

July 25, 2020

Formal Notice of Dismissal

Dr Serafino Sauro,

On June 8, 2020, your three-month probationary period was extended two months for ongoing professionalism concerns. Due to violation of the terms of that probation extension on July 7th (along with other violations) you have demonstrated your inability to make the expected progress, and I therefore regret to inform you that you are being dismissed from the family medicine residency effective immediately.

The House Staff Manual requires that you receive notice of this action within 10 days of the decision which was made by the CCC and program leadership on Wednesday July 15th. The delay from the time of the actual events was due to my inability to clarify process with the office of Graduate Medical Education (GME) and due to my inability to schedule a meeting with you to discuss this in person due my absence from the program.

Reasons for Dismissal:

On Tuesday July 7, there were two incidents that are both examples of repeated actions that are grounds for your dismissal from the program.

1) Disruptive Behaviors at Patient Handoff

This incident was witnessed by myself, Dr Jeffrey Leman, and confirmed with the other upper level residents present that morning. This was specifically a lack of leadership and professionalism demonstrated around the time of morning checkout on the morning of July 7th. The night resident (Dr Dan Schuh) was rushing to finish an early morning admission and the chief of the service (Dr McKenzie Wylie) reminded everyone that the team was going to give him some extra time. She wanted to remind everyone that it was stressful for a new second year to get a late admission and she wanted him to be able to focus on his thought process in order to ensure patient safety. On more than one occasion, you asked when the team was going to start handoff (even in front of the stressed resident doing the admission) and why you had to wait. When Dr Wylie reiterated that the team was not going to start until Dr Schuh was finished with patient documentation and decision making, that you would give him time, you responded "this is stupid". That comment provoked a stern rebuke from the chief of service.

- i. The concern about this issue is that you had previously exhibited disruptive behavior at checkout in the past. Also, on the terms of your extended probation, the issue of behavior at checkout had been explicitly mentioned.
- ii. This had potential to affect patient safety (disjointed processing of a new admission).
- iii. You had no more than 4 patients to see that day (and had no afternoon obligations, so literally had the entire day to see those 4 patients). So this was not affecting the care of your patients.

This is an example of your putting your own desires above that of the team and not modeling the leadership expected of a PGY3 resident. Showing leadership during patient handoffs was a term of your probation. This is the latest in a pattern of similar

behaviors that have continued despite specific and repeated warnings. You most recently had patient handoff concerns documented by Dr. Fons that were discussed with you.

2) Violation of Dress Code.

- a. This was witnessed by me (Dr. Jeffrey Leman) on July 6 and July 7, 2020.
- b. On Monday July 6, you were seen in the resident lounge wearing scrub bottoms and a long sleeved Under Armor T-shirt. Various faculty had spoken to you in the past about this very same shirt. I reminded you that this was not appropriate dress code and you replied that you had an appropriate pullover that you would use if you were out on the floor seeing patients. You were reminded that wearing the pullover was essential.
- c. The next day, on the morning of Tuesday, July 7, I was in a patient room on 4 Hamilton and you walked in wearing scrubs and a short-sleeved UA T-shirt, with no lab coat or pullover.
- d. When confronted shortly thereafter you said that you had initially gone to the cafeteria but then went to the patient rooms.
 - i. It is an expectation that residents will be in dress code when going to non-clinical areas of the hospital, such as the cafeteria.

3) The issue of dress code was one that has been repeatedly violated, and while this does not lead to direct patient harm, seems to demonstrate a disregard to professionalism issues to which you have been warned specifically and on far more than one occasion.

- a. On May 26th, you came to your semi-annual review with the program director wearing inappropriate footwear while on probation, which I later addressed this with you.
- b. Dr Andrews has had more than one conversation with you about dress code.

These are not isolated incidents, nor are they the only violations of the terms of your probation. You have been afforded ample opportunity to correct your behavior, and while you have made progress in the areas of communication and patient care, the professionalism concerns remain and are still happening at an unacceptable frequency.

