

**LEHIGH VALLEY HEALTH NETWORK  
(System or Department) Manual**

**GME – DUE PROCESS – DEPARTMENT OF EDUCATION (DOE)**

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**SCOPE:**

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

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| <input checked="" type="checkbox"/> Lehigh Valley Hospital                | <input checked="" type="checkbox"/> LVHN Surgery Center – Tilghman       |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Dickson City | <input checked="" type="checkbox"/> Transitional Skilled Unit            |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Hazleton     | <input checked="" type="checkbox"/> Lehigh Valley Home Care              |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Pocono       | <input checked="" type="checkbox"/> Lehigh Valley Hospice                |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Schuylkill   | <input checked="" type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input checked="" type="checkbox"/> LVHN Children’s Surgery Center        | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton              |

**Medical and Dental Resident and Fellow Physicians**

**All ACGME and CODA approved postgraduate training programs at Lehigh Valley Health Network (LVHN).**

**LINKS TO ATTACHMENTS: N/A**

**LIST OF ASSOCIATED FORMS: N/A**

**DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

**REVIEW:**

Origination: mm / yyyy  
Review / Revision: mm / yyyy, mm / yyyy

<b>Approved by:</b> Joseph Patruno (Physician)	<b>Approval Date:</b> 04/16/2025
<b>Version:</b> 1	<b>Publication Date:</b> 04/16/2025
<b>Original Creation Date:</b> Not Set	<b>Next Review Date:</b> 04/16/2028

## **I. PURPOSE:**

Lehigh Valley Health Network (LVHN) maintains a uniform process of evaluation, promotion, remediation, and discipline of all Graduate Trainees (hereafter collectively referred to as Graduate Trainees) enrolled in an LVHN graduate medical education program. A process has been identified for progressive constructive remediation or discipline to inform Graduate Trainees who are not meeting their residency program's expectations of how and why their performance is not acceptable and how the Graduate Trainee must improve to meet the program's standards.

The purpose of this policy is to provide a process that shall serve as a guide to the Residency Program Director (Program Director) in the evaluation, promotion, remediation, or discipline of Graduate Trainees. These guidelines set forth the procedures by which Graduate Trainees are evaluated, promoted, and disciplined; how identified academic deficiencies are remediated; and the grievance process by which Graduate Trainees can appeal an adverse action taken by the Program Director of the appropriate residency program. Uniform guidelines also insure the elements of fairness and due process.

This Policy also establishes two separate disciplinary procedures: (i) Appeals Committee; and (ii) Fair Hearing.

Any adverse action which results in LVHN reporting a National Practitioner Data Bank (NPDB) entry, shall entitle the Graduate Trainee to the rights set forth in the Graduate Trainee Fair Hearing Plan.

## **II. DEFINITIONS:**

Administrative Leave – a leave from clinical duties with compensation and benefits that does not exceed 15 days and does not trigger any Appeals Committee or Fair Hearing rights.

Adverse Action - A decision by the Program Director to issue a formal reprimand, to place on probation, to suspend, to declare in breach of contract, or to terminate employment of a Graduate Trainee.

DIO – Designated Institutional Official – A liaison to the Accreditation Council for Graduate Medical Education. At LVHN, the DIO is an ex officio member and chair of the Graduate Medical Education Committee. The DIO provides leadership within the Office of Graduate Medical Education within LVHN's Department of Education and reports to the Chief Medical Officer.

DOE – Department of Education – The central administrative support structure for education at LVHN.

DME – Director of Medical Education – The DME, in collaboration with the DIO, provides administrative oversight over the Office of Graduate Medical Education (OGME) and central GME support services at

LVHN. He/she reports to the Chief of the Department of Education.

GME – Graduate Medical Education

GMEC – Graduate Medical Education Committee

Appeals Committee (AC) – The primary mechanism by which Graduate Trainees can appeal an adverse action.

Fair Hearing Committee (FHC) – The review committee triggered by an adverse action that rises to the level of reporting to the National Practitioner Data Bank (NPDB)

Hospital – Lehigh Valley Hospital as the Sponsoring Institution.

