POLICY: 200-050385-023

Evaluation and Promotion of Residents

The Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) charge the Graduate Medical Education Committee (GMEC) with assuring that each residency program establishes and implements formal written criteria and processes for the evaluation and promotion of residents in compliance with both the Institutional and relevant Program Requirements. This policy also outlines expectations for the Clinical Competency Committee (CCC) of each training program.

Policy

Evaluation:

Each residency program must establish formal written criteria and processes for the evaluation of residents. These policies are to be included in the appropriate sections of the program’s Policies and Procedures Binder. The GMEC as part of the annual program review shall review the criteria, processes and forms. All programs should have a standardized form for use in the evaluation of the residents. This form must be included in the Policies and Procedures Binder. It is suggested that each program use this form to record the assessment of intellectual abilities, clinical skills, interpersonal skills, and the development of professional attitudes consistent with being a physician. Humanistic qualities such as integrity, respect, compassion, professional responsibility, sensitivity to the patient’s needs for comfort and encouragement, and an appropriate professional attitude and behavior toward colleagues should be evaluated.

Communication skills should be evaluated and deficiencies documented and corrected to comply with one requirement of the core curriculum components. The program should also evaluate the resident’s technical proficiency. Competency in program-specific procedures should be documented in logbooks and/or databases.

Each program is expected to comply with their specific Program Requirements regarding resident evaluation. In general, written evaluation of each resident’s knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semiannually and must be communicated to and discussed with the resident in a timely manner. Permanent records of the evaluation and counseling process for each resident must be maintained for each resident. Such records must be available in the resident’s file and must be accessible to the resident and other authorized personnel.

Final Evaluation:

The Program Director must prepare a final written evaluation for residents completing the program. This final comprehensive evaluation should include an assessment of the resident’s performance throughout the program and in the final months. It is recommended that the exact language cited in the program requirements be used in the final evaluation, e.g. “the resident has demonstrated sufficient professional ability to practice competently and independently.”
Promotion:
PGY 1 trainees must take Step 3 of the United States Medical Licensing Exam in order to successfully complete the intern year.

Each residency program must establish formal written criteria and processes for the promotion of residents. The GMEC as part of the annual program review shall review the criteria and processes. No resident shall be promoted to a higher level of responsibility unless there is documented evidence of satisfactory progressive scholarship and professional growth. The evaluation processes of the program shall provide an assessment of the residents’ ability to assume progressively increasing responsibility, according to his or her level of education and experience.

Clinical Competency Committee:

The Clinical Competency Committee (CCC) for each training program is charged with monitoring each trainee’s performance and when appropriate making necessary disciplinary decisions. At all times, the procedures and policies of the Clinical Competency Committee will comply with those of the Graduate Medical Education Committee as outlined in the Graduate Medical Education Grievance Policy and Procedure.

The CCC functions in an advisory role by meeting to review all completed evaluations and providing a consensus-based recommendation to the program director as to the standing of each trainee in the program. The CCC will provide performance-based assessments of the fellows in a manner that promotes both confidentiality and professionalism. Ultimately, the program director has the final responsibility for each trainee’s evaluation and promotion decisions.

Procedure

1. **RRC Requirements**

   There must be a written policy that describes the Clinical Competency Committee (CCC) role and function. Resident trainees do not have the right of due process for recommendations made by the CCC, but may follow formal due process procedures related to decisions or recommendations made as a consequence of the CCC’s deliberations.

2. **Membership**

   The Training Program Director appoints the Chair of the Clinical Competency Committee. Members of the Committee are chosen by the Program Director and will include at least three Clinical Faculty of the respective training program. No residents shall serve on the CCC. Membership of the CCC will be reviewed annually by the respective Program Education Committee. The meetings will be held at least semi-annually to coordinate recommendations of both Milestone reporting and final evaluation/promotion decisions. The CC may meet more frequent to address disciplinary issues.

3. **Responsibilities of Members**

   Members attend semiannual committee meetings, as well as, ad hoc meetings to address resident issues as described below. The Chair will keep detailed minutes of all meetings. The CCC shall:

   (a) Review all resident evaluations semi-annually;

   (b) Prepare and assure the reporting of Milestones evaluations of each resident to ACGME;
(c) Advise the program director regarding resident progress, including promotion, remediation, and dismissal;

(d) Prepare a report summarizing the Committee’s recommendations and rationale any adverse action from each meeting;

(e) Advise the Program Evaluation Committee about any evaluation issues identified during the CCC meetings; and

(f) All members of the Committee agree to keep the information discussed confidential.

4. Specific CCC Committee Activities

a) **Semiannual Housestaff Performance Reviews:**
   The Program Director or designee will meet individually semi-annually with each resident trainee following the convening of the CCC. The purpose of these meetings, in part, is to review performance evaluations including competencies, programmatic requirements for conference attendance and scholarly activity, and progress towards successful completion of the residency program requirements as assessed by the CCC. Additionally, it is an opportunity to address stress and fatigue, solicit feedback about the residency program, and provide an opportunity for mentorship and career counseling. A record of these meetings will be placed in the respective resident’s permanent file.

b) **Recommendations for Milestone Data input of Residents:**
   The CCC will review available evaluation and feedback data and make recommendations for each Resident’s progress towards the expected training program Milestone semi-annually. This recommendation will be used for Program Director input into the ADS for Milestone Reporting.

c) **Recommendations for Promotion and Advancement to Advanced Residency Training:**
   The CCC will review individual resident performance and make recommendations regarding advancement/promotion in the respective training program.

d) **Adjudication of all academic disciplinary actions for residents.**