appeals the decision, the PD, and the CCC or similar committee for non-ACGME programs, shall meet with the resident/fellow within three (3) business days of receiving the written request to appeal the decision. Any exception to the time line must be approved by the VP/DIO. At the appeal meeting, resident/fellow will provide a verbal basis for the appeal and the resident/fellow and PD will provide a verbal account of the situation. The resident/fellow will be advised of the appeal decision in writing within five (5) business days of the meeting. If the appeal decision recommends an employment outcome deemed adverse by the resident/fellow (suspension, termination, non-renewal, non-promotion, extension) the resident/fellow has three (3) business days to elect one of the following three options:

    i. Accept the decision of the PD in writing

    ii. Submit a written resignation, resigning the resident's/fellow's appointment (resignation may be done anytime during the appeal process)

    iii. Submit a written request to the VP/DIO requesting appeal of the PD's decision

c. If the resident/fellow does not reply in writing in three (3) business days, then the recommendation will be realized.

7. **Graduate Medical Education Appeal Panel (GMEAP):**

    a. **If the resident/fellow elects to submit a written request for appeal to the DIO/DME the following process will be pursued:**

        i. Appointed members: The panel, consisting of members from the current Graduate Medical Education Committee (GMEC), will be appointed by the VP/DIO. To avoid a potential conflict of interest, panel members may not be from the same department as that of the resident/fellow's training program and/or an educator that has evaluated the resident/fellow. The appeal panel must include the VP/DIO and at least four GMEC members (one of which must be a resident/fellow).

        ii. An issue for consideration by the appeal panel is whether the resident/fellow was afforded due process, including receiving feedback of the specific performance concern and provided an opportunity through the formal PIP to improve.

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Process

A. To appeal an adverse action, a resident/fellow must submit a written request for an appeal to the VP/DIO within three (3) business days of receiving written notification of the PDs decision (Section 4.b.3.). Any request for appeal must include a statement of the adverse action being appealed; the grounds supporting the request of an appeal; and the requested alternate

outcome.

B. The resident/fellow may submit documentation in support of their position with the written request. Copies of this submission shall be given to the appointed appeal panel members, the VP/DIO, and PD. The appeal panel may request additional information from the resident/fellow.

C. The appointed appeal panel member shall be given copies of resident/fellow /performance data and documentation deemed pertinent by the PD. The appeal panel may request additional information from the PD. The resident/fellow will also receive a copy of this material.

D. The appeal hearing shall be held within two (2) weeks of the written request for an appeal. A postponement of the appeal may be granted at the discretion of the VP/DIO.

E. Resident/Fellow shall notify the appeal panel at least two (2) business days prior to the hearing of a request to bring a faculty member from the resident's/fellow's program.

F. The PD shall notify the appeal panel at least two (2) business days prior to the hearing of a request to have a faculty member from the resident's/fellow's program.

Hearing Guidelines

A. The VP/DIO will be responsible for chairing the appeal and drafting the report.

B. Both the resident/fellow and the PD shall appear before the panel.

C. The resident/fellow and the PD shall each have up to thirty (30) minutes to present to the panel, though the chair may grant additional time as seen appropriate. Both parties have the option of attending the other's presentation.

D. Legal counsel or any other third party, other than the designated faculty member, shall not be permitted to appear; however, either party may consult with legal counsel prior to the hearing.

E. The panel may allow the resident/fellow or PD to have a designated faculty member from the program speak, who may have up to ten (10) minutes to present to the panel.

F. The panel may ask either the resident/fellow, the designated faculty member(s), or the PD additional questions.

G. The appeal panel shall deliberate in closed session.

H. The panel may determine to reconvene later if it is necessary to continue its deliberations and make its recommendations. If a decision is made to reconvene to continue deliberation or process additional information, effort should be made to expedite the time to reconvene.

I. The decision will be made by majority rule. A written report will include a brief summary of the facts found, pertinent findings of the panel, and decision. The written report will be provided to the resident/fellow and PD within three (3) business days of the panel's decision. A verbal report from the VP/DIO will be given to the resident/fellow and PD when a decision is reached.

J. The appeal panel makes the final decision. No further appeal action can be made.

Serious Misconduct:

Notwithstanding the above, the PD of each residency/fellowship program and/or the VP/DIO, will have the authority to consult with the HR Partner to enforce section 2 of the Gundersen Discipline Policy (HR-235). Please reference Gundersen Policy HR-235 for further information.

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The provisions of this policy are constructed in good faith and shall be interpreted in a manner consistent with the best interests of all parties, including Gundersen. While adhering to the principles of due process, the fact that certain provisions of this Policy are not strictly followed will not invalidate any final action.

Responsibilities

The Administrative Director of Medical Education is responsible for the development and oversight of this policy. The Director of Medical Education may need to step in to review the PD decisions, dismissal or termination of appointment recommendations, and designate a review committee to review findings.

Residency/Fellowship Program Director: Maintain and routinely review performance of residents and fellows in training. Report performance and/or personnel issues to Clinical Competency Committee or similar committee for non-ACGME programs, VP/DIO, as well as Human Resources (as necessary).

Clinical Competency Committee (CCC) or similar committee for non-ACGME programs**:** Meet and regularly to review resident/fellow performance; provide suggested steps if PIP is warranted.

References

Accreditation Council for Graduate Medical Education (ACGME): (IR 4.4.a, 4.4.b) - ACGME Institutional Requirements

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Approval Signatures

Step Description	Approver	Date
MD	Benjamin Jarman: MD - General Surgery	10/5/2026
Manager	Jennifer Klonecki: Manager	9/30/2026
Policy Review Committee	Bradley Northrup: Accreditation Specialist	9/30/2026
Policy Owner	Jennifer Lee: Director	9/17/2026

Applicability

Boscobel, Gundersen, Moundview, Palmer, St Elizabeth, St Josephs, Tri-County