

XV. POLICY ON REMEDIATION, ADVERSE ACTIONS, DUE PROCESS AND GRIEVANCES

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I. References

In accordance with Section IV.D.1.b) of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that provides residents with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension; non-renewal; non-promotion; or dismissal. In accordance with Section IV.E of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident grievances at the program and institutional level and that minimizes conflicts of interest.

II. Definitions

1. Resident: an individual enrolled in a Residency Program. For purposes of this Policy and the School of Medicine's additional GME Policies, "resident" includes "fellows," individuals enrolled in a fellowship (subspecialty) program sponsored by the School of Medicine who has completed a residency program in a related specialty.
2. Residency Program/residency program: an ACGME-accredited residency or fellowship program sponsored by Tulane University School of Medicine.
3. Program Director: refers to the director of a Residency Program.
4. DIO: the Designated Institutional Official who has the authority and responsibility for all Tulane University School of Medicine residency programs. The DIO at the School of Medicine also has the title of Associate Dean of Graduate Medical Education.
5. Administrative Personnel/GME Administration (each a GME Administrator): Program Directors, Program Coordinators, Department Chairs, Clinical Site Directors, and Chief Academic Officers, as applicable.
6. Clinical Competency Committee (CCC): a required body comprising three or more members of the teaching faculty that is advisory to the Program Director and reviews the progress of all residents in the residency program.
7. Probation: a formal level of discipline in which the resident may still engage in the residency program within the confines of a Corrective Action Plan.
8. Remediation: the process of improving resident performance to meet applicable academic standards, requirements, policies or procedures.
9. Suspension: a formal level of discipline in which the resident is temporarily restricted from participating in clinical, didactic or research activities associated with the resident's residency program.

10. Dismissal: the act of ending a resident's participation in a residency program prior to the resident's successful completion of the course of training.
11. Termination: the act of severing employment prior to the expiration date of the resident's contract. If a resident is terminated, his or her resident contract will not be renewed.
12. Non-Promotion (Not Promoted): a decision to not promote the resident to the next post graduate year of training.
13. Non-Renewal (Non-Reappointment): a decision to not renew a resident's contract with the School of Medicine for the next post graduate year of training.
14. Grievance: a process of contesting a decision made by a residency program or the School of Medicine in connection with the evaluation and remediation procedure, or submitting an issue for resolution in accordance with this Policy.
15. Adverse Action: an action taken with respect to a resident which is to be accorded due process consistent with ACGME Requirements or this Policy. Adverse Actions include Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation or other action with respect to which a resident may receive a Fair Hearing under this Policy.
16. Academic/Professional Counseling: advising, counseling or mentoring provided or required of a resident in accordance with this Policy to address an academic or professional deficiency. Academic or professional counseling is often provided by faculty member of the resident's residency program.
17. Misconduct: conduct, willful or otherwise, that seriously departs from standards of professionalism or professional expectations, including standards set by the School of Medicine. Misconduct includes behavior by a resident that endangers patients, peers, staff or faculty; subjects peers, staff or faculty to an unacceptable work or learning environment; or dishonest, unethical and/or illegal behavior.
18. Unprofessional Behavior: conduct, willful or otherwise, that departs from standards of professionalism or professional expectations, including standards set by the School of Medicine or ACGME. Unprofessional behavioral includes, but is not limited to, disrespectful behavior toward faculty, patients, supervisors, staff and/or peers; failing to provide patient and family-center care; poor time management and/or failing to be properly prepared to participate in learning and clinical care activities of a residency program.

