

RESIDENT EVALUATION AND ADVANCEMENT POLICY

1. The individual residency programs will maintain files on the individual residents documenting the individual resident's progress within the program. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, interpersonal and communication skills, professionalism, systems-based practice, and overall clinical competency.
2. The evaluations for the individual residents will be completed by the faculty and assigned additional personnel with narrative commentary on the resident's progress, as early as possible at the completion of each rotational experience.
 - a. The resident experience, where there is association with more than one faculty member during the designated rotational period, should have one composite evaluation for that designated period.
 - b. Reporting of the evaluation by faculty should be done in a timely fashion.
 - c. The evaluation form utilized by the individual programs should be consistent with the requirements of the residency training discipline within the general guidelines of the sponsoring institution.
 - General Guidelines include evaluation covering areas of general knowledge, discipline-specific knowledge, basic skills including manual dexterity, procedural skills, personal skills, personal skills and professional attributes, and overall competency.
3. The documentation file on the individual resident should include: formative and summative evaluations. The formative evaluations shall be no less than six-month intervals with annual summations.
4. The individual programs shall have goals and expectations for their trainee performance and the evaluation process should show that the trainees are meeting these criteria established by the program director and the faculty of the program. This would be documented in the formative and summative reports which residents would review and sign as they are developed.
5. Each individual training program shall have an evaluation and promotion committee representative of the program. The committee shall review with the program director, the individual trainee performance as measured by the evaluations from the individual rotations in the formative and summative material prepared by the program director.
 - a. These reviews are recommended to occur quarterly, or no less than two times per year.
 - a.1) Each program shall have an evaluation committee with prescribed meeting dates and providing adequate time prior to the completion of an

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academic year to allow time for appropriate application for contract renewal or non-renewal.

a.2) Feedback of this material will be provided to each resident twice yearly or more frequently as appropriate by means of a personal meeting with the program director or member of the evaluation committee.

b. The committee shall review each resident performance in sufficient time to allow an orderly decision for promotion, probation, suspension, or dismissal.

b.1) All factors of Due Process must be followed, addressing any adverse actions dealing with residents under the auspices of the evaluation and promotion committee of the individual training programs.

c. The committee will be advisory to the program director.

c.1) This committee may be called upon by the individual programs to assist in directing an individual program director and/or faculty to deal with extraordinary circumstances at times other than their regularly scheduled meetings, to deal with extraordinary circumstances.

6. The residency programs shall submit to the Office of Graduate Medical Education a summary of the actions on evaluation and promotion within the program on an annual basis. The Office of Graduate Medical Education, on the thoroughness and completeness of the report, may request to review these materials on an individual per program basis.
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