POLICY & PROCEDURE: RESIDENT PROMOTION AND GRADUATION CRITERIA

POLICY SUMMARY/INTENT:

To provide criteria for promotion of residents from PGY-1 to PGY-2 and PGY-2 to PGY-3 and for graduation.

DEFINITIONS:

- ACGME - Accreditation Council for Graduate Medical Education
- GMEC - Graduate Medical Education Committee
- GME - Graduate Medical Education
- LCME - Liaison Committee on Medical Education
- CV - Curriculum Vitae
- ERAS - Electronic Residency Application Service
- USMLE - United States Medical Licensing Examination
- NBME - National Board Medical Examiners
- ECFMG - Educational Commission for Foreign Medical Graduates
- PGY - Post Graduate Year

AFFECTED DEPARTMENTS/SERVICES:

Family Medicine Residency Department

POLICY: COMPLIANCE – KEY ELEMENTS

Residents are promoted and graduated based on explicit criteria in accordance with the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the Residency Review Committee-Family Practice (RRC-FP) Program Requirements.

A. The residency Program requires its residents to obtain competencies in the six (6) areas below to the level of a New practitioner:
1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical Knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and Communication Skills that result in effective informative exchange and teaming with patients, their families and other health professionals.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. System-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

B. The Following describes the roles and responsibilities of the Resident Review Committee, the Faculty Advisor, Program Director and the Attending Physician.

1. Clinical Competency Committee
   The Makeup which is the Core MD/DO faculty and the behaviorist of the Family Medicine Residency Program, which meet quarterly or more frequently if a session is needed.

2. Faculty Advisor
   The faculty advisor meets with the resident at least quarterly to discuss performance evaluation. If serious deficits are identified in the resident’s performance, meetings with the faculty advisor will be more frequent.

3. Residency Program Director
   The Program Director meets with all residents on a biannual basis and as needed.

4. Attending Physician
   The resident will receive timely feedback and be advised of deficits in performance by each attending with whom he/she works to allow an opportunity for remediation. It is recommended that the attending physician apprise the residents(s) whom he/she is supervising of his/her performance at the midpoint of the rotation. Any adverse evaluations that are to become a permanent part of the resident’s record are to be reviewed with the resident immediately.

C. Standards that apply to all residents

1. Patient Care
   Participation in patient care and management on each rotation as documented by the faculty evaluation forms – major performance deficits will be grounds for probation. Attendance and behavior are also considered in evaluating performance.

2. Medical Knowledge
   a. Annual testing by the American Board of Family Medicine. Any resident with a score of 380 or below will be identified as a resident at risk. An at risk resident is not on probation, but is required to meet with his/her faculty advisor to develop and implement a plan to re-mediate deficits. The frequency of these meetings will vary by resident and will be determined by the faculty advisor in consultation with the Residency Program Director.
   b. Attendance at departmental academic conferences – failure to attend at least 70% of these conferences will be grounds for probation.
c. Contribution to the academic and scholarly mission of the department – student and resident teaching, conference presentations and participation, as well as overall faculty assessment of resident performance will evaluate this. Major performance deficits will be grounds for probation.

3. Practice-Based Learning and Improvement
   Assistance in chart audits and recommendations for improving patient care

4. Interpersonal and communication Skills
   a. Participation in videotape review of patient encounters with behavioral scientist and/or faculty advisor.
   b. Directly observed precepting in the clinic and hospital setting.

5. Professionalism
   Personal integrity, which includes strict avoidance of substance abuse, theft, lying, cheating, and unexplained absences.

6. System-Based Practice
   Compliance with all hospital and departmental record keeping and documentation requirements. A pattern of lateness and noncompliance will be grounds for probation.

**Promotion from PGY-1 to PGY-2**

A. The Residency Program Director with the advice of the Committee decides whether to promote a resident to the next postgraduate year. Criteria includes, but are not limited to:

1. Patient Care
   a. Identify purpose(s) for the visit.
   b. Develop appropriate biopsychosocial hypotheses that apply to the presenting problem.
   c. Conduct focused evaluation of the presenting problem (including history, physical examination, and laboratory/radiological procedures).
   d. Appropriately prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options.
   e. Present a provisional and working diagnosis of the patient.
   f. Arrange for followup of the current problem that fits the guidelines of current standard of care and/or attends to the special needs of the patient.
   g. Completely document the patient care encounter in the medical record in a concise and legible manner following a problem-oriented format and using the SOAP (or generally accepted) notation on electronic medical record generated forms.
   h. Update the biopsychosocial problem list and medication list at each visit.

2. Medical Knowledge
   a. Step 3 is required during PGY-2 year. Failure to pass this test after three attempts will be grounds for dismissal. Step 3 must be done by the sixth month of the PGY-2 year.
   b. Successful completion of 12 months of American Board of Family Medicine (ABFM)-approved family medicine residency training. The resident must receive a passing evaluation in all rotations and in the Family Medicine Residency Clinic.