Program Director – A qualified physician, or dentist, who meets ACGME or other accrediting agency qualifications and who is appointed by the institution. The program director has primary responsibility for the organization, implementation, and supervision of all aspects of the specified LVHN training program

Graduate Trainee (includes resident and fellows) – A graduate of a medical, osteopathic, dental school, holding the relevant professional degree (MD, DO, DDS, DMD) and formally enrolled in an Lehigh Valley Health Network accredited or approved medical or dental graduate training program.

Residency Review Committee (RRC) - The committee of the ACGME that is responsible for oversight of the residency program requirements for that specialty.

Remediation – Plan developed by the Program Director to correct deficiencies identified in a Graduate Trainee's academic and/or clinical performance.

Special Notice – Written notification by certified or registered mail, return receipt requested, or delivered in person.

### **III. CAUSE FOR ADVERSE ACTION:**

Subject to the procedures provided herein, the Hospital reserves the right, in the discretion of the Program Director, and/or Department Chair or their designee, to take any and all adverse actions deemed necessary including but not limited to probation, suspension, or termination. Conduct necessitating adverse actions may include, but is not limited to:

- Failure to meet the standards of patient care;
- Failure to complete and maintain medical records in accordance with institutional and/or Accreditation Board requirements;
- Inappropriate or illegal use of medication, drugs, or alcohol;
- Failure to take and pass USMLE Step III/COMLEX Step III, as set forth by program and institutional requirements; (see Policy No. 2005.38 and 2005.40);
- Failure to maintain any and all appropriate licensure necessary to participate in the Residency program including, but not limited to a valid Graduate Training License from the Pennsylvania State Board of Medicine;
- Failure to comply with any applicable bylaws, policies, procedures, rules or regulations of the LVHN hospitals and/or Accreditation Boards;
- Failure to meet visa requirements for Graduate Trainees who require a visa to be eligible to work as a Graduate Trainee.

- Violation of the Graduate Training Agreement;
- Inability to interact constructively with patients, staff or fellow Graduate Trainees; or
- Any other conduct, behavior or failure determined, in the sole discretion of the Hospital, to be contrary to the spirit of the Residency Program or the safe and orderly practice of medicine or disruptive to the Hospital and/or its employees, patients and visitors.

#### **IV. ROLE OF OFFICE OF GRADUATE MEDICAL EDUCATION:**

The Office of GME (OGME) provides institutional oversight for all graduate medical education programs throughout LVHN. The OGME is charged with the responsibility for insuring that fair institutional policies and procedures are established for the selection, evaluation, promotion, and dismissal of Graduate Trainees in compliance with institutional and program requirements of the Accreditation Council for Graduate Medical Education (ACGME) or other respective accrediting organizations. The OGME and the residency program will collaborate with Human Resources (HR) when disciplinary or performance issues involve a violation of established network policies.

The Chief Medical Officer, the Chief Academic Officer, the Designated Institutional Official, and the Director of Medical Education each shall serve as resources to both Graduate Trainees and program directors when issues arise regarding academic performance, disciplinary concerns, and the establishment and maintenance of fair and appropriate institutional and program policies and procedures. The OGME shall mediate issues between Graduate Trainees and Program Directors upon request by either the Graduate Trainee or Program Director and shall insure that the established policies and procedures outlined in this document are followed when formal adverse action is taken against a Graduate Trainee.

#### **V. DEPARTMENT OR DIVISION COMMITTEES:**

The following committees shall be established and maintained within each Department or Division that operates a residency program(s).

##### **A. Graduate Trainee Evaluation and Promotion Committee**

Each residency program shall maintain a Clinical Competency Committee (CCC) or comparable entity as a standing committee within the Department or Division. In accordance with ACGME or other relevant accreditation commission requirements, the CCC shall meet periodically to review the performance of each Graduate Trainee. This periodic review shall take place at least every 6 months or more frequently as required by specialty-specific Resident Review Committee (RRC) requirements.

The CCC shall determine the evaluation tools that have a clear role in promotion recommendations and shall adopt its own criteria for promotion within each category and at each level of training. Standards for promotion shall be communicated to all Graduate Trainees within the program's written Residency Manual and shall be reviewed with Graduate Trainees at least annually.