Your options going forward:

1. You have the option to resign from the residency program. This may look better as you apply to other programs but doing so will forfeit any ability to the appeal process noted below.
2. If you chose not to resign, according to the UICOMP House Staff Manual, you have the following rights. (this is verbatim from House Staff Manual).
 2. **Notice of Corrective Action:** The Department Head (here is the program director) shall provide to the Resident written notification of the termination within ten (10) days of imposition of that action. The notice shall include an explanation of the reason(s) for such action (noted above) and shall advise the Resident of his/her right to request an informal hearing pursuant to this Exhibit. (This letter is the notice referred to).
 3. **Request for Hearing:** Within fourteen (14) days of issuance of written notification of the action, a Resident may request a hearing before a Committee, which shall consist of at least three (3) faculty members from the Resident's department. The

Department Head shall not be a member of the Committee. The Committee shall elect a member from the group to preside as Chair at the hearing. Each department may have a standing committee to conduct hearings requested under this Exhibit. If there is no standing committee, an ad hoc committee shall be appointed by the Associate Dean for Graduate Medical Education for each hearing requested. (In this instance, the written request for a hearing should be to Dr Kelvin Wynn as department chair, who will arrange the hearing committee from members of the department who have not worked with you directly).

Conduct of Hearing:

1. The Committee shall convene the hearing within fourteen (14) days of receipt of the Resident's written request and shall notify the Resident in writing of the date, time, and place for the hearing as soon as reasonably possible, but no fewer than 72 hours in advance of the hearing.
2. The Resident and the Department Head or his/her designee shall be present at the hearing and shall each present such information, witnesses or materials (oral or written) as he/she wishes to support his/her position. No other representatives shall be present during the hearing, with the exception of attorneys who represent the parties or the Hearing Committee. Attorneys will be allowed to attend only in an advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party or each other directly.
3. Each party shall be permitted to review all materials submitted to the Committee during the hearing.
4. The Hearing Committee shall have the sole right to determine what information, materials and/or witnesses are relevant to the proceedings and shall consider only that which they deem to be relevant.

Hearing Committee Decision:

1. A majority vote of the Committee shall decide the issue(s) before it and the Department shall be bound by the decision.
2. Regardless of the outcome of the hearing, the Committee will provide the Resident and Department Head with a written statement of its decision and the reason(s) for such decision within ten (10) calendar days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee's report.

Appeal of Hearing Committee Decision: A Resident may appeal the Committee's decision to the Associate Dean for Graduate Medical Education within ten (10) days of issuance of the Committee's decision. The Associate Dean shall review the Committee's decision and any documentation submitted to the Committee and may conduct his/her own investigation of the matter. He/she may, but need not appoint another Committee, to review and discuss the matter. He/she shall render his/her decision in writing within a reasonable time, but not later than thirty (30) days after receipt of the request for appeal.

Final Appeal: The Resident may appeal the Associate Dean's decision to the Senior Associate Dean for Academic and Educational Affairs of the College of Medicine within ten (10) days from the date of issuance of the decision. An appeal to the Senior Associate Dean is permitted only on procedural grounds and a review of the record by the Senior Associate Dean for said appeal

shall be limited only to procedural matters. The Senior Associate Dean shall render his/her decision within ten (10) days after receipt of the request for appeal and such decision shall be final and unappealable.

A handwritten signature in black ink, appearing to read "Jeffrey S. Lemman". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jeffrey S Lemman, MD
Program Director,
UICOM Family Medicine Residency
Clinical Associate Professor
Department of Family and
Community Medicine University of
Illinois College of Medicine Peoria



**THE
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PEORIA CHICAGO ROCKFORD URBANA

Department of Emergency Medicine
OSF North Building, Room 2627
530 NE Glen Oak Avenue
Peoria, Illinois 61637

John W. Hafner, MD, MPH FACFP
Clinical Professor and Program Director

August 25, 2020

To Whom It May Concern:

The University of Illinois College of Medicine at Peoria (UICOMP) Appellate Committee met on August 18, 2020 with the UICOMP Family Medicine Residency Program leadership (as well as called witnesses) and Dr. Serafino Sauro and his council (as well as called witnesses) for the purpose of appealing the recent release of Dr. Sauro from the Family Medicine Residency Program. Every effort was made to allow for equality in time and content for both parties presenting to the committee.

Dr. Leman was the first to present to the committee, stating Dr. Sauro was dismissed for violations of the defined terms of his probation. Those problems fell into two areas: system based practice (specifically patient care handoffs and working well in care teams for the safety of the patients that he served) and professionalism (adhering to clearly established professional guidelines but more importantly modeling the behavior expected of a senior resident). Several concerns had been brought forth regarding Dr. Sauro's behavior and communication during his training that resulted in placement on discipline periods of Academic Warning Status, Academic Probationary Status, and an extension of his Academic Probationary Status. These programmatic disciplinary actions were based upon faculty and program leadership assessments of several documented deficiencies including: patient care and teamwork issues, disregarding senior resident's orders and guidance, communication issues, poor handoff adherence, poor rotational performance on 3 rotations, and harassing behavior. Dr. Nathan Bates, a former Chief Resident of the same residency program as Dr. Sauro, and Dr. Wynn, Chairman of the UICOMP Department of Family and Community Medicine, also gave testimony and their perspectives to the committee.

