

CORRECTIVE ACTION

It is the policy of Regional West Medical Center School of Radiologic Technology to provide a consistent process for Program Officials to use when addressing issues of poor didactic or clinical performance and/or inappropriate behaviors in the classroom or clinical areas. This policy defines a sequence of early interventions, formal warnings, and corrective actions that are to be used by faculty members, with guidance from the Imaging Services Department Administration or Executive Director for Ancillary Services, to ensure that issues are addressed in the most effective manner.

Responsibility: President-CEO, Chief Operating Officer, Director of Imaging Services, Program Director, Clinical Coordinator, Program Instructor, Student Supervisors, and Students

Standard: Human Resources

JRCERT 2021 Radiography Standard(s): 1.1, 4.8

Nebraska Department of Education: Title 92 Chapter 41 Section 004.09

The corrective action process generally will include a sequence of communications that includes early intervention, a Written Warning, a Final Written Warning, and Termination of Enrollment for any given issue that is not resolved by the student following early intervention. However, any stage of the corrective action process may be used at any time depending on the circumstances.

A. Early Interventions

1. Supervisors (clinical staff, clinical preceptors, didactic faculty, or Program Director) encourage students on an on-going basis to engage in satisfactory clinical and didactic performance as defined in the Program policies. Appropriate behaviors, optimal levels of productivity and outstanding performance are expected. This should be accomplished by providing regular feedback about the student's overall performance through on-site counseling, periodic student evaluations, and explanation of policies and standards. This type of communication will generally take care of the minor day-to-day corrections necessary to maintain satisfactory performance. It is up to the discretion of the supervisor when the written documentation of early intervention becomes necessary.
2. In the event that grades, or clinical performances become repeatedly unsatisfactory; if there is a repetitive, ongoing, or critical event; violation of clinical education setting or Program policies or rules; if the student engages in behaviors that are disruptive to the provision of services; or upon recommendation of a supervisor, the Program Director may initiate an early intervention as follows:
 - a. The Program Director and student engage in a conversation about the issues either alone or with another relevant person.

- b. The Program Director outlines the unacceptable performance or behavior.
- c. Once the issue has been communicated, the Program Director may ask the student to explain his/her perspective and they jointly determine and document what the student will do to change the level of performance or behavior.
- d. An attempt may be made to develop a mutual understanding of the student's plan for improved performance/behavior, and then the agreed upon behavior or performance change is documented on the Early Intervention Performance Plan form. The Early Intervention Performance Plan must include the designation of an agreed-upon future date for the Program Director and student to review progress toward, or accomplishment of, the plan. If the student is disagreeable, the Program Director may unilaterally develop this plan.
- e. The Early Intervention Performance Plan is signed and dated by both parties, and a copy is made with the student keeping the copy, and the Program Director keeping an original.
- f. Once the follow-up meeting has taken place, and satisfactory improved performance has been documented, the Early Intervention Performance Plan is updated. The Program Director keeps a copy of the Early Intervention Performance Plan in the student's permanent file.

B. Formal Warnings

If, following an early intervention initiative as described in section A above, the student is not successful in changing his/her behavior, didactic or clinical performance, or level of productivity, the formal Corrective Action Policy of Regional West Medical Center School of Radiologic Technology will be pursued.

1. Written Warning

A Written Warning is the first formal step of the corrective action

process and is initiated by the Program Director when other initiatives to resolve poor didactic or clinical performance, productivity, and/or inappropriate behaviors have not been successfully corrected or the situation merits movement to this step immediately.

The issuance of a Written Warning is a clear message to the student that didactic or clinical performance, productivity and/or behaviors must be improved for continued enrollment. It is required that the specifics of the Warning be documented on the Corrective Action Record (see attached form).

- i. The Corrective Action Record will be initiated by the Program Director and will document the specific issue(s) of didactic or clinical performance, productivity, and/or behavior that needs to be improved. The Director for Imaging Services will review this document prior to presentation to the student.
- ii. The Program Director and the Director for Imaging Services or a designee will arrange to meet with the student to discuss the issue of poor didactic or clinical performance, productivity, and/or behavior.
- iii. Once the issue of performance has been communicated to the student, the Program Director and the student will discuss and attempt to agree upon a plan for improved performance. As with the early intervention process, the student has the primary responsibility for adjusting his/her didactic or clinical performance, productivity, and/or behavior to meet the expectations of the Program. Failure to reach agreement will result in a determination of a plan by the Program Director.
- iv. The student will be given an opportunity to respond to the issues addressed, including the opportunity to provide written documentation as an attachment to the Corrective Action Record.
- v. The Corrective Action Record must be signed and dated by both parties, as well as by the Director for Imaging Services or a designee, as a witness to the communication of the formal warning.