##### **1. CCC Members**

The CCC shall be composed of at least 3 individuals and shall include the Program Director, Assistant/Associate Program Director (s) (if applicable) and ad hoc member(s) of the faculty. The Department Chair shall approve all ad hoc members of

the Committee. The moderator of the CCC must be in accordance with RRC guidelines. When a Division is too small to maintain its own CCC, ad hoc members may be appointed from a Department's other divisions.

## 2. CCC Procedures

### a. Periodic Reviews

At its meetings, the CCC shall review the written report from the previous Committee meeting as well as review all available evaluative information submitted for the current time period under review including, but not limited to, written evaluations, documentation of procedural skills, conference attendance, written and oral examination scores (including In-Training Examinations), quality assurance issues, medical record completion history, disciplinary/incident reports and any other relevant data that may be brought to the attention of the CCC.

The CCC shall maintain a written report of each meeting that summarizes individual Graduate Trainee performance and progress and specifies the CCC's recommendations for Graduate Trainee advancement in training, remediation of academic deficiencies, probationary status and/or disciplinary sanctions. Graduate Trainees shall be notified of CCC findings by the Program Director during scheduled Program Director meetings as required by the Residency Review Committee (RRC) In addition, promotion decisions, adverse actions, or remediation plans shall be communicated in writing by the Program Director to the Graduate Trainee. Adverse actions and remediation plans must be communicated within 10 business days of final decision by CCC and/or Program Director. Such written communications shall become part of the Graduate Trainee's file.

The CCC serves in an advisory capacity to the Program Director and its recommendations are not binding on the Program Director. In accordance with ACGME requirements, the CCC must make recommendations regarding promotion to the next level of training or dismissal at least 16 weeks prior to the end of current training level. Should the CCC recommend dismissal of a Graduate Trainee or non-promotion to the next training level, it must dismiss or non-promote within the same time frame. For instances of non-promotion, the Program Director must specify, in writing, the anticipated length of time the Graduate Trainee will remain at same training level, remediation plans and performance expectations of the Graduate Trainee during that time frame along with an anticipated date for next review by CCC (may be ad hoc or regularly scheduled meeting).

If the primary reason(s) for non-promotion or dismissal of a Graduate Trainee occurs within the last 16 weeks of training level, the Graduate Trainee will be provided with as much written notice of the intent not to promote as circumstances reasonably allow, prior to the end of the current level. Graduating Graduate Trainees will be reviewed by the CCC during their last year of training at which time commendations for graduation, Board eligibility, license credit, and specialty/subspecialty training credit must be made and documented.

### b. CCC Ad Hoc Meetings

The CCC also may be convened on an ad hoc basis at the Program Director's request to review a Graduate Trainee's poor academic performance, remediation progress, critical incident in patient care, or a specific disciplinary issue that occurs. The CCC shall complete a written report of its findings and recommendations. The Program Director shall review the CCC's written report and any other relevant material in order to make a determination regarding a Graduate Trainee. The Program Director shall provide the Graduate Trainee under review with written communication of the final outcome/decision.

When the CCC is convened in a disciplinary matter, it is convening as an academic proceeding and not as a legal proceeding. No legal counsel shall be present during any aspect of the CCC proceedings. A Program Director is expected to communicate/consult with the Office of Graduate Medical Education and/or the appropriate Human Resources representative during the decision process for disciplinary action.

## B. Appeals Committee

An appeals Committee shall be convened at the request of a Graduate Trainee to review an adverse action against the Graduate Trainee. The Appeals Committee is an ad hoc Committee. The convening of an Appeals Committee is considered an academic proceeding, not a legal proceeding. No legal counsel shall be present. The purpose of the Appeals Committee is twofold: to determine if the process leading up to adverse action was in conformity with the Institutional Guidelines for Graduate Trainee Evaluation, Promotion, Remediation and Discipline discussed in this document; and to determine if the adverse action(s) taken by the Program Director were reasonable. A Program Director may consult with the OGME at any time during the course of the Graduate Trainee appeals process.

In instances where adverse action is initiated at the institutional level via the OGME and/or HR for violation of institutional policies, a departmental Appeals Committee will not be convened. The Residency Program Director will participate in the disciplinary process in conjunction with the OGME and/or Human Resources.

