

Evaluation and Advancement/Promotion

Evaluation

Several methods will be used to evaluate residents during the residency training.

Standardized tests - All residents will take the American Board of Family Medicine In-Training Examination annually. Osteopathic residents will 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 Practice.

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 and preceptors. Residents will also have a 360 Degree review performed by colleagues, patients, professional staff and peers to assess professionalism and communication skills. 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	Resident perceives competency has been attained
Milestones	Semi-Annually
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 will be discussed between the resident and the Director.

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/or Faculty Advisor will discuss these evaluations with the resident during the residents regularly scheduled evaluation by the Director or faculty.

The Director and faculty of the Family Practice Residency will have regularly scheduled faculty meetings during the year. During these meetings, the faculty and Director will discuss each resident. The faculty will identify strengths and weaknesses for each resident. The Director and faculty will identify different ways to assist each resident in getting the maximum benefit from the Family Medicine Residency. The Faculty Advisor of each resident will discuss these issues with the resident and document the discussion.



Promotion/Advancement

Residents will be advanced to positions of higher responsibility only on the basis of an evaluation that totally indicates that 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 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. Many factors go into the total evaluation of a resident and some may appear subjective. Decisions based upon those subjective factors will be rooted in the Director's and faculty's commitment to high quality family medicine.

Promotion/Advancement Minimum Requirements

PGY1 to PGY2	PGY2 to PGY3	PGY3 to Graduation
1. Acceptable progress in	 Acceptable progress in 	 Competence in all
all Core Competencies	all Core Competencies	Core Competencies
and Milestones.	and Milestones	2. Achieves at least level
2. Able to supervise	2. Able to supervise and	3 on Milestones
PGY1 residents and	teach	3. Minimum 1700
medical students	3. Able to act with	patient visits in clinic
3. Able to act with	increased	4. Demonstrates
limited independence	independence	sufficient competence
4. Minimum 150 clinic	4. PASS Step 3 or	to enter practice
visits	COMLEX 3 by	without direct
5. Take Step 3 or	December of PGY2	supervision
COMLEX 3		•

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.