

**Family Medicine Residency Program  
United Hospital Center**

**SUBJECT: Evaluation and Advancement/Promotion**

**Evaluation**

Several methods will be used to evaluate residents during residency training to assess each of the ACGME Core Competencies, Milestones and other areas deemed effective in tracking appropriate resident progress toward demonstration of ability to enter autonomous practice.

All residents will take the American Board of Family Medicine In-Training Examination annually. Osteopathic residents also take the ACOFP In-Training exam annually. The individual results and scores will be reviewed with each resident. Each resident will meet with the Faculty Advisor and/or Director to discuss the scores with respect to individual strengths and areas for improvement. Residents with significantly low scores may be placed in remediation. The Faculty Advisor will use the results of the examination to make specific recommendations to the resident regarding preparation for completion of residency and preparation for Board Certification by the American Board of Family Medicine.

**Evaluation Sequence and Timelines**

All Residents will evaluate their rotations, preceptors, faculty, the program and themselves. Each Resident’s performance will be evaluated by supervising faculty, preceptors and peers. Residents will also have a 360 Degree review performed by colleagues, patients, professional staff and peers to assess professionalism and communication skills. Although self-assessment is a continuous process, residents complete a formal self-assessments to monitor personal progress and achievement of established goals. The following evaluations will be completed according to the timelines:

Resident Evaluation of Rotation / Preceptor	Monthly
Resident Evaluation of Program	Annually
Resident Evaluation of Faculty	Annually
Resident Self-Evaluation	Semi-annually
Shift Cards	Point-of-Care (Frequency varies)
Quarterly Evaluation of Resident	Quarterly
Six Month Evaluation of Resident	Semi-Annually
360 Degree Evaluation of Resident	Semi-Annually

Preceptor Evaluation of Resident	Monthly
Procedure Competency	Point of care
Milestones	Semi-Annually
Continuity Clinic	Semi-Annually & Family Practice Clinic Rotation
Osteopathic Principles & Practices	Monthly & Shift Cards
Peer to Peer	Family Medicine Rotations
Final Summative Evaluation	End of Residency

All formative evaluations will be requested, submitted, and tracked electronically in the Resident Management Software System (New Innovations) utilized by the UHC Family Medicine Residency. Notification of evaluations due will be communicated via email. Requests for evaluations will be sent at the end of each month, quarter, or year as designated by the applicable evaluation purpose and timeframe. All evaluators will have 30 days to complete required evaluations. Evaluations must be completed electronically and returned by the designated date due.

Preceptors and faculty who supervise the Family Medicine residents will evaluate each resident's performance. These evaluations will focus on the required core clinical competencies. These evaluations can be viewed in New Innovations by the resident and will be discussed with the resident by his or her faculty advisor during quarterly evaluations, or sooner if warranted.

The resident will be evaluated at the end of each monthly rotation by the supervising faculty physician via New Innovations. One of the chief components in each evaluation will be whether the resident has demonstrated the ability to assume increasing responsibility for patient care during the course of the rotation.

The Director and faculty of the Family Practice Residency will have regularly scheduled faculty meetings during which resident performance and issues are discussed. The Program Director also appoints a Clinical Competency Committee of core faculty to review resident performance and Milestone progression. This committee meets at least two times per year and makes recommendations to the program director regarding promotion, remediation and graduation.

## **Promotion/Advancement**

Residents will be advanced to positions of higher responsibility only on the basis of an evaluation that indicates the resident is able to assume the increased responsibility. The Criteria for Promotion will be used by the Director, Clinical Competency Committee (CCC) and faculty of the residency program as

guidelines in the determination of promotion of residents within the residency. The Director, faculty, and Chief Resident (when appropriate) will use these guidelines when a resident appears to show marginal progress in his/her medical training. The Director and faculty of the Family Medicine Residency program have a commitment to training and graduating high quality family physicians and will utilize the following rubric minimums when evaluating recommendations for resident advancement and graduation.

**Promotion/Advancement Minimum Requirements**

<b>PGY1 to PGY2</b>	<b>PGY2 to PGY3</b>	<b>PGY3 to Graduation</b>
<ol style="list-style-type: none"> <li>1. Acceptable progress in all Core Competencies and Milestones.</li> <li>2. Able to supervise PGY1 residents and medical students</li> <li>3. Able to act with limited but progressive independence</li> <li>4. Take Step 3 or COMLEX 3</li> </ol>	<ol style="list-style-type: none"> <li>1. Acceptable progress in all Core Competencies and Milestones</li> <li>2. Able to supervise and teach</li> <li>3. Able to act with increased independence</li> <li>4. PASS Step 3 or COMLEX 3 by December of PGY2</li> </ol>	<ol style="list-style-type: none"> <li>1. Competence in all Core Competencies</li> <li>2. Achieves at least level 3 on Milestones</li> <li>3. Meets all ACGME, ABFM requirements regarding residency completion</li> <li>4. Demonstrates sufficient competence to enter autonomous practice</li> </ol>

**Non-renewal of Resident Appointment**

In instances where a resident will not be promoted to the next level of training, the Program Director will make every effort to notify the resident in writing no later than four months prior to the end of the resident’s current contract. If the primary reason for nonrenewal occurs within the four months prior to the end of the contract, 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.

Residents may implement the “Due Process: Grievance and Appeal Procedure” if they receive written notice of intent not to renew their contract or promote to the

next level of training.