



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

DEPARTMENT of SURGERY  
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**UNC Department of Surgery  
General Surgery Residency Program  
Promotion, Academic Improvement and Grievance Policy**

**Evaluation and Promotion**

The surgery program will seek to provide ongoing feedback to residents regarding performance.

This will manifest in several ways including (but not limited to):

- Ongoing feedback by senior residents/fellows and attendings regarding day-to-day work
- Evaluations completed after each rotation assignment
- Evaluation bi-annually by the Clinically Competency Committee of the department of surgery
- Completion of Surgery Milestones twice a year
- Bi-annual meetings with the program director
  - o Information reviewed to include comparative summary of performance based on evaluations as compared to peers, review of any commentary from faculty or CCC meetings, evaluations from students, review of in-training exams, review of mock oral exams, review of case logs/operative experience, review of milestones
  - o The program director will notify the resident at these meetings of any areas in need of focused improvement
  - o A plan for improvement over the next 6 months of training (regardless of any areas of focused improvement) will be developed with the resident and reviewed at the subsequent meeting

In accordance with ACGME guidance, the CCC will make a recommendation each year regarding the promotion of each resident. The program director will ultimately make the decision regarding promotion.

In the circumstance that a resident is deemed to not be making appropriate progress in their training, please see below regarding notification and subsequent actions. These are developed in concert with the UNC GME policies on 1. Academic Improvement and 2. Resident Eligibility and Selection for Recruitment and Appointment; Promotion; and Suspension, Non-Renewal, Non-Promotion or Dismissal both of which can be referenced here:

<https://www.unccmedicalcenter.org/unccmc/professional-education-and-services/office-of-graduate-medical-education/gme-policies/>

## **GRIEVANCES**

It is the policy of this Program to encourage fair, efficient, and equitable solutions for problems that arise out of the appointment of the Resident Physician to the Program. Grievances may involve payroll, hours of work, working conditions, clinical assignments, and issues related to the Program or faculty, or the interpretation of a rule, regulation, or policy. If a Resident Physician has a grievance regarding a clinical service, they should first attempt to resolve it by consulting with (1) the most senior resident on the involved service; (2) the Chief of the involved service; (3) the Program Director; or, (4) the Department Chairperson (in the order specified). If the grievance of the Resident Physician is not related to a specific clinical service he or she should first attempt to resolve it by consulting with the Program Director or the Department Chairperson (in that order).

## **DISCIPLINARY ACTION, SUSPENSION OR DISMISSAL (In conjunction with the UNC Hospitals Policy on Handling Academic or Performance Problems)**

### **1. Academic**

In the event a Resident Physician encounters difficulty meeting and/or maintaining performance standards (academic difficulty), the Resident Physician should seek out the advice and guidance of his/her advisor or the Program Director. Likewise, if the Program Director knows that a Resident Physician's performance is unsatisfactory; he or she must contact the Resident Physician and provide adequate written notice with a letter of deficiency and guidance to the Resident Physician about his or her performance and possible corrective action, including possible outcomes of failure to correct deficiencies.

As outlined in the *UNC GME Policy on Academic Improvement* (which can be referenced here: <https://www.uncmedicalcenter.org/uncmc/professional-education-and-services/office-of-graduate-medical-education/gme-policies/>), after providing a letter of deficiency, if the Program Director determines that a resident/sub-specialty resident is not meeting academic standards, or has failed to satisfactorily correct the deficiencies, it is considered a Failure to Cure the Deficiency, and the resident/sub-specialty resident will be given written notice as outlined in the above referenced GME policy. In determining whether there has been a Failure to Cure, the Program Director may consider the following:

- review of the entire academic record
- subjective and objective assessments and evaluations
- feedback from the faculty
- feedback from the Clinical Competence Committee

In the event of a Failure to Cure, the Program Director may elect, after consultation with the Office of Graduate Medical Education and Designated Institutional Official, to take further action, which may include one or more of the following steps:

1. Provide an Additional Letter of Deficiency, OR
2. Give written notice that one or more of the following actions (each of which are considered “Reportable Actions”) will be taken:
  - a) Election not to promote to the next PGY level
  - b) Requiring the repeat of a rotation that in turn extends the required period of training
  - c) Extension of contract, which may include extension of the defined training period
  - d) Non-renewal of contract
  - e) Denial of credit for previously completed rotations
  - f) Election to non-reappoint at the conclusion of the current academic year
  - g) Suspension from the residency or sub-specialty residency program
  - h) Dismissal from the residency or sub-specialty residency program

Under any circumstances in which the Program Director determines that the unsatisfactory performance of the Resident Physician may constitute an immediate threat to patient safety, he or she (in consultation with the Designated Institutional Official or his/her designee) may immediately suspend or reassign the Resident Physician pending a final decision by the Program Director regarding the ability of the Resident Physician to continue in the Program. The DIO, or his/her designee, is available to the Resident Physician to review those instances of no-reappointment, suspension or dismissal in which the Resident Physician believes that this academic corrective action was not justified or improper. The Resident Physician who faces disciplinary action, suspension or dismissal may file an appeal in accordance with the *University of North Carolina Hospitals House Staff Appeal Procedure*.

## **2. Other / Additional Corrective Actions**

In the event allegations of scholastic dishonesty, theft, or allegations of conduct that is prohibited by University of North Carolina Health Care System (UNC HCS), The University of North Carolina System, or by federal, state or local law, are levied against a Resident Physician, the Program may seek to terminate the appointment of the Resident Physician prior to the end of the appointment term. In any event in which it is determined that a Resident Physician constitutes a threat to patient safety, the Resident Physician may be immediately suspended or reassigned pending an inquiry by the Program Director. If allegations are levied against the Resident Physician that may be subject to such action, the Program Director will conduct an investigation into the allegations. If the investigation reveals that the allegations appear to be substantiated, notice of the allegations will be discussed with the Resident Physician and a written summary will be forwarded to the GME Office. The Resident Physician who faces disciplinary action, suspension or dismissal may file an appeal in accordance with the *University of North Carolina House Staff Appeal procedure*.

## **3. NON-REAPPOINTMENT**

In instances where a resident's appointment is not renewed, the Program Director will provide the resident with a written notice of intent not to reappoint. The resident will be provided with as much written notice of the action as possible. The Resident Physician may appeal the non-reappointment decision in accordance with the *University of North Carolina Hospitals House Staff Appeal Procedure*.