III. Policy

A. General Principles

1. Residents are expected to meet and adhere to all academic, clinical, and professional standards set forth in institutional policies, in ACGME requirements and in Tulane University School of Medicine residency program and departmental policies and procedures. Such standards include, but not are limited to, properly documenting case logs, accurately completing and submitting clinical and educational work hours and completing all required institutional, departmental, and participating site forms/documents.
2. Residents who are experiencing difficulties with achieving progress along applicable program milestones or satisfying applicable standards, may require intervention to address specific deficiencies. Interventions will take a variety of forms based on the specific learning needs of the resident. There are also situations that require more significant interventions, that alter the timeline for resident progression as well as incidents that require immediate intervention, adjustment or an Adverse Action. To ensure due process, each residency program is responsible for following this Policy and for having a process, consistent with ACGME Requirements, for evaluating residents in compliance with the School of Medicine's *Policy on Evaluation and Promotion* and the *Policy on Core Curriculum and the Core Competencies*.
3. Residency program leaders are encouraged to use tiered, progressive measures to address clinical underperformance or professional deficiencies, depending on the circumstances, as follows:
 - a. Tier One: Academic/Professional Counseling
 - b. Tier Two: Remediation
 - c. Tier Three: Probation
 - d. Tier Four: Non-Renewal, Non-Promotion, Delayed Graduation, Dismissal and Suspension (Adverse Actions).
4. Tiers may be omitted (skipped) or repeated depending on the frequency, severity and/or nature of the deficiency or conduct.
5. Performance concerns should be clearly communicated to the resident, preferably in writing, as early as possible, in accordance with the School of Medicine's *Policy on Evaluation and Promotion*.
6. Residents are entitled to due process related to Adverse Actions (Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation) regardless of when the action is taken during a resident's appointment.

B. Misconduct

1. Residents, faculty, employees, and staff are encouraged to report Misconduct or

Unprofessional Behavior, including resident Misconduct or Unprofessional Behavior, through the School of Medicine's Professionalism/Environment of Learning Program or directly to a supervisor or residency program leader.

2. Misconduct identified by the residency program or reported to the residency program may be addressed in a tiered manner as set forth herein or may result in immediate Adverse Action, depending on the conduct.

C. Tier One: Academic/Professional Counseling

1. Academic/Professional Counseling is often the first step a residency program should utilize, outside of modifications and adjustments to a resident's individual learning plan, to address resident clinical or professional deficiencies, such as administrative deficiencies or limited clinical deficiencies. Examples of reasons a resident may be placed on Academic/Professional Counseling include, but are not limited to poor chart precepting, failure to complete administrative duties, complaints about the resident's knowledge or communication, or isolated displays of unprofessional behavior.
2. A resident may be placed on Academic/Professional Counseling by the Program Director or their designee, on their own initiative, or on the recommendation of a faculty member, or the Clinical Competency Committee (CCC). The Program Director or designee will establish a faculty member or other advisor, counselor, or mentor for the resident (the "Resident Advisor") to assist the resident in addressing the identified deficiency, conduct or concern.
3. The Resident Advisor is responsible for meeting with the resident, documenting discussions on the resident's deficiency(ies), conduct or concern, identifying goals for the counseling and identifying any specific activities required of the resident to address the deficiency, conduct or concern ("Memorandum of Record" or "MOR"). The resident shall acknowledge receipt of the MOR in writing.
4. The Program Director or the Program's Director designee shall inform the resident that Academic/Professional Counseling is the first step in the School of Medicine's disciplinary and intervention process and that if Academic/Professional Counseling does not resolve the matter, that the resident may be subject to disciplinary action or further interventions, including Remediation, Probation, or an Adverse Action.
5. The Program Director is responsible for determining if a resident has satisfied the elements of the MOR, with input from the Resident Advisor regarding the resident's efforts. A copy of the MOR and the resident's progress as related to the MOR will be maintained by the residency program in the resident's record.

