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**Owner:** Sierra Quarnstrom:  
*DIETETIC INTERNSHIP  
PROGRAM MANAGER*  
**Area:** *Clinical Nutrition Services*  
**Regulatory Tag:**  
**Applicability:** *CentraCare - Saint Cloud  
Hospital*

## Discipline

### PURPOSE

To provide a procedure to correct and/or improve an intern's performance and to provide the guidelines for supervisory action when an intern deviates from internship policies, procedures, rules and/or regulations.

### CentraCare adopts the following Policy/Procedure for:

St. Cloud Hospital

### POLICY

St. Cloud Hospital (SCH) and CentraCare's (CC) affiliated organizations strive to provide the best possible care to our patients and residents in a manner that is in accordance with all applicable rules, regulations, and laws. In order for the facilities to operate smoothly, effectively and in compliance, we require the complete cooperation of all dietetic interns. As a condition of continued study, all dietetic interns are subject to this Discipline Policy. SCH uses a discipline process that focuses on a just culture, solving performance problems, and encouraging good performance and allows interns an opportunity to improve their behavior. In the event interns do not follow the policies, procedures, or conduct requirements of the SCH internship program in their interactions with patients, residents, and/or employees, they will be subject to this Policy. Discipline under this Policy generally corresponds to the nature, severity, and frequency of the offense, not the outcome of the offense. However, Program Leadership has broad discretion in determining proper discipline.

### PROCEDURE

#### A. Prior to Disciplinary Action.

1. Program Leadership will investigate the facts of the incident and/or issue, to include why the error was made and a review of systems and behavioral choices. Program Leadership may consult with human resources and/or peers to determine appropriate next steps. Any

consultation with peers will be done confidentially without disclosing names of the individual(s) involved.

2. It is the philosophy of SCH Dietetic Internship (DI) Program that supervisors, when possible, first coach and counsel an intern to improve his/her performance or change conduct or behavior. An effective system emphasizes correcting the problem before formally disciplining the offender. A written copy of the coaching/counseling session will be retained in Program Leadership's files.
3. If coaching/counseling is not effective, Program Leadership will take disciplinary action consistent with this policy.

#### B. Disciplinary Actions.

1. When discipline is deemed appropriate, the disciplinary process consists of a written warning, probation or termination. The written warning and probation actions are designed to bring about a change in the intern's performance and/or behavior.
2. Termination may occur:
  - a. After the intern has been through the appropriate disciplinary actions and no improvement has resulted; or
  - b. When an intern commits an offense that in the opinion of Program Leadership is of such severity that his or her continued internship should not continue, regardless of any previous disciplinary actions.
3. Documentation of all disciplinary action is to be retained by Program Leadership for 7 years. Program Leadership is to utilize the standard "Intern Corrective Action Form" which is attached to this policy.
4. The discussions with the intern and documentation must include the date(s) and specific explanation of offense or infraction; description of previous related coaching/counseling sessions, or probations; summary of corrective plan of action or goal for improvement including timeframe; and explanation of possible action if offense is repeated, or other offenses occur. The intern and a member of Program Leadership will sign the Intern Corrective Action Form and a copy will be given to the intern. The original will be filed in the intern personnel file.
5. The intern signature indicates that the situation was discussed with them and they acknowledge receipt of the notice. It does not imply agreement or disagreement with the notice itself. If the intern refuses to sign, someone in a supervisory position in the organization will be asked to sign the form indicating that the intern received a copy of the form though refused to sign it.
6. Program Leadership retains the right to invoke the level of disciplinary action necessary for the situation, including immediate suspension or termination of the intern, depending on the seriousness of the offense or infraction.

#### C. Types of Disciplinary Action.

1. To address non-severe offenses: Spoken communication or a written warning between intern and Program Leadership for the purpose of counseling will take place. An action plan will be created by the intern and approved by Program Leadership regarding offense in an attempt to resolve the issue. If the action plan does not resolve the issue, the offense will be upgraded to a severe offense.
2. To address severe offenses: Intern may be placed on immediate probation or terminated immediately from the program at the discretion of the Program Leadership. Interns terminated from the internship program will not be reimbursed program charges. Severe offenses include (but are not limited to) the following:
  - a. Offense when on probation
  - b. Repeated absences/tardiness without make-up time
  - c. Inappropriate or offensive behaviors including harassment, violence, endangering self or others
  - d. Violation of HIPAA/confidentiality
  - e. Customer service standards violation or repeated violation of professional practice
  - f. Falsification of documents
  - g. Repeated failure to report infection/injury

- h. Repeated failure to use safety techniques or devices
- i. Intoxication or illegal possession of controlled drug
- j. Repeated smoking in unauthorized areas
- k. Possession of fire arms or other weapons
- l. Sleeping during supervised practiced
- m. Theft, including medications
- n. Violation of federal and state regulations
- o. Repeated late assignments or assignments that repeatedly do not meet satisfactory standards
- p. Two or more concerns identified in rotation evaluations by preceptors for behavior

**REFERENCE CITATIONS**

**APPROVING COMMITTEE(S)**

SCH DI Work Group

**Attachments:** Intern Corrective Action Form

**Approval Signatures**

**Approver**

**Date**

Sierra Quarnstrom: DIETETIC INTERNSHIP PROGRAM MANAGER 07/2019

**Applicability**

CentraCare - St. Cloud Hospital

## St. Cloud Hospital Dietetic Internship Program Intern Corrective Action Learning Plan Form

The purpose of this document is to bring to your attention deficiencies in your behavior and/or performance. The intent is to define for you the seriousness of the situation so that you may take immediate corrective action. This document will be placed in your personnel file. It is expected that conditions noted below will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you may be subject to further disciplinary action up to and including termination from the program without receiving a Verification Statement.

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: Clinical Nutrition Services

**CHECK ONE.** The Internship Director retains the right to start at or move up to any of the disciplinary actions and/or discharge depending on the seriousness of the offense or infraction.

<input type="checkbox"/> COACHING	<input type="checkbox"/> ADDITIONAL LEARNING # Of Hours: _____
<input type="checkbox"/> DISCHARGE	Date: _____

- (1) Date(s) and detailed explanation of offense or infraction:
- (2) Description of previous related consultations, including disciplinary action(s):
- (3) Summary of corrective plan of action or goal for improvement including timeframe:
- (4) Explanation of possible action if offense is repeated, or other offenses occur:

The above has been discussed with me by my supervisor. My signature acknowledges receipt of the Corrective Action Learning Plan. It does not imply agreement or disagreement with the Corrective Action Learning Plan itself. If I refuse to sign, someone in a supervisory position (\*) in the organization will be asked to sign the form indicating that I received a copy of the Corrective Action Form. This form does not change or alter my at-will position in the Internship Program.

Intern \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Witness (\*) \_\_\_\_\_ Date \_\_\_\_\_

Original – Intern’s File  
Copy - Employee