

	Name of Policy: Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy	
	Last Approval Date: November 21, 2014	Effective Date: November 21, 2014

For the purposes of this policy, the term “Resident” refers to Residents and Fellows

SELECTION

The selection of residents in each program shall be carried out by the Residency Program Director with the assistance of the teaching staff. Programs will select applicants who are eligible for appointment to accredited residency programs. (See Policy on Resident Eligibility and Employment Authorization)

Programs will select applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs will not discriminate with regard to race, religion, national origin, citizenship, sex, age, handicap or other factors prohibited by law. The School of Medicine will participate in the National Resident Matching Program as an Institution.

EVALUATION

Each residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include

1. The use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Assessment of residents’ achievement of appropriate Milestones as established by the programs’ RRC
3. Mechanisms for providing regular and timely performance feedback to residents that includes at least
 - Written semiannual evaluation that is communicated to each resident in a timely manner
 - The maintenance of a record of evaluation for each resident that is accessible to the resident.
3. A process involving use of assessment results to achieve progressive improvements in residents’ competence and performance, and to appropriately allow for the assumption of graded responsibility and authority. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

The program director must provide a final evaluation for each resident who exits or completes the program. The evaluation must include a review of the resident's performance during the final period of education and, for graduating residents, should verify that the resident has demonstrated sufficient professional ability to practice competently without direct supervision. The final evaluation must be part of the resident's permanent record maintained by the institution.

SUPERVISION

Supervision of the residents shall be carried out by the designated teaching faculty under the direction of the Residency Program Director, and in accordance with the SIU Policy on Patient Care Activities and Supervision Responsibilities for GME Trainees and Attending Physicians. Each program shall establish a written program-specific supervision policy consistent with this institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements.

It shall be the Residency Program Director's responsibility to see that such supervision is adequate and appropriate to maintain both the optimal education environment and excellent quality of patient care. Residents will be supervised by teaching faculty in a way that gives residents progressively increasing responsibility according to their level of education, ability and experience. Availability of the teaching staff will be structured in a way to ensure appropriate supervision. Determining the level of responsibility for each resident will be the responsibility of the Residency Program Director with input from the teaching staff.

GRADED RESPONSIBILITY

The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's needs. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards.

PROMOTION / NON-PROMOTION

Each program must establish written policies describing the program requirements for promotion to the next level of training. The program director, with input from the program's Clinical Competence Committee, will determine at least annually whether each resident has progressed satisfactorily to advance to the next level of training and/or demonstrated the skills necessary to supervise junior residents.

The criteria for advancement shall be based upon the following parameters, all of which need to be judged as competent for each level of advancement:

- A. Medical Knowledge
- B. Clinical Competence in Patient Care
- C. Interpersonal and Communication Skills
- D. Professionalism (includes absence of impairment)
- E. Attitudes
- F. Practice-Based Learning and Improvement
- G. Systems-Based Practice

Specific criteria and requirements for advancement from one year to the next will be set by each individual program. In general, the following will be required for promotion from one training level to the next:

PGY 1 to PGY 2:

Acceptable progress in areas A through G

Ability to supervise PGY1's and students

Ability to act with limited independence

PGY 2 to PGY X:

Acceptable progress in areas A through G

Ability to supervise/teach

Ability to act with increasing independence

PGY X to Graduation:

Competence in areas A through G

Ability to act independently

Policies with respect to promotion/non-promotion to the subsequent year of training shall comply with all ACGME Institutional, Common and Program Requirements. The decision for promotion or non-promotion shall be made by the Residency Program Director with consultation from the Clinical Competence Committee. A decision to withhold advancement or deny reappointment shall be taken only after documented counseling of the resident apprising him/her of the reason for such potential action, and documentation that the deficiencies have not been sufficiently corrected within a reasonable time. If a resident believes that he/she has been dealt with unfairly in the above process, redress may be sought through the Due Process and Resident Complaint Policy.

DISMISSAL

Dismissal or non-promotion of a resident whose performance is unsatisfactory will be communicated in writing to the resident-in accordance with GMEC policies on academic deficiencies and corrective action. Appeals of dismissal actions shall be handled through the Due Process and Resident Complaint Policy.