3. Interpersonal and Communications Skills
a. Participation in Simulated Patient Examinations with review by the faculty advisor or Directly Observed Precepting (DOP) in the hospital, continuity clinic and other clinical settings.

b. Conduct an interview that fosters an adequate and helpful doctor-patient relationship.

4. Professionalism

a. Develop a plan of action that attends to salient medical, psychosocial, family, cultural and socioeconomic issues.

5. Systems-Based Practice

a. Bill patients fairly and appropriately for services rendered (in accordance with their insurance option), referring those who need financial assistance to appropriate business office personnel.

6. Competency-Based Criteria

a. Must be able to perform an admission evaluation in a timely fashion. For an admission of low to moderate complexity, the resident would be expected to interview and examine the patient; review available historical, laboratory, and radiological information; write admission orders; and document the history and physical examination within one hour.

b. Must be able to generate a reasonable list of differential diagnostic possibilities. While the resident would not be expected to command a wide differential diagnostic spectrum, for most cases they should be able to volunteer diagnostic possibilities.

c. Must be able to see a reasonable patient load in the family practice center in a reasonable amount of time. By the end of the first year, the resident should be able to see at least six patients in a half day clinic session. Those patients should be a mixture of acute, chronic, and preventative medicine cases. (Cuts across all competency categories)

d. Must be able to present cases, whether inpatient or outpatient, in an organized, coherent manner.

e. Must be able to field patient phone calls competently. The resident is expected to be able to ask reasonable, understandable questions of the patient, give reasonable advice, and be able to determine when a patient needs to be seen immediately.

f. Must be able to field nursing floor calls completely. The resident must be able to gather information over the phone, give reasonable orders, and determine when the patient needs to be seen in person.

g. Must be able to manage cardiac arrest situations competently. Must know and use accepted ACLS protocols in cardiac arrest and other dysrhythmia situations.

h. Seeks out opportunities to perform procedures and so record.

7. Process –Bases Criteria

a. Satisfactory participation in all required activities. (Grand Rounds, Noon Conferences, Coding Conferences, Director’s Meetings, Chiefs’ Meetings, Journal Clubs, Home Visits, etc.)

b. Successfully complete BLS, ACLS, PALS, ALSO, NALS.

c. Satisfactory evaluations on all rotations.
d. Application for USMLE part 3 or COMPLEX part III by the sixth month of the PGY-2 year.

e. Timely medical record completion.

f. Satisfactory performance as measured by the Clinical Competency Committee.

**Promotion from PGY-2 to PGY-3**

A. The Residency Program Director with the advice of the Committee decides whether to promote a resident to the next postgraduate year. Criteria include, but are not limited to:

1. **Patient Care**
   
   a. Implement the negotiated plan.

   b. Inquire into and discuss sensitive issues that may impact on the execution of the negotiated management plan. Synthesis of information integration resulting in appropriate assessment and plans for patient care.

   c. Incorporate the principles and practice of health maintenance into each patient care encounter, where appropriate.

   d. Review the biopsychosocial problem list at each visit and attend to appropriate longitudinal issues.

2. **Medical Knowledge**
   
   a. Successful completion of USMLE Step 3 or COMPLEX 3. Passage of Step 3 is required by the sixth month of PGY-2 year. Failure to pass this test after three attempts will be grounds for dismissal.

   b. Successful completion of 24 months of ABFM approved family medicine residency training. The resident must receive a passing evaluation in all rotations and in the continuity clinic.

   c. Must complete Maintenance of Certification requirements for ABFM.

3. **Interpersonal Communication Skills**
   
   a. Conduct an encounter that recognizes the privacy of patient needs and treats the patient as an appropriately equal health care partner.

4. **Professionalism**
   
   a. Conduct an interview in a manner consistent with the values of family medicine using appropriate verbal and nonverbal skills.

5. **Systems-Based Practice**
   
   a. Conduct the visit in a time efficient and professional manner.

   b. If indicated, assist the patient in arranging for appropriate medical and ancillary referrals that seek to resolve specific issues in the diagnostic or management arenas.

6. **Competency-Based Criteria**
   
   Must meet all competency based advancement criteria for PGY-1 to PGY-2 and:

   a. Must be able to independently perform an admission evaluation in a timely fashion. For admissions of moderate complexity, the resident would be expected to interview and examine the patient; review available his historical, laboratory and radiological
information; write admission orders; and document the history and physical examination in the same or less time that in PGY-1 for a less complex admission.

b. Must be able to generate a reasonable diagnostic hypothesis, develop an appropriate plan, and see appropriate consultation when needed.

c. Must be able to see a reasonable patient load in the continuity clinic in a reasonable amount of time. By the end of the second year, the resident should be able to see at least nine patients in a half day clinic session. Those patients should be a mixture of acute, chronic, and preventive medicine cases. (cuts across all competency categories).

d. Must demonstrate respect, compassion, and responsiveness when caring for patients, and demonstrate effective communication with other healthcare workers.

e. Demonstrates developing organizational and leadership skills with junior residents and students.

f. Demonstrates reasonable skills performing and teaching core procedures and with appropriate documentation.

