

## ACADEMIC PERFORMANCE IMPROVEMENT ACTIONS

Academic Performance Improvement actions are designed to define and correct areas of marginal and/or unsatisfactory performance by a resident/fellow in order to close an identified learning gap. These actions include structured feedback, developing a Performance Improvement Plan (PIP), repeating rotation(s) and repeating an academic year. Each of these actions is designed to correct a deficiency. If an academic performance improvement action results in non-promotion of a resident/fellow to the next level of training, non-renewal of contract, dismissal or other adverse academic action, then it is subject to the University of Tennessee Graduate Medical Education Academic Appeal process. All disciplinary actions including probation, suspension and dismissal will become a permanent part of the resident/fellow training record.

### **Structured Feedback**

Structured Feedback regarding resident/fellow performance in the six core competencies can occur in multiple ways including but not limited to routine verbal discussions during training, written evaluations, and semi-annual evaluation meetings. Some poor performance may require program directors to provide some corrective action but not a formal intervention e.g. PIP. In this case, program directors may choose to utilize the “single incident” form to document the poor performance and discussion with the resident/fellow.

### **Performance Improvement Plan (PIP)**

PIP is an individualized academic improvement strategy that may be used by program directors in situations where a resident/fellow fails to comply with the academic requirements established by the residency training program, University of Tennessee Graduate Medical Education, and/or participating institutions. Placement on a PIP may serve as an official notice to the resident/fellow of unsatisfactory performance and expectations for academic improvement. Typically, the deficiencies are associated with a significant lapse in one or more of the six ACGME competencies.

Each residency program should establish written criteria and thresholds for placing resident/fellows on a PIP. Although program-level criteria are not required for every specialty, examples include but are not limited to the following: poor academic performance as documented by unsatisfactory faculty evaluations; poor performance on program examinations and /or written in-service examinations; failure to attend scheduled monthly departmental activities; clinical performance or surgical skills which are below those expected for the level of training as documented by written evaluations by the faculty; unprofessional or inappropriate actions; disruptive behavior; failure to complete medical records in a timely manner; and failure to maintain procedure or surgical logs in a timely manner. Residency programs requiring their resident/fellows to achieve minimum standards, i.e. in-training scores, conference attendance, etc. must publish these requirements.

If the program director implements a PIP, he or she is required to provide the resident/fellow with a written PIP letter advising him or her of PIP status, the area(s) of unsatisfactory performance, measures to improve performance, reassessment criteria and strategies, time frame for completion, and consequences of not successfully completing the PIP. A copy of the PIP letter, signed by the program director and resident/fellow, must be sent to the DIO. The PIP checklist can assist the program director in documenting the elements necessary for successful performance improvement

but is not a substitute for the GME PIP letter nor is its use mandatory. At the end of the PIP timeframe, the program director or designee must document in writing the outcome of the PIP (e.g. GME Outcome Letter, CCC assessment, etc). This document must be signed by both the program director and resident/fellow. If a resident/fellow fails to satisfactorily meet the expectations documented in the PIP, additional improvement plans, repeating the academic year, disciplinary, or adverse actions may be implemented (see GME Policy #620 – Disciplinary/Adverse Actions). All disciplinary actions including probation, suspension and dismissal will become a permanent part of the resident/fellow training record.

If a Performance Improvement Plan includes an adverse academic action such as an extension of or repeating an academic year, the resident/fellow has the right to appeal the action based on the GME Academic Appeals process (see GME Policy #630). If a resident/fellow chooses to appeal the adverse academic action, the Performance Improvement Plan will be placed on hold until the appeal process is complete.

### **Repeat Academic Year**

Repeating an academic year is an improvement action that may be used in limited situations such as: overall unsatisfactory performance during the academic year, or failure to pass an annual written in-service examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. At least 30 days prior to the end of the academic year, the resident/fellow will receive written notice of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs during the last 30 days of the contract year, the program will provide the resident/fellow with as much written notice of non-promotion as circumstances reasonably allow. A copy of the notification, signed by the program director and resident/fellow, will be sent to the DIO. Resident/fellows receiving notice of non-promotion to the next level of training may implement the GME Academic Appeal process.