

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Subject:	GRIEVANCE POLICY
Effective Date:	July 1, 2022
Distribution:	All ACGME-accredited, ABMS-accredited and GMEC-approved programs

INTRODUCTION:

Bridgeport Hospital seeks to provide a supportive and inclusive educational, training and professional environment. The Bridgeport Hospital Graduate Medical Education (GME) community seeks to foster sound communications between specialty residents, subspecialty fellows (hereafter known as “residents”) and their training program leadership, faculty and their respective chiefs of service, and to ensure that problems arising within the programs are appropriately discussed and resolved.

The purpose of this “Grievance Policy” is to provide a formal mechanism to resolve specific matters that cannot be resolved through discussions or processes within the resident’s program, and is only applied after reasonable efforts have been made to settle the matter informally.

It is the intent of this policy to insure compliance with ACGME requirements:

IV.D.1.b): The Sponsoring Institution must have a policy that provides residents/fellows 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.

APPLICATION AND DEFINITIONS:

This policy shall apply to all specialty and subspecialty residents in ACGME-accredited, ABMS-accredited, other society or professional organization accredited and GMEC-approved training programs who are employed under a contract with Bridgeport Hospital.

GRIEVABLE MATTERS:

A grievance may be brought forward by residents to appeal perceived violations of terms or conditions in the resident’s written contract, unequal or unfair application of hospital policies, disciplinary actions including suspension, probation or dismissal, and non-disciplinary actions such as non-renewal of a resident’s appointment, delayed promotion to the next PGY level due to competency or milestone deficiencies, or termination of a resident’s appointment prior to the end of the contract term due to failure to achieve milestone benchmarks of a performance improvement or individual learning plan.

THE FOLLOWING ARE NOT GRIEVABLE UNDER THIS POLICY:

(1) Complaints related to sexual harassment or sexual misconduct must be made pursuant to the hospital’s policy. Residents with a concern of sexual harassment will be encouraged to seek the guidance of the Designated Institutional Official (DIO) in advancing their concern and to provide support and referral for resources throughout the process.

- (2) Violations of Title VII (acts of discrimination against protected classes under federal law) must be directed to the hospital Compliance Officer. Residents with a concern of discrimination will be encouraged to seek the guidance of the DIO in advancing their concern and to provide support and referral for resources throughout the process.
- (3) Complaints of academic fraud/scientific misconduct must be brought to the attention of the DIO.
- (4) Complaints that do not involve the resident's education, training or professional activities or institutional policies.

POLICY AND PROCEDURE:

When an incident forming the basis for a grievance arises, the resident must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination or reprisal. Each participant in a grievance shall do his or her part to protect this right.

So that residents are aware of their right to appeal a grievable matter and meet the timelines, they must be provided with a copy of the grievance policy at the time they are notified of a decision regarding disciplinary actions, including suspension, probation or dismissal, and any grievable non-disciplinary actions, such as non-renewal of a resident's appointment, delayed promotion to the next PGY level due to competency or milestone deficiencies, or termination of a resident's appointment prior to the end of the contract term due to failure to achieve milestone benchmarks of a performance improvement or individual learning plan.

To be accepted for consideration, a grievance must be initiated by the resident within fifteen (15) working days of the time he/she first had knowledge of the incident that gave rise to the grievance. The DIO shall then meet with the resident to review the grievance policy, procedures and timeline.

All time limits specified in this policy refer to working days, defined as Monday through Friday, excluding hospital holidays.

- A. To achieve a prompt resolution of a resident's grievance, the action at each step of the grievance procedure shall be taken as rapidly as possible, but not later than the prescribed time limits. In the event of extenuating circumstances, a brief extension may be made by mutual agreement of the DIO and the grievant.
- B. Grievance meetings shall be scheduled at times which are mutually satisfactory to all parties concerned. No resident, faculty member, member of the grievance panel, administrator or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.
- C. Residents presenting a grievance are encouraged to obtain the assistance of another hospital employee of his/her choice in preparing and presenting their grievance. Other outside individuals, including attorneys, are not permitted to participate directly in the grievance process, though consultation with an attorney is permitted.

D. The first grievance appeal that a resident brings forward shall be handled as described in the Step 1 process below. If a resident is not satisfied with the outcome of the Step 1 grievance, they may pursue a Step 2 grievance according to the process outlined below. All issues to be raised in a grievance must be raised from the first step, and may not be introduced for the first time in Step 2 without having been previously raised in Step 1.

E. At each step of the grievance, the resident must prepare a written summary of the complaint, facts, information accumulated and the remedy or outcome being sought. This must be forwarded to the Manager of GME Programs, whose name and contact information will be provided to the resident by the DIO. All issues to be raised in a grievance must be raised from the first step and may not be introduced for the first time in Step 2 without having been previously raised.

F. The Manager of GME Programs will serve to ensure that the procedure for the grievance is adhered to at each step.

G. At the conclusion of each step of the grievance procedure, the Chair of the Grievance Panel for Step 1, and the Chief Medical Officer for Step 2, shall send a copy of the written decision which includes an explanation of the reasoning behind the decision to the DIO. The Manager of GME Programs will provide a copy of the written decision to the resident, the hospital's Sr. Associate General Counsel and the trainee's Program Director. The letter will be addressed to the DIO and the hospital's Sr. Associate General Counsel.