Dr. Sauro then spoke to the Committee, appealing his dismissal charges. Dr. Sauro felt the disruptive behavior that occurred during his probationary period on patient handoff rounds with another senior resident was a misunderstanding and did not represent a disruption. He stated that the residency dress code policy was not well defined nor universally applied with other residents. In addition, he noted that the dress code incident in question occurred during a patient care transition period. He felt that Dr. Leman was both vague and strict in enforcing the terms of his probation, and that the cited occurrences did not rise to the level of dismissal for violating the terms of his probation. Dr. Sauro presented documentation of his meetings with Dr. Jill Weber, a communication expert at UICOMP, and stated he felt he had experienced tremendous growth in his interpersonal communications skills under her guidance. He also presented several character support letters from professionals he has worked with in the past. Dr. Jason Lowe, a local community Obstetrics and Gynecology physician, offered personal testimony on Dr. Sauro's behalf.

The committee weighed all of the testimony and the provided documentation. One important consideration that the committee investigated was if Dr. Sauro was adequately informed of his deficiencies and complaints. The committee felt there was copious documentation (i.e. academic warning letter, 2 probation agreements, email communications and direct meetings with Dr. Leman and other faculty/chief residents), showing that Dr. Sauro was made aware of his deficiencies and complaints. Another concern that the committee examined was if Dr. Sauro was given the time, resources and guidance to improve his performance. Dr. Sauro's 5 months of probation would have fulfilled this requirement on its own, but there were additional resources and interventions offered. It is the opinion of the committee that the Family Medicine Residency Program went to great lengths to provide Dr. Sauro with both the time and resources to improve

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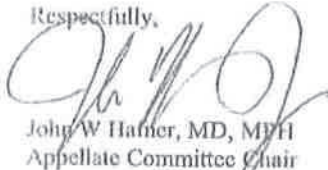
Plaintiff's Exhibit C
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(i.e. extending his probation even after documented violations. These included arranging private counseling sessions with Dr. Weber and feedback sessions with faculty and leadership. Indeed, testimony showed Dr. Leman demonstrated the desire for Dr. Sauro's success in the program up to the time Dr. Sauro violated the terms of his extended probation.

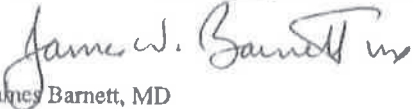
Finally, the committee also considered if Dr. Sauro failed to meet his expected trajectory of improvement, or violated the terms of his probationary period. There is certainly evidence that he did improve his interpersonal communications after working with Dr. Weber. However, while progress was being made in this area, it did not appear that Dr. Sauro was progressing in other ways. Speaking coarsely to a senior resident team leader "as a friend" while in a professional environment shows a lack of understanding of the boundaries and standards required for the situation. It also speaks to the larger trend of complaints, wherein he places his own personal needs above those of the group. An illustration of that trend is his approach to requesting schedule changes. Dr. Sauro described his need for schedule changes as something that happened only on two occasions; however, the former chief resident indicated it was a much more frequent issue, and often occurred in an aggressive and uncomfortable manner. The dress code issue, while appearing minor, is also relevant. Dr. Sauro's defense that he had violated the policy before without getting in trouble (as had others), doesn't negate the infraction. Once he was told of the issue, he still broke the policy. His defense that these infractions did not impact patient care does not excuse the rule violation, especially in light of his probationary status. The fact that he had finished his rounds and was going back to check on the patient again indicates he was still acting in a professional capacity with the patient. The terms of his extended probation were made very strict by program leadership, in large part because he had already violated the original probation agreement. He was aware of this when he signed the extended probation.

Based upon the testimony and review of the provided documents, the UICOMP Appellate Committee has determined that the standard for Dr. Sauro's dismissal from the UICOMP Family Medicine Residency is upheld. The committee did not arrive at this decision lightly or without heavy debate and discussion. As medical educators our ultimate goal is to see our trainees succeed during their efforts. The committee would support further due process for Dr. Sauro's dismissal appeal (following the outlined UICOMP Graduate Medical Education dismissal appeal process for further appeal) if Dr. Sauro requests this.