D. Tier Two: Remediation

1. If a Program Director, or the CCC in consultation with the Program Director,

- determines that a resident is not meeting applicable academic standards, including professionalism standards, based on evaluations or feedback, and either has completed Academic/Professional Counseling (Tier 1) or requires stronger or multiple interventions to satisfy academic or professional standards, the resident may be placed on Remediation. Remediation is handled by the resident's Program Director or Associate Program Director designee, in coordination with the CCC.
2. Examples of reasons to place a resident on Remediation include but are not limited to: failure to successfully complete the actions or activities in a MOR/Tier 1 counseling, continued underperformance or deficiencies, a substandard score or "remediation recommended" on a single clinical rotation, the CCC recommends Remediation or an unacceptably poor in-service training exam score as set by each residency program.
 3. A resident placed on Remediation will be notified in writing and informed of their right to address and submit a grievance to the CCC to contest the decision. Residents shall acknowledge receipt of the notification of Remediation in writing. Remediation, unless connected to an Adverse Action (e.g., Non-Promotion), does not serve as grounds for a hearing in accordance with the Grievance and Fair Hearing Procedure section of this Policy. The CCC will review a grievance submitted by a resident pertaining to the Remediation decision and may meet with the resident regarding the Remediation and Academic Excellence Plan, as described below. The final decision placing a resident on Remediation remains with the Program Director.
 4. A resident on Remediation will receive a plan that outlines the terms, goals, and timeframe of the Remediation ("Academic Excellence Plan"). Academic Excellence Plans are developed for the resident by the resident's Program Director or designee, with input from the CCC, and are intended to help the resident improve their performance and end their Remediation.
 5. An Academic Excellence Plan will have the following components:
 - a. a description of the deficiency(ies). Resident deficiencies may relate to one or more of the following areas of performance: medical knowledge; time management and organization; clinical reasoning; communication; patient interaction; attitude and motivation; inter-personal and team skills; professionalism; or procedural or operational skills.
 - b. written feedback from the Program Director on the resident's deficiencies.
 - c. a timeline for the Plan not to exceed sixty (60) - ninety (90) days; however, the Academic Excellence Plan may be renewed.
 - d. performance requirements that the resident must satisfy to end Remediation without further escalation, absent any reoccurrence or new or related deficiencies. Performance requirements must be achievable within the timeline provided.

- e. Consequences for failing to successfully complete these performance requirements.
6. The Plan will include planned efforts by Program leadership or the faculty to help the resident improve. While the resident is ultimately accountable for improvement, the residency program and the residency program leaders are responsible for helping the resident improve.
 7. The resident's performance against the Academic Excellence Plan shall be documented. The resident should have at least one evaluation on their progress at the halfway point on the Academic Excellence Plan. If the resident successfully completes the requirements in the Plan, the resident will be removed from Remediation. If the Program Director and CCC determine that the resident has failed to satisfactorily complete a Plan and/or improve performance, the resident may be:
 - a. placed on an extension of the Academic Excellence Plan,
 - b. placed on Probation,
 - c. asked to either repeat a period of the training, extend training, or
 - d. be subject to Non-Renewal, Non-Promotion, Dismissal or other actions.

If the resident's training is extended, the extension may not exceed six (6) months. If the resident is subject to Non-Renewal, Non-Promotion or Dismissal or if an extension has the effect or may have the effect of Non-Promotion or Non-Renewal, the resident will be provided a written notice of intent of Non-Renewal, Non-Promotion or Dismissal, as applicable, as set forth in Section F. In addition, the resident will be provided a copy of this Policy and asked to sign acknowledgement of receipt.

8. Documentation regarding the resident's Remediation will be maintained by the residency program in the resident's record.

E. Tier Three: Probation

1. Probation is designed to address academic deficits, including, but not limited to, deficits in medical knowledge, time management, organizational abilities, communication skills, procedural skills or professionalism. Probation may also be used to help address professional deficits, including issues of Misconduct. Probation decisions may involve consulting with the DIO and institutional resources, as necessary.
2. Examples of reasons to place a resident on Probation include, but are not limited to: failure to successfully complete an Academic Excellence Plan, a substandard score or "repeat rotation" on a clinical rotation, a recommendation of the CCC after review of

resident performance, Misconduct, ongoing professionalism, behavioral or performance issues, and ongoing low or substandard in-training exam scores as determined by each residency program.