### 1. Appeals Committee Members

The Appeals Committee shall be composed of at least three (3) individuals deemed by the DIO to understand GME expectations in regard to clinical education and professionalism. These individuals may include GMEC members, department chairs, division chiefs, or core residency faculty. The Appeals Committee must include a Graduate Trainee representative from the Lehigh Valley Resident Association board. No CCC/ member from the department of the Graduate Trainee may serve as an Appeals Committee member. The DIO or DME will serve as the Chair (moderator) of the Appeals Committee and will appoint all ad hoc faculty members to the Appeals Committee. If the DIO is from the department of the Graduate Trainee in question, the DME will be Chair.

### 2. Committee Procedures

A Graduate Trainee may request an Appeals Committee review of an adverse action taken or proposed against said Graduate Trainee within five (5) business days of the date of written notification of the adverse action. The appeal must be made in writing to the Program Director who will forward the appeal to the Department Chair with a copy to the OGME/DIO. The written appeal must state the basis of the appeal describing, if the Graduate Trainee is contesting the determination of fact, the decision rendered, the adverse action taken, or challenging the fairness of the process.

An Appeals Committee shall be established and convened no more than fifteen (15) business days upon receipt of written request for appeal by a Graduate Trainee. This time frame is intended to insure timely review of appeals. In the event the Appeals Committee is unable to convene within this time frame, it shall inform the Graduate Trainee and Program Director of the reasons for the delay and the approximate date on which it expects to convene. The Program Director shall make all relevant documentation available to the Appeals Committee members, including the Graduate Trainee, with adequate time for review prior to its meeting. The Appeals Committee meeting shall be conducted in a manner as determined by the Chair (moderator). The meeting shall include information from the Program Director and the Graduate Trainee. The Chair may request additional material and or information from the Graduate Trainee, Program Director or any other individual it deems necessary to render a decision.

The Appeals Committee shall have ten (10) business days after all testimony is heard and materials reviewed to consider the matter, to collect additional information if necessary, and to render an opinion on the Graduate Trainee's appeal. This time frame is intended to serve as guideline and, as such, shall not be deemed to create any right for the Graduate Trainee and/or Program Director to have the Appeals Committee make a final determination within such time period. In the event the Appeals Committee is unable to make its final determination within this time frame, it shall inform the Graduate Trainee and Program Director of the reasons for the delay and the approximate date on which it expects to make its final determination and render an opinion.

At the end of all deliberations, the Appeals Committee will provide the Program Director with its written recommendation to uphold, modify or repeal the adverse action taken. The Program Director will review the Appeals Committee's recommendation and notify the Graduate Trainee in writing of any additional action. The Program Director may modify, accept, or reject the Appeals Committee's recommendation(s). If the Program Director does anything other than accept the Appeals Committee recommendation, an explanation must be given to the DIO/GMEC and recorded in the GMEC minutes.

### 3. Confidentiality

All documentation pertaining to any CCC and Appeals Committee meetings and procedures shall be maintained by the Residency Program Administrative Office. A written copy of decisions of an Appeals Committee and final determinations by the Program Director also will be **confidentially** maintained

in the Graduate Trainee's institutional file housed within the Office of Graduate Medical Education (OGME).

## **VI. ADVERSE ACTIONS:**

Graduate Trainee Graduate Trainees may be subject to disciplinary action and/or remediation for a variety of reasons. Poor performance, as determined by the CCC committee after reviewing the Graduate Trainee's performance data, may result in adverse action against the Graduate Trainee. Generally, issues of poor academic or clinical performance are coupled with a program of remediation in an effort to achieve sufficient improvement to a satisfactory level. Failure to meet other obligations or infractions of residency program policies and procedures, institutional graduate medical education policies and procedures, Medical Staff Bylaws, or violations of LVH Human Resources policies may result in disciplinary action. Adverse actions for these activities are best described as punitive and not remediable. Repeated infractions may result in escalating disciplinary action or termination of employment.

