



**Department of Medicine  
Internal Medicine Residency Program**

**PROFESSIONALISM/GRIEVANCE**

**Professionalism**

**POLICY**

There has been an increased focus on professionalism in medicine over the past decade. Many within and outside medicine have called for training medical students and residents in order to develop the attributes of medical professionalism. Physicians must recognize their responsibility to meet their obligations to their patients, their communities and their profession.

ACGME Definition of Professionalism - As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**PROCEDURE**

1. Each program will develop a curriculum program to teach medical professionalism.
2. Each program will develop methods to evaluate professionalism as part of the residents' overall evaluation.
3. Each program will develop policies and procedures to handle incidents of unprofessional behavior, including documentation of the incident(s) and counseling of the resident.
4. The assessment of professionalism must begin with a shared definition of the knowledge, skills and attitudes to be assessed. Some of the following sets of behaviors, but not all, comprise medical professionalism. \*
  - Physicians subordinate their own interests to the interests of others;
  - Physicians adhere to high ethical and moral standards;
  - Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served;
  - Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for self, patients, peers, attendings, nurses, and other health care professionals;
  - Physicians exercise accountability for themselves and for their colleagues;
  - Physicians recognize when there is a conflict of interest to themselves, their patients, their practice;
  - Physicians demonstrate a continuing commitment to excellence;
  - Physicians exhibit a commitment to scholarship and to advancing their field;
  - Physicians must (are able to) deal effectively with high levels of complexity and uncertainty;
  - Physicians reflect critically upon their actions and decisions and strive for IMPROVEMENT in all aspects of their work;
  - Professionalism incorporates the concept of one's moral development;
  - The profession of medicine is a "self-regulating" profession, dependent on the professional actions and moral development of its members; this concept includes one's responsibility to the profession as a healer;

- Professionalism includes receiving and responding to critiques from peers, students, colleagues, superiors;
- Physicians must demonstrate sensitivity to multiple cultures;
- Physicians must maintain competence in the body of knowledge for which they are responsible - they must have a commitment to lifelong learning;
- The attributes of altruism and dutifulness.

\*Swick, HM "Toward a Normative Definition of Medical Professionalism" Academic Medicine 75(6):612-6, 2000

It is not possible to list all accounts and behaviors which constitute unprofessional conduct. The following are some common types of unprofessional (and unacceptable) behaviors; cheating on scholarly activities, plagiarism, falsification of data on personnel records, medical records or other official documents, fraud, forgery, altering medical records without approval, sexual harassment, and inappropriate relationships between administrators, faculty and other supervisory personnel and a resident, alcohol or substance abuse, etc. A resident who exhibits a pattern of unprofessional behavior (e.g. repeated incidents) will be suspended and/or terminated from the residency program.

## **Grievance Procedure**

### **POLICY**

The procedures as stated herein are for the purpose of residency matters related to the performance of the Resident of an MUSC-sponsored residency program. The affected Resident may be entitled to a grievance hearing following:

1. A decision of dismissal from a program,
2. Failure to obtain credit for academic work completed as a result of academic deficiencies,
3. Non-reappointment (i.e. non-renewal of the Resident Agreement) or
4. Other matters felt by the Resident to be detrimental to his/her career.

**NOTE: The Resident can be terminated or suspended at any time and without notice if it is determined there is an issue regarding patient safety.**

### **PROCEDURE**

1. Upon receipt of written notice from the Designated Institutional Official (DIO) for GME of a decision leading to an adverse action, a Resident may request a review of that decision by the DIO. The resident must make this request to the DIO within ten (10) business days of receiving that notice.
2. The Resident must submit the decision review request, in writing to the DIO. The DIO, upon receipt of the request may appoint an ad hoc grievance committee of the GMEC and this committee will be convened to review the adverse decision and to advise the DIO. The committee will consist of four Program Directors, one Chief Resident, one faculty member (not from the same department) and one university official. The Resident may choose an additional Program Director to be on the committee and either a faculty member or a university official. If the Resident requesting the review does not choose a Program Director or university official within ten (10) business days of the date of the decision review request or if the Program Director, faculty member or university official is unavailable, the DIO will appoint these individual(s).
3. The committee will meet within ten (10) business days of being named by the DIO. The Resident will be notified, by certified mail, of the date, time and location of the meeting. The committee will review the Resident's record of performance and any relevant documents. The committee may request and consider any additional information as the members deem necessary. The Resident may present any relevant information or testimony from any other MUSC resident, fellow, staff or faculty member. The Resident has the right to be accompanied by one advisor (faculty, family member, attorney or other). Note: Attorneys are not permitted in the grievance hearing to represent the resident. The advisor or an attorney serving as the advisor may not address the committee or pose questions. The advisor may actively advise the Resident but shall have no interaction with other members of the committee.
4. The typical process of the hearing will include the following steps
  - a. Statement of Purpose by the chair of the committee

- b. Introduction of the committee members
  - c. Opening Statement by the Program Director
  - d. Opening Statement by the Resident
  - e. Relevant information/testimonies by MUSC residents, fellows, staff or faculty invited by the Resident
  - f. Questions/clarifications asked of the Resident and Program Director by the committee
  - g. Deliberation by the committee (Closed Session)
5. During the grievance hearing, the committee will review the following issues:
- a. Was the Resident notified of the specific deficiencies to be corrected?
  - b. Was the Resident instructed to correct the deficiencies?
  - c. Was the Resident placed on "formal academic remediation?" (If the Resident was not placed on "formal academic remediation," the Program Director must provide an explanation.)
  - d. Was the Resident's performance reevaluated according to the terms of the remedial program?

After the committee discusses, reviews and considers the four issues above, it will then issue an **advisory opinion** to the DIO. The DIO will review the circumstances of the action and the committee's **advisory opinion** and has the right to disregard the committee's **advisory opinion**.

- 6. If, after review of the committee's **advisory opinion**, the DIO decides the adverse action taken was appropriate, s/he will notify the Resident, via certified mail, the program's decision stands and of the final disposition. (i.e. There is no further review.)
- 7. If, after the review of the committee's **advisory opinion**, the DIO decides the adverse action taken was not appropriate and/or s/he disagrees with the decision by the residency program, the DIO will inform the Resident and the Program Director.
- 8. If an adverse action is overturned by the DIO, the DIO will inform the affected Resident, via certified mail, of the decision. If a decision is made to reinstate the Resident to his/her original status, the DIO and the Program Director will meet with him/her to explain any required terms of reinstatement. The Resident is NOT entitled to legal representation during the reinstatement meeting.
- 9. The decision of the DIO is final.

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