If the student refuses to sign the record, that refusal should be noted on the form by the Director for Imaging Services for Imaging Services.

- vi. The student will receive a photocopy of the signed document, and the original record will be placed in the student's permanent file.

2. Final Written Warning

A final Written Warning is the second formal step for communicating to the student that prior attempts at improving didactic or clinical performance, productivity, and/or behavior issues have not been successful, and that termination of enrollment will be the next step to be taken if the student does not satisfactorily resolve the identified issue(s).

- i. The Corrective Action Record will be initiated by the Program Director who will document the issue of didactic or clinical performance, productivity, and/or behavior that needs to be improved. The Program Director will include a reference, specific to date and issue, to any prior formal warnings that are documented in the student's personnel file.
- ii. The Educational Advisory Committee must review the Corrective Action Record and approve the issuance of the Final Written Warning prior to communication of the Final Written Warning to the student. If the Educational Advisory Committee does not approve the action as written, the committee will edit as necessary to meet the approval of the Committee.
- iii. Upon approval of the Educational Advisory Committee, the Program Director will arrange to meet with the student to deliver the Final Written Warning. The Director for Imaging Services or a designee will be present for any Final Written Warning meeting to serve as a witness/facilitator.
- iv. Once the issue of performance has been identified and communicated by the Program Director, he/she and the student will discuss and attempt to agree upon a plan for improved performance. As with the early intervention process and prior Written Warning process, the student has the primary responsibility for adjusting

his/her didactic or clinical performance, productivity, and/or behavior to meet the expectations of the Program. As before, the Program Director may, if necessary, unilaterally set this plan.

- v. The student will have an opportunity to respond to the issues addressed, including the opportunity to provide written documentation as an attachment to the Corrective Action Record.
- vi. The Corrective Action Record must be signed and dated by both parties, as well as by the Director for Imaging Services or a designee. If the student refuses to sign the record, that refusal should be noted on the record by the Director of Imaging Services.
- vii. The student should receive a photocopy of the signed document, and the original record will be placed in the student's permanent file.

C. Termination

If, following the formal steps of communicating a Written Warning and Final Written Warning, the student has not resolved the issue of didactic or clinical performance, productivity or improved behavior to a satisfactory level according to the plan defined in the Corrective Action Record, or if the student fails a course in the Program, the Program Director will take steps to terminate the student from the Program.

1. The Corrective Action Record for Termination will be initiated by the Program Director and will document the issue of didactic or clinical performance, productivity, and/or behavior needing improvement that has been addressed in prior corrective action discussions. The Program Director should include a reference, specific to date and issue, to those prior formal warnings that are documented in the student's file. The Educational Advisory Committee must review and approve the Corrective Action Record for Termination prior to communication of the Termination Notice to the student.
2. Prior to communicating the decision to terminate the student, the Program Director and/or Director for Imaging Services must review the intended action with the Executive Director of Ancillary Services or his /her designee. The review should include discussion of prior formal

warnings, the steps taken by the student to correct or resolve the issue, and any other relevant issues.

3. Once approval for termination has been granted by the Executive Director of Ancillary Services or designee, the Program Director will arrange to meet with the student to discuss the issue of poor performance, productivity, and/or behavior. The RWMC Director of Human Resources (or a designee) will be present for any Termination meeting to serve as a witness/facilitator.
4. The Corrective Action Record for Termination must be signed and dated by both parties, as well as by the representative of Human Resources. If the student refuses to sign the record, that refusal should be noted on the record by the representative of Human Resources.
5. The student should receive a photocopy of the signed document, and the original of the record will be placed in the student's permanent record.