Adverse actions taken against a Graduate Trainee may have serious professional consequences. The Graduate Trainee's activities while a member of Hospital's House Staff are subject to repeated review and inquiry by medical staff credentialing committees, certification boards, licensing agencies and others. The Residency Program must report adverse actions when proper inquiry is made. Prior to the graduation of any Graduate Trainee for whom an adverse action has been taken, the Program Director must compose a formal statement with exact wording of what will be reported when formal inquiry is made by an outside party/organization. Both the Program Director and the OGME will use this statement to ensure consistency in reporting. A copy of the official statement of adverse action must be supplied to the Graduate Trainee prior to graduation from the program so that all parties are fully aware of how and what information will be reported after graduation. In instances where a Graduate Trainee is terminated or leaves the program prior to graduation, this formal statement will be composed and communicated to the Graduate Trainee upon leaving the program.

A range of adverse actions is available to the Program Director. Adverse actions are classified as Clinical, Academic and Training Performance Adverse Actions or Disciplinary Adverse Actions. Each circumstance is unique and will be handled with professionalism and discretion. The actions listed below are not sequential and do not have to be employed in a certain order. A Program Director may elect to couple actions together (i.e. reprimand and suspension). Severe circumstances may mandate severe action.

The following actions may be employed:

### **A. Clinical, Academic and Training Performance Adverse Actions**

#### **1. Counseling**

A Graduate Trainee may be subject to counseling regarding clinical or academic activity. Generally, the Program Director will conduct the counseling session, although any faculty member may also counsel a Graduate Trainee. The counseling will be recorded in a written manner and maintained in the Graduate Trainee's file. Counseling is not reported after residency training and may not be appealed by the Graduate Trainee.

#### **2. Probation**

Poor clinical or academic performance may include a probationary period. Probation is designed to provide official recognition of poor performance and to implement a remediation program for improvement. Generally, a probationary period is a defined period of time where

specific objectives for improvement are described and specific degrees of improvement are required to successfully complete a probationary period. All of these elements are described in a written letter to the Graduate Trainee that is maintained in the Graduate Trainee's file. A copy of this letter is also forwarded to the OGME. Periodic meetings with the Program Director are required during the probationary period. The Program Director will record the results of these periodic meetings in the Graduate Trainee's program evaluation file. One of three actions can occur after a probationary period: probation successfully completed, probation continued, or dismissal from the training program. Probationary periods are reported after residency training.

### 3. Dismissal

Failure to satisfy the conditions of a probationary period may result in dismissal from the training program for academic or clinical reasons. The Program Director will convene the CCC when dismissal is considered and utilize the CCC to provide advice and recommendation regarding the Graduate Trainee's dismissal from the training program. The Program Director may immediately dismiss a Graduate Trainee if it is determined that the Graduate Trainee poses a grave and immediate danger to the health and well-being of others. The Program Director must consult the OGME and Human Resources prior to a Graduate Trainee's notification of dismissal. (The Program Director must notify the Graduate Trainee both in person and in writing of the dismissal. Written record of the dismissal will be maintained in the Graduate Trainee's files both in the OGME and the training program, and will be reported after Graduate Trainee training. Should a Graduate Trainee choose to appeal termination through departmental Appeals Committee and FHC processes as appropriate, the appellant Graduate Trainee shall remain a salaried employee of LVHN until the appeals process is concluded.

## B. Disciplinary Adverse Actions

### 1. Counseling

A Graduate Trainee may be subject to counseling regarding a minor disciplinary activity. Minor activities may include but are not limited to first occurrence of action, non-critical incidents, or activity deemed minor by the Program Director. The Program Director (or his/her designee) will conduct the counseling session. The counseling will be recorded in a written manner and maintained in the Graduate Trainee's file. Counseling is not reported after residency training and may not be appealed by the Graduate Trainee.

### 2. Informal Reprimand

For more serious activities or after prior or repeated counseling on a particular issue, a Graduate Trainee may be subject to an informal reprimand. Generally, reprimands are employed for disciplinary infractions rather than poor academic or clinical performance. The informal reprimand, in the form of a written letter, will be maintained in the Graduate Trainee's file and a copy shall be provided to the Graduate Trainee. Such letters must clearly state in the opening paragraph the letter's intent as an informal reprimand. The Program Director will issue all informal reprimands in person. Informal reprimands are not reported after residency training and may not be appealed by a Graduate Trainee.

