

## **Process for Faculty Remediation due to Professionalism Related Concerns**

Effective Date: February 21, 2025

Responsible University Official: Christine Jacobs, Vice President of Medical Affairs, Dean of School of Medicine

In cases of unprofessionalism and mistreatment<sup>1</sup> by a faculty member in the learning environment, action steps will be taken as outlined below. If or when a situation is deemed egregious by the Office of Professional Oversight, Learning Environment Committee, or responsible deans, the process below could be accelerated. In situations where a faculty member's behavior creates risk to patient care or the overall learning environment, this process may be accelerated.

### **Process & Confidentiality:**

When the Office of Professional Oversight (OPO) receives a report of unprofessionalism and/or mistreatment by a faculty member that impacts the learning environment, the Director of the OPO will contact the reporting party, request additional information, and outline the steps associated with investigating the report. Once this initial investigation is concluded, the Director of the OPO will engage with the faculty member consistent with the level of concern as outlined below. The Director of the OPO will also follow up in a timely manner with the reporting party (typically 30 days or less).

While confidentiality remains a priority throughout the process, it should be noted that for any level of concern or step in the process, reports may be forwarded as necessary to responsible deans within the School of Medicine, the Vice President of Medical Affairs, Offices of Human Resources at Saint Louis University (SLU) or SSM Health (SSM), or the Director, Office of Institutional Equity and Diversity. If reports are forwarded to the previously mentioned bodies, the reporting party (if identified) will be notified. If deemed appropriate, and in following accreditation requirements, reports and remediation interventions may be shared with supervisors, program directors and clerkship directors.

To support faculty and their professional growth, remediation resources and intervention options are available for use at any level of professionalism-related issues. Options may include but are not limited to:

### **Remediation Interventions:**

- Formal letter of apology to the impacted individual
- Fit for duty evaluation and/or counseling<sup>2</sup>
- Suspension of services, limited responsibilities, suspension of pay, non-renewal of faculty appointment and termination of employment<sup>2</sup>

### **Remediation Resources:**

- One-on-one coaching with the Office of Professional Oversight (typically 3 visits)
- External Coaching Programs
- Effective Communication Workshop through the UHP Behavioral Health Program
- Imprensia Leadership and Communication Coaching
- Javelin Learning Solutions (online coaching for healthcare professionals)

- Missouri Physician Health Program
- SLU or SSM Departments of Human Resources

## **Level 1 Concern:**

**Isolated Incident (low risk/harm):** Defined as minimal risk to members of the learning environment. Examples include but are not limited to: verbal/written communication, failure to attend required activities, unprofessional workplace attire and or behaviors.

**Isolated Incident (heightened risk/imminent harm):** Examples include but are not limited to: threats or direct impact by physical and/or emotional harm, public humiliation, denial of opportunity based on gender, race, sexual orientation, requests to complete unfair and/or unrelated work tasks.

**\*Any issues related to harassment or discrimination based on a protected classification will be forwarded to the Office of Institutional Equity and Inclusion as contemplated by the University's Policy on Harassment and Sexual Misconduct Policy.**

The OPO will hold an informal conversation (e.g., invitation to have a cup of coffee) with the faculty member. The Office of Faculty Affairs and Professional Development (OFAPD) will be offered as a resource to the faculty member. The Director of Professional Oversight will lead an education-based conversation with the faculty member regarding the issues being reported, our commitment to providing a quality learning environment and process if the issue should continue.

## **Level 2 Concern:**

### **Recurring Incident:**

If a faculty member is reported within 2 years of a previously documented incident, this will be defined as a recurrence. The OPO will notify the OFAPD and the supervisor (Chair/Division Director/Dean) when a faculty member is reported to have repeatedly acted unprofessionally within the learning environment. Details related to the report may be shared with the OFAPD and the faculty member's supervisor. Because the incident is recurring, the OPO will request that the supervisor be present in the meeting with the faculty member to review the report and subsequent follow-up. The Senior Associate Dean for OFAPD will review all documentation associated with the report and provide consultation to the faculty member. If warranted, the OPO (in conjunction with OFAPD) can make recommendations to the supervisor for remediation/improvement.

## **Level 3 Concern:**

### **No Changes:**

If problems persist and no evidence of behavioral change occurs, the Department under guidance of the Chair, together with OPO and the OFAPD will notify the appropriate Human Resources office, the Dean of the School of Medicine and the Vice Dean for Clinical Affairs where appropriate. Sanctions short of termination are contemplated in the *Faculty Manual* or the *School of Medicine Clinical Faculty Manual* and include, but are not limited to, loss of teaching privileges and limitation of professional services. Recommendations for non-renewal of a faculty member's appointment, termination of a faculty member's tenure or termination of a faculty member's employment may be considered with Sections

III.I.1, III.I.5, III.I.6, and III.I.7 of *The Faculty Manual*, or Sections 9.2, 9.5, and 9.6 of *The School of Medicine Faculty Manual* .

The OPO and OFAPD will work with the appropriate Human Resources Office to develop a Performance Improvement Plan (PIP) including zero tolerance language. The PIP will be signed by the faculty member, Chair and Senior Associate Dean for Faculty Affairs or the Vice Dean for Clinical Affairs where appropriate. The direct supervisor will be responsible for approving communication and providing notification to the faculty member regarding the required PIP.

For SSM employees, any Corrective Action documentation will be maintained in the electronic employee record. In addition, a formal letter will be placed in the faculty member's file and the supervisor will be expected to document follow up and concerns related to professionalism and/or mistreatment in the faculty member's annual review.

---

<sup>1</sup>[The Code of Professional Conduct for School of Medicine Faculty](#) outlines expectations and restrictions of behavior that are expected of all full-time, part-time, emeritus and endowed faculty. Faculty attest to complying with this code yearly during the annual review process.

The SSM Health Policy for Employee Conduct outlines conduct standards for appropriate behavior and interactions expected of all employees.

The SSM Health Policy for Corrective Action outlines actions that can be implemented to correct or improve job-related performance and behavior.

<sup>2</sup>Denotes interventions that will be considered in egregious circumstances