Respectfully,



John W. Hamner, MD, MPH
Appellate Committee Chair
Program Director, Emergency Medicine Residency Program



James Barnett, MD
Appellate Committee
Director, Rural Student Physician Program, Family and Community Medicine



Kevin Wombacher, PhD
Appellate Committee
Assistant Dean for Medical Education and Assessment, University of Illinois College of Medicine Peoria



Francis J. McBee-Orzulak, M.D.
*Designated Institutional Official and Associate Dean for
Graduate Medical Education*
Lisa Collins, Administrative Assistant

Office of Graduate Medical Education
One Illini Drive
Peoria, Illinois 61605

October 1, 2020

To Whom it may concern:

We are writing to inform you of the UICOMP GME Appeal Committee decision regarding Dr. Sauro's appeal to the Family Medicine Program's decision to dismiss Dr. Sauro from the program. Through a majority vote, the appeal committee decided to uphold Dr. Sauro's dismissal.

The committee's rationale was based on the conditions of the extension of probation. In the dismissal letter, 2 instances were cited as violation of the terms of extension of probation: 1. Disruptive behavior during sign-out related to ongoing deficiencies in the Core Competencies of System-Based Practice and Professionalism, and 2. Violation of the dress code related to ongoing deficiencies in the Core Competency of Professionalism. Based on the vastly different recollection of events related to the incident of disruptive behavior during sign-out, the committee felt that it could not effectively determine if this was grounds for dismissal. The committee did feel that the violation of the dress code was grounds for dismissal based on the terms of the extension of probation. The committee believes that there was sufficient documentation that the dress code was well established and understood by all parties. Furthermore, based on the fact that the letter of extension of probation was shared with Dr. Sauro and edited based on his feedback, the committee feels that Dr. Sauro understood the terms of the extension of probation.

We feel it is our duty to inform Dr. Sauro of the appeal process as outlined in the UICOMP resident handbook. The handbook states that a further appeal can be submitted to Dr. Raymond Curry, MD, FACP, Senior Associate Dean for Education, at the College of Medicine within 10 calendar days of this decision. The handbook further states that this appeal is permitted only on procedural grounds and that the Senior Associate Dean's review of the record shall be limited to procedural matters.

Sincerely,

Francis J. McBee Orzulak, MD, FAAP, FACP
Associate Dean Graduate Medical Education
Designated Institutional Official

CC: Dr. Serafino Sauro, Dr. Jeffrey Leman

Chicago

Peoria

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Plaintiff's Exhibit C
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THE UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
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Raymond H. Curry, MD, FACP
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October 19, 2020

Serafino Sauro, MD
serafino.sauro@gmail.com

Dear Dr. Sauro:

I am writing to communicate my decision, as senior associate dean for educational affairs at the University of Illinois College of Medicine, in consideration of your appeal of termination from the family medicine residency program sponsored by our Peoria campus. As you know, the College of Medicine is the ACGME Institutional Sponsor of the residency program, and as such any disciplinary actions are adjudicated according to the graduate medical education policies of the College. The policies and procedures relevant to this determination are those described in the current academic year 2020-2021 House Staff Handbook for Peoria's programs at Unity Point Health-Methodist, which can be found here: https://files.webservices.illinois.edu/5414/house_staff_manual_uhp20-21.pdf. Note that the references to policy in your appeal letter were taken from the Graduate Medical Education Policy Manual, which contains the same content, but numbers the sections somewhat differently. For that reason, I will refer to the handbook by citing its text, not the specific articles or sections.

Your appeal was presented in the form of a letter from your attorney, Jim Rochford, dated October 9, 2020. In considering this appeal, I have explored in detail each of the alleged violations of procedure described in that letter. I would preface these statements by noting that these procedures are promulgated for the purpose of adjudicating academic disciplinary matters, governed as directed by the College's Graduate Medical Education Committee, and are not statutory rules or regulations. Their purpose is to ensure that the College of Medicine treats petitioners fairly and equitably in its academic disciplinary proceedings. Meanwhile, the College is also responsible to the public for ensuring that all graduates of our programs have demonstrated the professional competencies set forth in our program requirements and are qualified to serve their patients safely and effectively.

As stated in the handbook, your appeal at this stage is "permitted only on procedural grounds and a review of the record by the Senior Associate Dean for said appeal shall be limited only to procedural matters." I find each of the allegations of violation of your due process rights presented in your appeal to be either based upon mistaken information, misunderstanding of a valid interpretation of the procedures by the committee(s), or to constitute a non-prejudicial variance from the language of the House Staff Handbook.

Provision of materials before, during and after the hearings.

