

## Internal Medicine Residency Program

### Resident Evaluation Policy

Residents in Internal Medicine must meet established academic requirements in order to progress to each subsequent year of training. This policy is consistent with the UTHSCSA GME "Policy on Resident Evaluation". In general, the program-specific academic requirements for the educational development of residents are as follows:

**PGY-1:** At the conclusion of this year, the resident has demonstrated sufficient progress in the components of clinical competence that he/she is capable of functioning as a team leader. Specifically, the resident has the necessary skills in data gathering, medical knowledge, clinical insight, and critical thinking to assume a team leadership role.

Core descriptors of performance milestones that may be useful to consider at the end of each rotation and include on the evaluation form are:

Lacking in skills to function as a team leader . . . moving towards team leader role...capable of being a team leader.

**PGY-2:** At the beginning of this year, the resident is capable of making independent decisions based on previous clinical experiences. As the resident progresses through PGY-2, he/she develops the ability to recognize and manage "new" clinical problems: those clinical scenarios not previously encountered.

Core descriptors of performance milestones that may be useful to consider at the end of each rotation and include on the evaluation form are:

Lacks insight and judgment in clinical situations. . .recognizes most new clinical situations and seeks appropriate consultation...recognizes and manages new clinical situations skillfully.

**PGY-3:** At the conclusion of this year, the resident should demonstrate mastery of a large set of special skills and should be prepared to practice independently. The resident now has the sufficient knowledge base, problem-solving skills, and clinical judgment that enable him/her to teach other residents and to evaluate the performance of junior residents.

Core descriptors of performance milestones that may be useful to consider at the end of each rotation and include on the evaluation form are:

Not yet capable of practicing as an independent physician. . .moving towards independent practice...practices as independent physician

The evaluation forms and milestones are provided to all housestaff at orientation and are available in the Office of Educational Programs for review.

To monitor resident progress and document performance, faculty evaluates residents during every rotation, a policy consistent with ACGME program requirements. Faculty is asked to meet with housestaff at 2 weeks and at rotations end to review their clinical performance. During the last week of a resident's rotation, written evaluation forms are sent electronically to the supervising faculty. The returned, completed forms are reviewed by the Program Director or Associate Program Director. These are filed in the resident's restricted-access file.

Exceptional evaluations that indicate residents are not meeting the milestones consistent with their level of training are given special attention. The resident is notified immediately of the evaluation and asked to come review it. He/she is encouraged to meet with the Program Director or Associate Program Director at that time. The resident is asked to sign the evaluation form. The resident's signature verifies review, not agreement. Residents have the opportunity to indicate in writing their disagreements with the written

evaluation. Copies of all evaluations and related correspondence are kept in resident files under lock and key in the Office of Educational Programs.

Resident performance is reviewed by the Clinical Competency Committee (CCC) every six months per written guidelines. (See Clinical Competency Committee Guidelines). If concerns about resident performance are raised prior to the 6 month evaluation point, the resident's performance will be discussed at one of the regularly scheduled monthly meetings. The CCC makes recommendations regarding a change in the resident's status, such as placement on probation, and suggests interventions to improve resident performance. The Program Director has the final decision-making authority regarding change in status or remediation activity. Residents are notified promptly of all actions taken by the CCC.

Performance evaluations are performed at least twice a year with the Associate Program Director or Program Director. During those sessions, monthly faculty and fellow evaluations, resident evaluations, student evaluations, patient evaluations, mini-CEX forms, conference attendance, In-training exam performance, procedural documentation and any additional correspondence are reviewed.

Final evaluations are kept on file in the Office of Educational Programs.

*Approved by GMEC June 8, 2010*

SAMPLE