### 3. Formal Reprimand

Serious disciplinary issues may be handled with a formal reprimand. Formal reprimands will be issued in writing by the Program Director. Such letters must clearly state in the opening paragraph the letter's intent as a formal reprimand. The Program Director and/or Department Chair will meet with and read the formal to the Graduate Trainee. The Graduate Trainee is required to acknowledge the formal reprimand in writing to the Program Director. Formal reprimands may be appealed by the Graduate Trainee and will be reported after residency training upon proper inquiry by a third party/organization.

#### 4. Suspension

Severe or repeated violations of department, institutional or other policies may mandate suspension. When a Graduate Trainee cannot safely provide patient care for whatever reason, the Graduate Trainee may be suspended for a designated period of time. Suspension may be made with or without pay, at the discretion of the Program Director or at the direction of the OGME in conjunction with Human Resources. The Program Director must notify the Graduate Trainee in writing of the suspension. Suspensions may be appealed by the Graduate Trainee and will be reported after residency training upon proper inquiry by a third party/organization.

#### 5. Dismissal

Severe or repeated disciplinary issues, criminal activity and other activities such as critical patient care incidents may result in dismissal from the training program. Depending on the severity of the infraction, dismissal may be the first action taken. The Program Director must notify the OGME and Human Resources prior to the Graduate Trainee's notification of dismissal. The Program Director must notify the Graduate Trainee of the dismissal both in person and in writing. Written record of the dismissal will be maintained in the Graduate Trainee's file. A dismissal may be appealed by the Graduate Trainee and will be reported after residency training upon proper inquiry by a third party/organization.

#### 6. Breach of Contract

A Graduate Trainee may elect to request that they be released from their Graduate Training Agreement. This request must be made in writing and presented to the Program Director. The Program Director can agree to release the Graduate Trainee from the Graduate Training agreement or cannot agree to release the Graduate Trainee. If the Program Director agrees to release the Graduate Trainee from the Graduate Training Agreement, the Graduate Training Agreement will be dissolved by mutual agreement. If the Program Director does not agree to release the Graduate Trainee and the Graduate Trainee elects to not honor the Graduate Training Agreement, the Graduate Trainee will be declared in breach of the Graduate Training Agreement. A declaration of breach of contract may be appealed by the Graduate Trainee and will be reported after residency training upon proper inquiry by a third party/organization.

#### C. Other Discipline & Restrictions

The Residency Program or LVHN may employ other types of adverse actions as deemed appropriate or defined in other policies.

### **VII. RESIDENCY PROGRAM DIRECTOR GUIDELINES:**

A. Program Directors are responsible for monitoring and evaluating the clinical progress, academic achievement, professional development, and compliance with program, institutional, and accrediting agencies policies of each Graduate Trainee.

B. When a Graduate Trainee's academic or clinical performance is unsatisfactory, the Program Director must ensure that such performance is well documented, that a corrective action plan is described, and that satisfactory improvement is observed within a defined period. When a Graduate Trainee behaves in an unprofessional, unethical, or criminal manner, the Program Director must determine the facts surrounding the disciplinary misconduct and the appropriate punitive or corrective action when necessary.

C. Program Directors must ensure that the following guidelines are met:

1. Each program must maintain a current Residency Manual or electronic equivalent detailing a clear description of clinical, academic, and behavioral expectations and a clear description of relevant policies and procedures. The Residency Manual must be presented to each new Graduate Trainee and should be re-affirmed with all other Graduate Trainees on an annual basis. Ideally, each Graduate Trainee should acknowledge receipt and understanding of the Residency Manual in writing.

2. The Residency Manual must contain a clear description of the residency program's process for evaluation, promotion and dismissal of Graduate Trainee. Individual residency program policies and procedures should mirror LVHN's Institutional Guidelines for Graduate Trainee Evaluation, Promotion, Remediation and Discipline described herein.

3. Evaluation of Graduate Trainees and any adverse actions that arise from such evaluation must be recorded in writing in a clear, concise manner and maintained in residency program files in an organized fashion.

4. The Program Director should seek advice and counsel from the Chief of the Department of Education, the DME, Human Resources or LVHN legal services when appropriate.

## **VIII. CONFIDENTIALITY:**

To the extent applicable, all activities relating to this policy are considered peer review pursuant to the Pennsylvania Peer Review Protection Act, 63 P.S. 425.1, et seq. and the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101, et seq.