3. Placing a resident on Probation is a decision that is made by the resident's Program Director after the CCC provides input on the resident evaluations and performance with respect to issues of competency or academic/professional performance. Academic/Professional Counseling and/or Remediation may, but need not, precede a determination to place a Resident on Probation. Except in extenuating circumstances (which may include Misconduct), Probation should not be invoked for an isolated incident, including isolated underperformance on in-service examinations. A pattern of deficiencies should generally be documented in the resident's file.
4. Residents on Probation will receive a plan that outlines the terms, goals and timeframe of the Probation (the "Corrective Action Plan" or "CAP").
5. The resident will be notified of their Probationary status in writing and the resident must acknowledge his/her/their receipt of the notification in writing.
6. The resident will be given an opportunity to address and submit a grievance to the CCC and Program Director to contest Probation or the terms of the CAP. The CCC will review a grievance submitted by a resident and may meet with the resident regarding the Probation and CAP. The CCC has final authority on whether to uphold the Probation.
7. CAPs are developed for the resident by the resident's Program Director with input from the CCC. CAPs must be approved by the DIO.
8. The purpose of a CAP is to help the resident improve their performance and end their Probation. The CAP will have the following components:
 - a. a description of the deficiency(ies). Resident deficiencies may relate to one or more of the following areas of performance: medical knowledge; time management and organization; clinical reasoning; communication; patient interaction; attitude and motivation; inter-personal and team skills; professionalism; or procedural or operational skills.
 - b. documentation regarding the resident's deficiencies.
 - c. written feedback from the Program Director on the resident's deficiencies.
 - d. a timeline for the Probation not to exceed ninety (90) days; however, the CAP may be renewed.
 - e. performance requirements that the resident must satisfy to end Probation without further escalation, absent any reoccurrence or new or related deficiencies. Performance requirements must be achievable within the timeline provided.

- f. consequences for failing to successfully complete these performance requirements.
9. A CAP will include planned efforts by the Program Director or the faculty to help the resident improve. While the resident is ultimately accountable for improvement, the residency program and the Program Director are responsible for helping the resident to improve.
10. The resident's performance against the CAP should be documented. The resident should have at least one evaluation on their progress at the halfway point on the Probation timeline.
11. If the resident successfully completes the requirements in the CAP, the resident will be removed from Probation.
12. If the Program Director and CCC determine that the resident has failed to satisfactorily complete the CAP and/or improve performance, the resident may be:
 - a. asked to either repeat a period of the training, extend training, extend probation, or
 - b. be subject to Non-Renewal, Non-Promotion, Dismissal or other action.
13. If the resident's training is extended, the extension may not exceed six (6) months. If the resident is subject to Non-Renewal, Non-Promotion or Dismissal or if an extension has the effect or may have the effect of Non-Promotion or Non-Renewal, the resident will be provided a written notice of intent of Non-Renewal, Non-Promotion or Dismissal, as applicable, as set forth in Section F. In addition, the resident will be provided a copy of this Policy and asked to sign acknowledgement of receipt.
14. Documentation regarding the resident's Probation will remain a part of the resident's file.

F. Tier Four: Non-Renewal, Non-Promotion, Delayed Graduation, Dismissal and Suspension (Adverse Actions)

1. Non-Renewal: In the absence of extenuating circumstances, the resident's Program Director should make the decision not to renew the resident's contract no later than four (4) months prior to the start of the resident's next contract year or year of training; however, Non-Renewal within four (4) months of the end of a contract year remains an option.
 - a. If a resident's contract will not be renewed, the resident must be given written notice of intent not to renew the resident's contract with notice on the opportunity

to appeal this decision to the Program Director. The resident shall acknowledge receipt of the notice of intent in writing. If upon appeal, the Program Director upholds the decision not to renew the resident's contract, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

