

Policy Title	Disputes and Complaints
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POLICY	
PURPOSE	<p>Define and outline a mechanism for submitting, processing, and resolving resident disputes and complaints related to the institution/hospital, residency program, PD, or other faculty or staff member where such issues are managed professionally, as well as maintaining collegiality. This policy is not for adverse actions that may warrant Due Process. For these issues, please see Grievance and Due Process.</p> <p>MHS is committed to providing a learning environment in which all employees are treated with professionalism and respect and where residents are able to express themselves free from any fear of retribution or retaliation.</p>
SCOPE	<p>The policy applies to all MHS-sponsored GME residency training programs, both accredited and non-accredited. The term “resident” refers to all graduate trainees (interns, residents, fellows) in all postgraduate training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by ACGME, Residents are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
ACRONYMS	<p>ACGME — Accreditation Council for Graduate Medical Education CAO — Chief Academic Officer CMO –Chief Medical Officer DIO — Designated Institutional Official GMEC — Graduate Medical Education Committee MHS — Memorial Healthcare System OAA – Office of Academic Affairs PD — Program Director RRC — Resident Review Committee</p>
DEFINITIONS	
PROCEDURES	<p>SUBMISSION OF A COMPLAINT OR DISPUTE</p> <ol style="list-style-type: none"> 1. Residents are encouraged to initially bring concerns or complaints to the attention of the Faculty member, Mentor, Chief Resident, Associate Program Director or Program Director as needed. 2. If the issue involves the PD, the resident can bring the concern to the DIO. Similarly, if the DIO is involved in the matter or the resident feels that it is necessary to discuss the complaint with a leader outside of the GME reporting structure, the MHS Chief Quality Officer or MHS Chief Medical Officer should be approached by the resident. The involved parties shall make a good faith effort to resolve the complaint in an informal, professional, and constructive manner. 3. If the concern or complaint is not resolved, the resident may proceed to the formal process outlined below for submitting a written complaint.

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4. Residents are strongly encouraged to engage program leadership in a discussion of the complaint or dispute prior to submitting a formal written complaint.

SUBMISSION OF A FORMAL WRITTEN COMPLAINT

1. A resident can, if they choose to, submit a signed, written description of the complaint and related issues to the PD. If the complaint is related to a specific event, the written submission should be within 30 calendar days of the event.
2. The PD may discuss the complaint with the resident and other individuals involved in the event.
3. If the resident does not feel comfortable approaching the PD with the complaint or is dissatisfied with the decision from the PD, the resident may submit a written description of the complaint to the DIO. If it is necessary to communicate with a leader outside GME, the written complaint can be addressed to the Chief Safety and Quality Officer or Chief Medical Officer
4. The DIO will review the written complaint report and meet with the resident to ensure that steps as outlined above for complaint matters were followed. He/she may then convene other individuals deemed necessary to perform a reasonable inquiry and problem-solving process, including but not limited to the resident’s PD, hospital or system leadership, other residents or faculty, and/or HR personnel. The DIO and other appropriate participants will investigate all the issues associated with the complaint and will communicate a final and binding decision to the resident, unless precluded by confidentiality (i.e., if a complaint culminates in personnel action against a resident, faculty, or staff member).
5. Issues involving harassment will be immediately addressed to the HR department in conjunction with program and institutional GME leadership. Harassment complaints and/or concerns do not need to be submitted in writing. Please refer to MHS policy E-19 Anti-Harassment for more information on reporting procedure.

ANONYMOUS SUBMISSION OF A COMPLAINT OR DISPUTE

MHS has a Compliance Hotline for anonymous submission of a complaint. The MHS Compliance Hotline is an avenue for employees or other interested parties to report suspected criminal activity and illegal or unethical conduct occurring within the system in the event other resolution channels have been ineffective or if the caller wishes to remain anonymous.

REFERENCES

ACGME Institutional Requirements, effective July, 2015
 ACGME Common Program Requirement, effective July 2017
 ACGME Program Specific Requirements – most recent as per RRC specialty

 GME — Grievance and Due Process Policy

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ORIGINAL ISSUE DATE	July 2017
REVIEW/REVISION DATES	May 2020
POLICY OWNER	<p>Office of Academic Affairs</p> <p>If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict.</p> <p>Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body.</p> <p>Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.</p> <p>This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.</p>