H. All information obtained in connection with a grievance, whether provided in writing or through interviews, shall be treated in a confidential manner by all parties involved. Only the outcome and disposition will be recorded and maintained in the resident's file. A copy of all documents referenced in the grievance will be maintained in the GME office.

I. Data regarding numbers of grievances, their general subject matter and their departments, as well as their final outcomes, will be reviewed annually by the Graduate Medical Education Committee (GMEC). To maintain resident confidentiality, only the number of grievances and their outcomes for the prior academic year will be presented as an agenda item at the June meeting of the GMEC each year.

ADMINISTRATIVE PROCEDURES:

The steps for filing a grievance are detailed below. A grievant may discontinue this procedure at any point by informing the DIO that they wish to withdraw the grievance.

A. STEP 1—GRIEVANCE PANEL

A five (5)-member "Grievance Panel" will be formed to hear the Step 1 grievance. The panel will consist of the following:

- (1) Two (2) chief residents or final-year residents selected by the resident pursuing the grievance. The selected individuals must not be a part of the resident's specialty, have a social relationship with the resident, have worked directly with the resident and/or have prior knowledge of the grievance.

- (2) One (1) residency or fellowship Program Director selected by the DIO, not from the resident's specialty, and who has not worked with the resident or have prior knowledge of the grievance.
- (3) One (1) medical staff member selected by the DIO who is not from the resident's specialty, and who has not worked with the trainee or have prior knowledge of the grievance.
- (4) One (1) hospital administrator selected by the DIO not from the resident's specialty, and who has not worked with the resident or have prior knowledge of the grievance.
- (5) The DIO will email each selected panel member to inform them that a grievance has been submitted and that they have been identified as a person to serve on the Step 1 Grievance Panel. This will be followed by a confidential phone call where the DIO explains the Grievance Policy, verifies the panel member's availability and willingness to serve, and then shares the name of the resident bringing the grievance forward to verify if there is a conflict of interest, if they are aware of the grievance or have worked directly with the resident.
 - (a) If a conflict of interest is identified, the proposed panel member is excused and reminded that all information related to this matter is confidential and must not be shared.
 - (b) The DIO will then inform the resident of the conflict of interest, and a panel member will be selected following the guidelines above.

Diversity

The individuals selected by the DIO should ensure a diverse representation of gender, race, sexual orientation, religion or other protected class, and experience on the panel, especially as it may relate to the grievance or resident pursuing the grievance.

Mutual Approval

The DIO and the resident pursuing the grievance must each approve of all five (5) individuals on the Grievance Panel. If there is an identifiable possible conflict of interest, they will each have the opportunity to request appointment of a different member of the panel.

Ally/Ombudsperson

The resident will be encouraged to select an ally who is present throughout the grievance process. This person can be a faculty member or another resident. If the resident does not have an individual to select as an ally, the resident will have the opportunity to select an ombudsperson from a given list of faculty members who have volunteered to serve in this capacity.

B. STEP 2—GRIEVANCE PANEL TIMELINE AND GRIEVANCE REVIEW PROCESS

Within ten (10) working days of when the Grievance Panel is formed, the panel will meet with the DIO and the hospital Sr. Associate General Counsel, who will explain the grievance process, review the responsibility of the panel, including timelines, and answer questions.

Responsibilities of the panel include review of the grievance, development of the facts and information which are relevant to the grievance, conducting interviews with relevant parties and issuing a written consensus decision. The panel will appoint one member to serve as Chair, and this

person will be responsible for facilitating interviews and communicating with the DIO regarding any clarifications, arranging interviews and the final consensus recommendation of the panel.

The Grievance Panel shall meet with the resident within fourteen (14) working days of the initial panel meeting.

The panel's final consensus decision shall be issued within fourteen (14) working days of the meeting with the resident. The Chair of the Grievance Panel shall submit this written decision to the DIO, who will provide a copy to the resident, the hospital's Sr. Associate General Counsel and to the resident's Program Director.

C. STEP 2—CHIEF MEDICAL OFFICER

If the resident is not satisfied with the resolution of the grievance at Step 1, the resident may appeal to Step 2 of the grievance procedure. This appeal must be in writing and comply with the requirements of paragraph D under Policy and Procedures above. The Step 2 grievance must be submitted to the Manager of GME Programs within seven (7) working days after receiving the Step 1 decision. He/she will deliver the appeal to individuals who will hear the Step 2 grievance. In the event a grievance is not appealed to Step 2 within seven (7) working days, the Step 1 decision shall be considered final.

A second step grievance will be reviewed by the Chief Medical Officer or DIO.

The Chief Medical Officer or DIO shall meet with the resident within fourteen (14) working days after receiving the Step 2 appeal. The Chief Medical Officer or DIO shall conduct a review of the grievance and reach a written decision promptly. The decision of the Chief Medical Officer or DIO shall be issued within ten (10) working days of his/her meeting with the resident, and shall be deemed final and binding on all concerned parties.