2. Non-Promotion: The decision not to promote a resident to the next post graduate year of training is based upon a resident's competency as demonstrated through evaluations and achievement of applicable Milestones in compliance with the *Policy on Evaluation and Promotion*, and rests with the residency program's Program Director.
 - a. If a resident will not be Promoted, the resident must be given written notice of intent. The resident shall acknowledge receipt of the notice in writing. The resident must be given an opportunity to appeal the decision to the Program Director and CCC. If upon appeal, the Program Director upholds the Non-Promotion decision, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.
3. Delayed Graduation:
 - a. As is the case of Non-Promotion, if the Program Director determines, based on information from the CCC, that a resident requires extended time in training in order for the resident to satisfy residency program requirements, the resident will be given written notice of intent and the resident shall acknowledge receipt of this intent in writing. The resident will be given an opportunity to appeal the decision to the CCC and the Program Director. If upon appeal, the Program Director upholds the decision to extend training, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.
4. Dismissal:
 - a. Dismissal of a resident can arise, but is not limited to, the following circumstances:
 - i. Academic and/or professional deficits (including gross negligence, inability to develop competency within the field, Misconduct, Unprofessional Behavior, and/or prior Non-Promotion) that, in the discretion of the Program Director and/or DIO, are significant, repeated or severe;

- ii. Abandonment of patient care or training demonstrated by a failure to show to training or work for a series of days without notice or request for leave, pending appropriate consideration of any extenuating circumstances;
 - iii. Failure to participate in, or successfully complete, a CAP; and/or
 - iv. Failure to maintain the requirements of employment, as outlined in the resident contract.
 - b. The decision to dismiss a resident should be initiated by and be made by the resident's Program Director in consultation with the Tulane University Office of General Counsel, the Office of Human Resources and Institutional Equity and the DIO.
 - c. In all cases, the resident will be informed of their Dismissal by written notice of intent to Dismiss, which should be acknowledged, when possible, in writing.
 - d. The resident has a right to appeal the decision and request review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy. The resident will have ten (10) calendar days after being informed of the resident's Dismissal to file a Grievance. If a resident is Dismissed, the resident's contract shall terminate as of the effective date of Dismissal (following the completion of any due process procedures).
5. Suspension: A resident may be Suspended by the resident's Program Director or the DIO if they believe Suspension is necessary. A resident who is Suspended shall receive written notice of the Suspension as soon as reasonably possible following any verbal notice provided to the resident. A Suspended resident may appeal the decision and request review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy. A Resident may be Suspended from a residency program pending appeal of a Dismissal.

G. Administrative Referrals and Interim Leave

1. If a resident is engaged in Misconduct or Unprofessional Behavior or if a resident's clinical performance is assessed by a GME Administrator to require prompt review, the matter may be referred to the DIO, to allow for an evaluation. Such referrals are referenced herein as the "Administrative Referral Pathway."
2. At the discretion of the DIO, the resident may be placed on interim leave (an "Interim Leave"). Pay and benefits will continue during Interim Leave. An Interim Leave is not disciplinary in nature, but is designed to provide the DIO with sufficient time to investigate the referral.
3. To make a referral of a matter using the Administrative Referral Pathway, a GME Administrator must submit a written request to the DIO. Alternatively, the DIO may

directly initiate the Administrative Referral process.