7. Process-Based Criteria

a. Satisfactory participation in all required activities. (Grand Rounds, Noon Conferences, Coding Conferences, Director's Meetings, Chiefs' Meetings, Journal Clubs, Nursing Home visits, Home visits, etc.).

b. Satisfactory evaluations on all rotations.

c. Timely medical record completion.

d. Satisfactory performance as measured by New Innovations.

Graduation Requirements for PGY-3

A. It is the sole responsibility of the appropriate Residency Program Director with the advice of the Committee to determine whether the resident has successfully completed the residency. Criteria include, but are not limited to:

1. Patient Care

   a. Complete the tasks of the patient care session so that all necessary duties (including telephone messages, charting, administrative tasks, patient care) are accomplished in a timely, organized and professional manner.

2. Medical Knowledge

   a. Engage in activities that will foster personal and professional growth as a physician.

   b. Successful completion of 36 months of ABFM approved family medicine residency training. The resident must receive a passing evaluation in all rotations and in the continuity clinic.

3. Practice-Based Learning and Improvement

   a. Engage in continuing medical education activities that are influenced by interest, deficiency and need.

   b. Anticipate and recognize new curriculum necessary for future practice and advocate for needed reform in medical education.
4. Interpersonal and Communication Skills
   a. Participation in directly observed precepting.

5. Systems-Based Practice
   a. Work together with clerical staff and nursing staff in a manner that fosters mutual respect and facilitates an effectively run practice.
   b. Work together with partners, fellow family physicians and sub-specialties in a manner that foster mutual respect and facilitates the effective handling of patient care issues.
   c. Work together with other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
   d. At each patient care encounter, present yourself and the practice in a manner that will encourage the patient to select you, the practice and family practice in the future.

6. Competency-Based Criteria
   Must meet all competency based advancement criteria for PGY-1 to PGY-2 and PGY2 to PGY-3 plus:
   a. Must be able to independently perform a complex admission evaluation in a timely fashion. For admissions of moderate to high complexity, the resident would be expected to interview and examine the patient; review available historical, laboratory and radiological information; write admission orders; and document the history and physical examination in the same or less time than in PGY-2 for a low to moderately complex admission. Must be able to incorporate a wider array of information into assessments to make a higher level decision.
   b. Must be able to determine appropriate evaluation and management CPT codes and be able to correlate ordered services to diagnostic codes.
   c. Must be able to see a reasonable patient load in the continuity clinic in a reasonable amount of time. By the end of the third year, the resident should be able to see at least twelve patients in a half day clinic session. Those patients should be a mixture of acute, chronic and preventative medicine cases. (cuts across all competency categories).
   d. Must be able to work effectively with consultants and others on the healthcare team.
   e. Demonstrates sound organizational, teaching and leadership skills with junior residents and students.
   f. Must be able to locate, appraise (using knowledge of study designs and statistical methods), and assimilate evidence from scientific studies related to their patient's health problems.
   g. Must demonstrate a commitment to carry out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. (Professionalism)
   h. Performs core procedures independently and with appropriate documentation.

7. Process-Based Criteria
   a. Satisfactory participation in all required activities – (Grand Rounds, Noon Conferences, Coding Conferences, Director’s Meetings, Chiefs’ Meetings, Journal Clubs, Nursing Home Visits, Home Visits etc.).
   b. Satisfactory evaluation on all rotations.
c. Timely medical record completion. Including Ukiah Valley Medical Center U C Davis Pediatrics and Howard Hospital.

d. Satisfactory performance as measured by New Innovations. The resident should be performing at or near 100% on all competencies.

e. Hold Permanent State Medical License. The ABOME requires a copy of each graduates permanent medical license no later than June 15th

f. See attached Final Evaluation form to be completed by the Director of the Family Medicine Residency Program. This evaluation may be used for references and letter of recommendation.

Promotion

All promotions will be submitted to the Medical Education Committee of Ukiah Valley Medical Center annually for committee approval. The Residency Faculty and Director make recommendations for promotion.

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:
HAWAII: Not applicable
OREGON: Not applicable
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER:

ENTITY POLICY OWNER: Residency Administrator

APPROVED BY:
ADVENTIST HEALTH SYSTEM/WEST:

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY INDIVIDUAL:

REVIEW DATE: 07/17/2017
REVISION DATE: 07/16/2020
NEXT REVIEW DATE: 07/16/2020

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