The purpose of corrective action is to assist residents in changing their behavior or performance to meet expectations established by MHS.

Violation of company policies and rules and/or performance deficiencies and Methodist Excellence standards may warrant corrective action. Job performance issues are generally handled using a performance improvement plan to support the resident achieving satisfactory improvement. Ultimately, however, if deficiencies are not corrected, the resident should be terminated. Some actions may be considered serious enough to warrant dismissal for a first offense.

Sometimes behavior is alleged that requires that the resident be removed from direct care during that investigation. In that instance, the Program Director may place the resident on administrative leave. After a review of the facts has been completed, the resident will be notified of the outcome of the investigation and their employment status.

If the result of an investigation determines that the events of the issue do not warrant termination, then the resident will be paid for the days missed. Corrective action, if any, will be based on the results of the investigation.

**Corrective Action for Conduct Deficiencies**

There are four general types of corrective action when a resident fails to meet expected levels of conduct: verbal counseling, written warning, final written warning, and termination of employment. The corrective action policy allows the Program Director to select the type of discipline based upon the facts and circumstances of the particular situation.

When an offense is repeated, it is typically appropriate to escalate the level of corrective action. When a resident is already on corrective action for one offense has another unrelated offense, it is typically appropriate to consider the second offense on its own merits. However, in the case of the resident who has multiple violations of different rules, a more serious level of corrective action may be applied for the multiple infractions then would normally be applied for any one of them.

1. **Verbal Counseling**: This is generally the first step. Depending upon the severity of the issue, a resident might receive several verbal warnings before progressing to a more severe form of discipline. Or, for a serious problem, this step might be skipped. Verbal counseling should be documented.
2. **Written Counseling**: Written counseling is used when a verbal counseling has been insufficient to correct the behavior or when documenting a more serious offense.
3. **Final Written Warning**: Most conduct ought to be corrected before a final written warning is necessary. The final written warning should be used when another violation of policy/rule is likely to result in termination. Once a resident has received a final written warning, any reoccurrence of the same infraction during their tenure with MHS may result in termination.
4. **Termination from employment:** Termination from employment is typically the final outcome after a resident fails to correct a behavior for which they have received counseling. However, the most serious offenses can result in termination of employment for the first offense.

**Determining the appropriate level of discipline**

The following examples of various types of offenses are not all-inclusive but are intended to provide guidance for determining the appropriate level of corrective counseling. Program Directors should consult with the GME office before administering a final written warning or terminating employment of any resident. Program Directors are encouraged to call the GME office any time they would like to discuss a discipline situation.

The following offenses are typically first addressed with a *verbal counseling*. These offenses may include, but are not limited to:

- Failure to use personal protective equipment and failure to comply with safety precautions.
- Violation of the MHS solicitations and distributions policy.
- Eating / drinking in a patient care area.
- Failure to observe traffic and parking regulations on facility premises.
- Attending to personal affairs on MHS time, including excessive personal phone calls or visitors, without permission.

The following offenses are typically secondly addressed with a *written counseling* or is a more serious offense. These offenses may include, but are not limited to:

- Failure to use personal protective equipment and failure to comply with safety precautions.
- Violation of the MHS solicitations and distributions policy.
- Eating / drinking in a patient care area.
- Failure to observe traffic and parking regulations on facility premises.
- Attending to personal affairs on MHS time, including excessive personal phone calls or visitors, without permission.

The following will typically result in a written or *final written warning* for the first offense. These offenses may include, but are not limited to:

- Violation of the anti-harassment policy.
- Actions or conduct detrimental to patient care, customer service, or hospital operations.
- Refusal to report for work, without acceptable justification, when needed in times of emergency call-in, disaster, etc.
- Misuse or unauthorized disclosure of confidential information, including unauthorized access or copying facility records (including patient medical charts or personnel files), unauthorized review / release of customer / patient information or other MHS data in violation of the IS information security policy.
- Unauthorized recording (audio and/or video) of company business by a resident.
- Violation of safety standards, or other standards, which compromises the physical well being of patients, or which could result in substantial damage to equipment, such as smoking in hazardous areas.
- Violation of the information systems policy, including accessing one’s own medical record without prior approval.
- Creating or contributing to unsafe or unsanitary conditions.
- Eating food intended for patients.
- Carelessness which results in destruction or damage to company property.
- Use of vile, intemperate or profane language.
- Gambling on facility premises or via the internet.
The following offenses will typically result in termination for the first offense. These offenses may include, but are not limited to:

- Failure to maintain necessary licensure, certification, ethics training, etc. as required under Resident compliance policy.
- Theft, embezzlement, fraud.
- Threatening, intimidating, or coercing patients, customers, residents, or others.
- Possession of weapons, firearms or explosives on the premises.
- Physical altercations / fighting.
- Payroll fraud, including recording the time of another resident or other improper uses of another resident’s or your own badge.
- Falsifying records, including the employment application.
- HIPAA violation with potential for patient harm.
- Insubordination such as repeated refusal to perform job duties or cursing or yelling at the Program Director.
- Violation of the MHS substance abuse policy or refusal to be tested.
- Willful damage of company property or facilities.
- Unauthorized use and/or removal of facility property from premises.
- Inappropriate access of internet sites for pornography.