4. Upon receiving or initiating the request, the DIO, with the assistance of Tulane University Office of Human Resources and Institutional Equity or other resources as appropriate, will conduct an evaluation or investigation of the resident or the incident leading to the referral, which review or investigation may include, but is not limited to: a review of the resident's file, review of police or incidents reports (if applicable), interviews with the resident, interviews with faculty or other members of the School of Medicine or interviews of individuals at participating sites.
5. After completing the review, the DIO will render one of the following decisions:
 - a. The resident requires no corrective action and will be reinstated. The referring GME Administrator will be informed of the reinstatement.
 - b. The resident requires Remediation without Probation. The resident will be reinstated and the DIO will work with the resident's Program Director to design an appropriate Academic Excellence Plan. The GME Administrator who made the referral will be informed that the resident will be working through an Academic Excellence Plan.
 - c. The resident is considered by the DIO to require Probation, in which case the resident's Interim Leave will be lifted, but that matter will be referred by the DIO to the resident's Program Director and CCC to allow for further review of whether Probation is appropriate. The Program Director, in collaboration with the program's CCC, will review the applicable circumstances, including inciting events if any, and the resident's performance evaluations. If the Program Director and CCC determine that the resident does not require Probation, the resident will be reinstated, either with no further action required, or an Academic Excellence Plan without Probation. If either the CCC or the Program Director determines that Probation is appropriate, the Probation section of this Policy will be followed.
 - d. The resident remains on Interim Leave and is referred to The Resident's Assistance Program by the DIO in accordance with the *Resident Wellness and Residents' Assistance Program* policy. After the resident has been referred, Administrative Personnel should not communicate with the resident or the Residents' Assistance Program regarding the resident or his/her impairment.
 - i. The Residents' Assistance Program is generally intended for residents who require behavioral health services, and/or for the identification and treatment of residents with psychiatric, substance abuse or other impairment. If the resident refuses to be evaluated by The Residents' Assistance Program for fitness for duty or further referral, the resident may be Dismissed. The resident has a right to appeal this decision and may request review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this

Policy.

- ii. Upon completion of an evaluation, the Residents' Assistance Program Director will communicate the results of the evaluation to the DIO, who will in turn, notify the resident's Program Director.

e. The resident is Dismissed.

H. Grievance and Fair Hearing Procedure

1. A resident may submit a grievance with respect to a Remediation or Probation decision in accordance with the procedures set forth in Section D (Remediation) and Section E (Probation), respectively. A resident with a concern related to the resident's educational experience, including a concern regarding a program's curriculum, rotations or a learning and working environment, may communicate the concern or issue in person or by email to either their Program Director or to the GME Office to avoid a conflict of interest. If an issue or concern is reported by a resident to the resident's Program Director, the Program Director shall work directly with the resident to resolve the issue or concern. If an issue or concern is reported by a resident to the GME Office, a GME Office representative or a graduate medical education leader will work with the resident to resolve the issue, which may include elevating the issue or concern to the DIO or referring the matter to appropriate Tulane University offices or resources to address the issue or concern. Perceived inappropriate treatment of a learner, or of any member of the learning environment, may be reported via the School of Medicine's Environment of Learning platform. <https://medicine.tulane.edu/student-affairs/professionalismenvironment-learning-program>.
2. A resident may request a hearing on an Adverse Action by a Grievance and Fair Hearing Committee, following any appeals in Section F, in accordance with the procedures set forth below.
3. A request for hearing must be filed in writing within ten (10) calendar days of the resident's receipt of notice of the Adverse Action. The request should describe the reason for requesting the hearing, the basis upon which the request for a hearing is being made and shall be dated as of the date of submission of the request. A resident who fails to submit a written request within 5 days of receipt of notice of an Adverse Action, shall be deemed to have waived the right to an appeal, and the Adverse Action(s) set out in the notice of Adverse Action will immediately become final.
4. The request must be addressed to the DIO and submitted to the GME Office.
5. Following receipt of a request for a hearing, the DIO will promptly begin to form the Grievance and Fair Hearing Committee. The Grievance and Fair Hearing Committee will consist of a Chair who will be a non-voting member of the Committee, and the following five voting members appointed by the DIO or by the Associate DIO in the

event of a conflict of interest of the DIO:

- a. Three (3) faculty members from a program other than the resident's program (at least two of whom from departments other than the department that includes the program); and
 - b. Two (2) residents from residency programs other than the program of the resident who has filed the Grievance and Fair Hearing notice.
 - c. The DIO shall not serve on the Fair Hearing Committee.
6. The Chair of the Grievance and Fair Hearing Committee, together with the other Committee members, must be chosen, and the resident must be notified of who the members are within a reasonable time (generally within twenty-one (21)) days barring extenuating circumstances) from the date the resident submitted a written request for a hearing. The DIO or the Associate DIO shall make the necessary appointments to the Fair Hearing Committee if the Committee has not been formed within fourteen (14) days of the resident's hearing request.
 7. The resident, within five (5) days of receiving notice of the Committee members, may formally submit an objection to the participation of one or all of the Hearing Committee members. In the objection, the resident must provide reasonable evidence that the objected to member(s)' participation on the Fair Hearing Committee would represent a conflict of interest or unduly bias the proceedings. The Chair of the Grievance and Fair Hearing Committee will make the decision as to the whether the resident has established reasonable evidence that the member has a conflict of interest or will unduly bias the proceedings.
 8. Unless sooner requested by a resident in writing, the Committee shall commence the hearing within forty-five (45) days from the date of the resident's written request for review or forty-five (45) days from finalization of the Fair Hearing Committee members, if there are objections to the initially appointed members.
 9. At least five (5) business days before the hearing, both the resident and the School of Medicine shall submit lists of any witnesses or individuals that may participate in the hearing at the request of the resident or of the School of Medicine, respectively, and copies of any documents to be presented at the Grievance and Fair Hearing. The documents to be presented at the hearing shall be delivered to the Chair of the Grievance and Fair Hearing Committee.
 10. If the resident fails to appear and has not provided notice to the Chair of good reason/cause (illness, family emergency), the hearing will proceed without the resident and the Grievance and Fair Hearing Committee will render a decision despite the resident's absence. A resident who fails to appear absent notice of good reason/cause will be deemed to have waived their right to contest the Grievance and Fair Hearing Committee's decision.

11. The resident and the School of Medicine may have an advisor present at the Grievance and Fair Hearing, which may include counsel. The resident or counsel may ask questions of witnesses. The Chair of the Grievance and Fair Hearing Committee may exclude irrelevant or immaterial evidence or information.
12. The hearing shall not be subject to formal rules of evidence or procedure, but the resident and the School of Medicine shall be permitted to submit relevant information and evidence, may present witnesses, and must allow the other party to ask questions of such witnesses. The resident has the burden of showing, by a preponderance of the evidence, that the Adverse Action was improper or not supported by the record taken as a whole.
13. The hearing may be recorded for use in deliberation by the Grievance and Fair Hearing Committee. A copy of the recording shall be provided to the resident upon request. Only the members of the Fair Hearing Committee may be present for Committee deliberations. No party, representative or witness may be present or participate in deliberations. The Grievance and Fair Hearing Committee decision shall be reached by a majority vote of all of the voting members that were present at the hearing.
14. The Grievance and Fair Hearing Committee's decision and written findings shall be delivered in writing to the Dean of the School of Medicine, to the DIO and the resident within ten (10) business days of the conclusion of the hearing.
15. The Dean of the School of Medicine shall review the hearing record. The Dean may call for further evidence/information or argument and may affirm, reverse, or modify the decision. The decision of the Dean of the School of Medicine is final.

I. Reporting

1. The School of Medicine will make reports to the Louisiana State Board of Medical Examiners, the Physicians Health Foundation of Louisiana and other agencies or organizations as required by applicable law or regulations.
2. Each Program Director is responsible for reporting any of the Adverse Actions included in this Policy to the DIO and the DIO is responsible with reporting these incidents to the appropriate agencies or organizations.

V. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education XVI. *Resident Wellness and Residents' Assistance Program*
- Tulane University School of Medicine, Graduate Medical Education XIV. *Policy on Evaluation and Promotion*

- Tulane University School of Medicine, Graduate Medical Education X. *Policy on Core Curriculum and the Core Competencies*