



DEPARTMENT OF THE ARMY
U.S. ARMY REGIONAL HEALTH COMMAND - EUROPE
UNIT 29421
APO AE 09136-9421

17 February 2015

To whom it may concern:

I am writing to recommend that MAJ J [REDACTED] S. J [REDACTED] be given the opportunity to restart a military orthopedic residency, apply and compete for an Orthopedic Surgery Rotation Position outside of military medicine in a civilian hospital, or be allowed to begin a program in another specialty within the Department of Defense GME system. Below I explain my knowledge of his previous graduate medical education..

In July 2013 I was selected by The Surgeon General to serve as the investigating officer for an informal AR 15-6 investigation of the Tripler Army Medical Center Orthopedic Surgery Department. In the course of this investigation I reviewed documentation related to MAJ J [REDACTED] J [REDACTED]' Academic probation and his subsequent termination from the Orthopedic Surgery program. The purpose of this memorandum is to provide a succinct explanation of the findings and recommendations as set forth in the redacted copy of the investigation regarding MAJ Jones' previous experience as an orthopedic resident.

MAJ J [REDACTED] was placed on academic probation in April of his R3 year for administrative matters, primarily the failure to complete his notes in a timely manner. During his 90-day probation, the residency staff gave him daily evaluations of his morning report post-call presentations, pre-op presentations, academic presentations, and surgical performance. His performance was rated on a scale of 1 to 4 and at the end of the 90-day period, his average score was 3 out a possible 4 points. After this first probation period, the Orthopedic Surgery Department attempted to terminate MAJ J [REDACTED]' residency. During the hearing, it was revealed that MAJ J [REDACTED] had been experiencing significant health issues that detrimentally affected his performance. He was then placed on a 4-month medical leave of absence. When he returned from his leave of absence, he was placed back on probation. He was required to sign the new probation document or resign from the program. That new document had no plan for performance improvement, stated that MAJ J [REDACTED] was to resume daily evaluations, and outlined a number of conditions that would result in termination. During this second probationary period, MAJ J [REDACTED] did not receive daily evaluations, received no written counseling that his performance was unsatisfactory, and he was terminated shortly after his return.

Between March and May of 2012, the MEDCEN Commanding General directed an investigation of MAJ J [REDACTED]' probation and termination by the staff at Tripler Orthopedics. The investigating officer recommended to the general that MAJ J [REDACTED] be re-instated as an R3 resident at a different military hospital. I was directed to

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investigate unrelated misconduct by the Orthopedic staff that occurred more than a year after MAJ J [REDACTED] left the residency program. As part of my investigation, I looked into why MAJ J [REDACTED] was not re-instated at a different military hospital in accordance with the recommendations from the previous investigating officer. According to the former U.S. Army GME Director, across the Army, Navy, and Air Force, there were no open R3 positions at that time.

As stated in my original recommendations and in the opening paragraph of this letter, it remains my belief that MAJ J [REDACTED] should be given the opportunity to restart residency in another location in the military, apply and compete for an Orthopedic Surgery Rotation Position outside of military medicine in a civilian hospital, or be allowed to begin a program in another specialty within the Department of Defense GME system.

For any further questions I may be reached by telephone at DSN 314-590-22 [REDACTED] or via email at N [REDACTED].c [REDACTED].mil@mail.mil.

Sincerely


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Brigadier General, U.S. Army
Commanding