

RESIDENT SELECTION, EVALUATION, PROMOTION AND DISMISSAL

A. Resident Selection

Medical students must apply through ERAS and register for the National Resident Matching Program (NRMP). Required materials include ERAS application, Dean's letter, medical school transcript, 3 letters of recommendation, USMLE Step 1 and 2 scores (CK and CS), and a personal statement. Applicants from non-LCME medical schools must be certified by the ECGME, be eligible for a J-1 visa, and have four months of clinical training in an accredited US residency program (observerships are not acceptable). Special consideration is given to candidates with significant research, volunteer work or other advanced degrees. Interviews are granted based on the quality of the application. All applications are reviewed again with data entered prior to the candidate's visit. Faculty interview scores plus scores on various components of the application are used by the Residency Selection Committee to determine the candidate's final score. The Program Director and Associate Program Director complete the final ranking of all candidates. The final rank list is submitted to the NRMP.

B. Resident Evaluation

The Program Director reviews and initials each evaluation form on a monthly basis. The Clinical Competency Committee reviews all summaries of resident evaluations and scores. Summaries are submitted to the ABIM on their annual tracking form. An annual transcript is filed with all evaluations in the resident's folder. The resident signs all evaluations as an acknowledgement of receiving feedback and reviewing the form.

Monthly Clinical Assessments / 360 Degree Evaluations. Every resident is evaluated at the end of each one-month rotation and twice a year in their continuity medical clinic, for a minimum of 14 written evaluations per year. Using a combination of global and competency-based scores, residents receive an annual summative evaluation based on medical knowledge, judgment, clinical skills of history, physical examination and procedures, humanism, professionalism and overall medical care. Outcomes specific to other rotations are used for research rotations and the Ambulatory Block Rotations. Evaluation scores are summarized on an annual transcript along with the resident and class mean. Residents are also evaluated by medical students and by nurses in the continuity clinics and on some inpatient assignments as part of the 360 degree process.

Mini - Clinical Competency Examination (mini-CEX). Every first-year intern must complete one of 5 mini-CEX components in the following areas: clinical judgment, professionalism, organization / efficiency, interviewing a patient, performing part of a physical examination, and patient counseling. Every PGY-2 residents must complete another 6 mini-CEX's (one in each of the 6 competencies). After the faculty observe each mini-CEX, the resident will log the mini-CEX in their on-line procedure log book.

Chart Documentation. Faculty attendings must complete 6-8 chart reviews throughout the training period to document the completeness and appropriateness of the resident's written documentation of patient care. Items evaluated include initial H&P's, progress notes, orders, test requisitions, etc.

Knowledge Base. All residents are required to take the In-training Examination on an annual basis. Percentile scores and a comprehensive report provide residents with feedback to guide their studies.

Attendance at Conferences. Resident must sign in to all required conferences. Attendance is expected to be 60% and is recorded on the resident's transcript.

Procedural Skills. Residents must maintain a log of all required clinical procedures and document competency in those required by the ABIM prior to certification.

Scholarly Activity. Residents are required to demonstrate skills in research and scholarly activity. Each upper level resident presents an evidence-based report at Journal Club, including handout with a critical appraisal topic (CAT). During the senior year, residents complete a review of the literature and present a 45-minute didactic talk using Power Point and write a manuscript with 20-40 references. An evidence-based approach is expected. Senior talks are evaluated by the Program Director on content, style, use and presentation of the literature, and use of slides and other audiovisual aids. A copy of their manuscript and written evaluation are filed in the resident's folder.

C. Resident Promotion

To be promoted to the next year of training, the resident must:

1. Complete the curriculum outlined for each year of training in a satisfactory fashion.
2. Demonstrate professional behavior.
3. Demonstrate good moral and ethical behavior.
4. Be judged capable of performing in a satisfactory fashion at the next level of training.

In addition, to be certified as completing the residency training program, the resident must:

1. Complete all requirements for the ABIM and RRC.
2. Be certified in all required procedures.
3. Complete their scholarly activity requirements of Journal Club and Senior Conference, including written manuscript.

D. Resident Remediation

Residents with academic or professional difficulties are identified early. Discussions are documented in the resident's folder and an appropriate educational prescription is determined based on the resident's needs, e.g., personal tutoring, adjusted clinical supervision, schedule changes, psychological evaluation, drug testing, etc. The entire portfolio is taken into account such that weakness in a single area will be addressed by appropriate remediation in that area. Discussions and updates on the resident's progress are held on a regular basis with the Program Director, Associate Program Directors, Chief Residents, Chairman and Clinical Competency Committee. The intent of the Committee and the Program Director is to be proactive and develop a plan of remediation. Minutes from the Committee are documented. The results of this intervention are three-fold:

1. If remediation is successful, the resident will be promoted to the next year of training and receive a satisfactory rating on the ABIM annual tracking form.
2. If progress is made but remediation is incomplete, the resident will be given a marginal rating on the ABIM annual tracking form. The resident may be promoted to the next year of training or be required to complete a specified number of months at the current training level.
3. If remediation is unsuccessful or if progress is inadequate, the resident will be dismissed from the program. The institution's Due Process Policy allows the resident to file a formal grievance about an adverse action.

Residents demonstrating unethical or unprofessional behavior will be dismissed from the program.

E. Non-Renewal of Contract

A written notice of intent not to renew a residents contract will be provided by the Program Director no later than four months prior to the end of the resident's current contract. However if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, include the significant

worsening of a problem previously identified, the Program Director will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

F. Due Process

The institution's Due Process Policy allows the resident to file a formal grievance related to a complaint or action that could result in their dismissal, non-renewal of their contract, or could significantly threaten the resident's intended career development.

G. Program Evaluation by Residents

All resident feedback is used to modify the curriculum and structure of the residency training program. The Program Director ensures that each resident evaluated the teaching faculty and program in writing, ensuring anonymity and confidentiality. The Program Director and faculty promote an environment where residents are free to comment openly without fear or retaliation.

1. Assessment of rotations each block: Residents evaluate the program, including faculty and rotations, in a variety of ways. At the conclusion of each block, they complete an anonymous evaluation of the attendings' teaching and clinical abilities, and the educational value of the rotation.
2. Annual Needs Assessment: Each year, every resident is required to complete a confidential Needs Assessment. The resident gives every attending and each rotation a score of 1 through 5 (with 5 being outstanding). These results are entered into a database and analyzed by the Program Director, and are used to modify the curriculum, give feedback directly to faculty, division chiefs and the chairman of the Department. The return rate is nearly 100% and anonymity is guaranteed through a coding system that is securely maintained by a staff member.
3. Semi-annual meetings with the Program Director: Residents may deliver one-on-feedback about the program at their meeting with the Program Director. Asking for this feedback is done at each meeting and documented on the feedback form with the resident.

SDW: 01/13/2002

Approved, GME Committee, 2001

Updated 3/2005, July 2007, June 2009