- The Manual states that “[e]ach party shall be permitted to review all materials submitted to the Committee during the hearing.” Both parties submitted a total of over 350 pages of materials to the departmental hearing committee that met on August 13, 2020. During the August hearing you did not make any request to review the documents submitted to the committee. Though the Manual does state that “if written materials are submitted to the Committee, such materials shall be appended to the Committee’s report,” attaching over 350 pages of documentation to the report was not practical. However, you were provided access to review these voluminous documents electronically prior to your second appeal hearing on September 17, 2020. Again during this hearing you did not request to review the documents and indeed had accessed them electronically prior to the hearing’s commencement. Many of these documents were part of your student record and past disciplinary file and thus familiar to you. Though you claim you did not have enough time to adequately review the materials before your second hearing, you did not request any additional time for review and preparation. The committee provided you with additional time to prepare and submit materials for your August 13, 2020 hearing and likely would have done so again if you had made a similar request.

Hearing agendas, witnesses and time allotted each side

In the agendas for both hearings, 30 minutes were outlined for each side to present their case to the committee. Prior to the departmental hearing, both sides were asked to provide a witness list in advance. Dr. Lehman listed two witnesses and you listed one witness. You never questioned if you could present additional witnesses besides Dr. Lowe. Based on the video recording of the departmental hearing, you spent 100 minutes presenting to the committee, including your witness, and Dr. Lehman and his two witnesses spent 61 minutes presenting to the committee. Similarly, at the second appeals committee you spent 62 minutes presenting to the committee, more than Dr. Lehman who presented to the committee for 36 minutes. Further, as it is the Associate Dean of Graduate Medical Education’s discretion to appoint a committee or not at his level of review, it is also his discretion on whether that committee may hear witnesses.

Episodes of alleged *ex parte* communication.

- This is not a legal proceeding and thus claims of “*ex parte* communication” and “close of evidence” have no bearing. Follow up questions or requests for further documentation during a committee’s investigation are not prohibited by the Manual. The appellate committee continued their investigation by requesting documentation from both you and the Department regarding the dress code policy in place prior to July 2020. See 9/18/20 email from Dr. McBee -Orzulak. The appellate committee considered these responses in their continued deliberations.

Relevancy of information provided to the committee(s)

Per the manual the committee(s) shall have “the sole right to determine what information, materials and/or witnesses are relevant to the proceedings and shall consider only that which they deem to be relevant.” Art. 5 (d)(3) (e)(4). Both committees exercised that discretion in making their determinations.

Though you complain that documented “notes” of the August committee hearing did not accurately reflect the statements of Dr. Lowe, that hearing was recorded and members of the second appeals committee were able to view the video of Dr. Lowe’s testimony.

Composition of the hearing committees.

As there was no departmental standing committee, Dr. McBee-Orzulak had to appoint an *ad hoc* committee. He intentionally constructed this committee so as to involve faculty other than those who sit on the Clinical

Competency Committee, as those faculty would have participated in prior discussions of your performance that led to your probation(s) Given the small size of the department there were few other available faculty, and Dr. McBee-Orzulak was unable to seat an appropriate committee entirely composed of family medicine faculty. It would seem to have been to your advantage to have some members of the hearing committee participating with a fresh perspective.

For the second appeals committee, you are concerned that one member, Dr. Sehring, does not hold a faculty appointment. This stipulation, however, is articulated in the faculty handbook only for the departmental hearing stage; the handbook is silent on the composition of the committee the associate dean for graduate medical education may, if they choose, appoint for that second stage of appeal. Although he does not hold a faculty appointment Dr. Sehring is a senior fellow in pulmonary/critical care, several years senior to you and equivalent in experience to others who do hold faculty appointments.

Summary and decision on appeal

Upon careful review of all documents submitted in conjunction with the appeals process, I find that the departmental committee hearing and decision, and the subsequent second appeals committee hearing and decision, were all conducted fairly and appropriately in accord with the relevant graduate medical education policies and procedures. I am therefore sustaining the prior decision to terminate you from the residency program. As stated in the House Staff Handbook, this decision is final and unappealable.

I wish you well in your future career endeavors.

Yours sincerely,



Raymond H. Curry, MD, FACP
Senior Associate Dean for Educational Affairs
University of Illinois College of Medicine

Professor of Medicine and Medical Education
University of Illinois at Chicago

CC: Meenakshy Aiyer, MD, MACP
Regional Dean, Peoria Campus

Francis J. McBee Orzulak, MD, FAAP, FACP
Associate Dean for Graduate Medical Education;
ACGME Designated Institutional Official