Corrective Action for Performance Deficiencies

A performance improvement plan should be initiated when any job function is rated “does not meet expectations” on the resident’s feedback or between feedbacks if the resident’s job performance is below expectation. Examples of performance deficiencies include questionable clinical judgments and problems meeting performance expectations for the resident’s job.

Third Party Participation/Recording

Conduct and performance issues are between the Company and the resident. Therefore, third party representative such as a coworker, family member, attorney, etc. are not typically included in performance or corrective action discussions. In the event that an resident requests that a third party be present in a corrective counseling or performance improvement plan discussion, or brings a third party representative to a planned performance or corrective action meeting, the program director should contact the GME office immediately.

Recordings of conversations between program directors and residents are not permitted. If a resident requests to record the conversation, remind him/her that recordings are not permitted but that he/she will receive a copy of any corrective action and have the opportunity to add comments.

Refusal to Sign Corrective Action

In the unlikely event that a resident refuses to sign acknowledging that the discussion took place, the resident should be reminded that his/her signature on the corrective action form indicates only acknowledgment of the corrective action discussion. If the resident still refuses to sign the corrective action form, the program director should call another faculty member into the room as a witness. The program director should explain that he/she has discussed the form with the resident and explain again to the resident that signing the form does not mean the resident agrees with it but only that the resident acknowledges that the form was discussed by them. If the resident still refuses to sign, the program director and the witness should both sign and date the form noting that the resident refused to sign. The original of the Corrective Action Form and copies of any supporting documentation should be forwarded to the GME office. Both the program director and the resident should keep a copy of the Corrective Action Form.
Recurring Conduct/Performance Problems

Verbal and written counseling are generally considered fully corrected after a year with no reoccurrence so future occurrences would be treated as a first offense. Final written warnings are generally considered in force for the resident’s entire tenure with MHS or until a sustained improvement has been realized. If performance deteriorates again after a resident on a Performance Improvement plan has achieved satisfactory improvement, the resident may be placed on another Performance Improvement Plan or immediately terminated dependent upon the new situation’s relationship to the former one. Program Directors should contact the GME office for guidance.

Completing a Corrective Action Form

Program Directors should use the Corrective Action Form to document counseling, performance improvement plans, and terminations due to a conduct or performance deficiency. The form contains three sections.

Section I

Identifies the resident and the action being taken. In Section I the program director should specify whether the nature of the deficiency is conduct, performance or attendance and the action being taken, e.g., verbal/written counseling or initial performance improvement plan.

Section II

Is made up of four parts:

I. Description of inappropriate behavior, policy violation, or performance deficiency
   a. The manager should use this area of the form to describe when and what happened that is resulting in this counseling.

II. Expected Behavior/Performance Improvement Plan
   a. If this is a conduct issue, the manager should simply state the behavior that is expected in the future, e.g., do not address others using profane language.
   b. If the resident is not performing satisfactorily, this area should be used to document the Performance Improvement Plan that should include:
      i. A clear definition of the expected performance level, including measures or acceptable thresholds.
      ii. What the Program Director will do to assist the resident in meeting the expected performance level and planned follow-up discussions.
      iii. A maximum time frame for bringing the actual performance to an acceptable level.

III. Next action if resident does not meet the expected improvement
   a. This section should make clear to the resident what will most likely happen if the conduct or policy violation described in part I reoccurs or if the Performance Improvement Plan does not result in satisfactory improvement, e.g., “future violation may result in additional action up to and including termination” or “will most likely result in termination.”

IV. Resident Comments
   a. This section is intended to provide the resident with an opportunity to write down a response or rebuttal to the action. Residents should be offered the opportunity to comment but are not required to do so.

Section III

Documents that the corrective action form was covered with the resident. Both the resident and the program director should sign and date the form at the conclusion of their corrective action discussion. The original of the Corrective Action Form and copies of any supporting documentation should be forwarded to the GME office. Both the program director and the resident should keep a copy of the Corrective Action Form.