The representative of Human Resources will review the Corrective Action Form for Termination with the student and facilitate the return of RWMC property, answer questions, and ensure the student has the opportunity to obtain any personal items from lockers at the main hospital or St Mary's Plaza. The withdrawal form found in Policy 722.8.21.25 may be used as a checklist to facilitate the process

D. General Issues Related to Corrective Actions

1. Suspension from Program. - A suspension from the Program is an action which has the purpose of removing the student from the didactic and/or clinical education settings (including suspension from any Regional West software applications) while an investigation or review is conducted and a determination made as to the appropriate level of corrective action to take because of an occurrence that may have violated the sponsoring organization, Program or Clinical Educational Setting policy. Based upon the investigation, any level of corrective action, from no action to termination from the Program, may result.
 - a. Any member of management may initiate a suspension in the event of behavior by a student which requires an immediate response and it is in the best interest of the Program or sponsoring organization to

remove the student from the work site. Immediately upon communicating the suspension to the student and ensuring he/she has left the campus, the member of management must contact the Program Director and Executive Director of Ancillary Services.

- b. All relevant issues will be documented by the member of management initiating the suspension, and the Program Director will then clarify any issues that have a bearing on him/her recommending an appropriate level of corrective action.
- c. A decision should generally be reached and communicated to the suspended student in three business days or less (excluding holidays or weekends). A period of suspension lasting longer than 3 business days must have the approval of the Executive Director of Ancillary Services, or his/her designee, and should be communicated to the suspended student at the earliest possible time.
- d. A suspended student that is also an employee of RWHS will not be able to work during the time of the suspension.

2. Formal Review of Corrective Actions - In the event a student feels the Corrective Action taken is not in keeping with RWHS or Program policies, or there was a material error in, or omission of, key information that might have influenced the outcome of the corrective action process, or if it is believed that the level of action was not appropriate under the circumstances, he/she may formally pursue a review and appeal of a Final Written Warning or Termination by the appropriate members of management and/or administration. Typically, there will be three levels of review: first by the Educational Advisory Committee, second by Executive Director of Ancillary Services, and finally by the President/CEO.

- a. The request for an initial review by the student must be submitted in writing on the attached appeal form to the Educational Advisory Committee within five (5) business days or less (excluding holidays or weekends), of the action having been communicated to the student.
 - The request must include a summary of the action taken and the reasons for the challenge.
 - The student must state what he/she would

consider an appropriate resolution to the issue, including what actions he/she is prepared to take in keeping with the corrective action process to ensure the performance issue(s) will not recur.

- The Educational Advisory Committee will review the initial review provided by the student and provide a decision about the appeal.
 - The Educational Advisory Committee will arrange to meet with the student and share the decision reached verbally and in writing within five working days.
 - The Educational Advisory Committee will forward the request for review and the decision of the Educational Advisory Committee to the Executive Director of Ancillary Services.
- b. If the student is not satisfied with the outcome of the initial review process, he/she may request a second level of review in writing on the attached appeal form. Upon notification of the second level request, the Program Director will forward the request for review to the Executive Director of Ancillary Services who has up to five business days to research the issue and provide the student with a written response.
- The individual conducting the review may discuss the issues with the Program Director or other individuals, review the corrective action record and related policies, and seek input from the Director for Imaging Services who was present for the formal warning meeting.
 - A written record of the steps taken to review the situation should be completed.
- c. The final level of appeal may be made in writing on the attached appeal form to the President/CEO should the student wish to do so if

he/she is not satisfied with the outcome of the second level review.
Copies of previous reviews will be provided to the President/CEO.

- d. The review and decision of the President/CEO is final.
- e. Students functioning as employees of Regional West Medical Center are subject to Corrective Action Policy 205.0.06. Any corrective actions taken by RWMC with any employee who is also a student of the Program may affect the employee's status as a student. Corrective actions that include written warnings, final warnings or termination for a student working as an employee will be reviewed by the Educational Advisory Committee regarding the effect on the student's continued enrollment status. Circumstances will be taken into consideration on a case-by-case basis to determine whether the corrective action by RWMC has jeopardized the student's enrollment.

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

Reference: Hospital Policy 205.0.06

Revised: 09/22/88, 5/28/98, 3/7/00, 5/9/00, 8/18/00, 5/10/05, 4/13/10, 5/26/11, 3/1/12, 1/31/14, 1/31/19,
9/10/2021

EARLY INTERVENTION COUNSELING NOTES

Student's Name: _____

Today's Date: __/__/____

Issue to be addressed:

.
.

Student's Response or Comments:

Student's Plan for Improvement

(Use back of sheet if necessary)
(May be an attachment):

.

Expected Completion Date or Date for Follow-up Discussion: _____

Program Director Signature

Date

Student's Signature

Date

