

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

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TITLE: Guidelines for Resident Evaluation, Promotion and Dismissal
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REFERENCES:

PURPOSE

This policy and procedure delineates the institutional guidelines for the evaluation, promotion and dismissal of a resident in an approved residency program at Temple University Hospital. The policy and procedure shall also apply to fellows in approved fellowship programs.

BACKGROUND

The evaluation of a resident's performance in the residency training program is an essential part of the process of graduate medical education. The program director is responsible for insuring that an effective and fair evaluation system is developed and implemented.

Evaluations can be divided into two broad categories, formative and summative. These two categories of evaluation have different purposes, but both are a necessary part of the evaluation system.

Formative evaluations provide constructive feedback to the resident and should be a routine part of the educational process. These evaluations should identify areas that the resident has mastered and performs well, and also those areas that the resident has not mastered, where improvement is necessary. This process of formative evaluation should be used to convert unacceptable or marginal performance into satisfactory performance. It should also be used to convert good performance into excellent performance. To achieve the maximum educational benefit for the resident, the evaluations should be given to the resident in a timely manner and be specific enough for the resident to be able to use the information in a constructive way. The more timely the feedback, the more likely it will be useful to the trainee. Formative evaluations may involve the use of formal written evaluation instruments or informal, direct feedback between a faculty member and a resident.

Summative evaluations are used to make final judgments about performance at various points during the residency training program. These evaluations will judge whether performance has

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been satisfactory or unsatisfactory. In making summative evaluations as much information as possible should be considered.

This may include review of written and oral evaluations, faculty recommendations, comparisons to published standards and criteria, results of examinations, etc. Summative evaluations are used to judge if a resident has successfully completed a stage of training and is ready to move to the next level.

The evaluation system should be developed in concert with the development of the curriculum for the residency program. The requirements specified in the *Essentials of Accredited Residencies in Graduate Medical Education* published by the ACGME, those specified by the governing specialty board, and those defined by the individual program and the sponsoring institution (through the graduate medical education committee) should be used to develop the curriculum. Programs are encouraged to develop goals and objectives for each component of the educational program as part of their curriculum development.

A written evaluation instrument should be developed to aid in the evaluation process and to serve as a written record of the resident's performance. In developing the evaluation instrument the program should attempt to collect information that will aid in making summative judgments. The resident's performance should be measured against the program's expectations for a given rotation or level of training. It is important that the evaluation system provide specific information about a resident's performance, especially if that performance is unsatisfactory.

As described above, formative evaluation and constructive feedback should be a routine part of the faculty's interaction with the residents. There should also be periodic formal review with the resident of summative evaluations. The frequency of these formal reviews may vary depending on the program structure, the resident's level of training, or the assessment of the resident's performance. However, the evaluation reviews should be structured in such a manner that the resident can use the information from the evaluation process to continually improve her/his performance. These periodic reviews can take place between the resident and the departmental chairperson, program director, faculty advisor, or other faculty member as identified by the individual program.

Education of the faculty about how to be an effective evaluator and how to provide constructive and timely feedback will improve the evaluation system. The active participation of faculty members in the development of the resident evaluation system can lead to a greater faculty involvement and interest in the evaluation process. This can lead to a system that better meets the needs of residents, faculty, and the program.

POLICY AND PROCEDURE

1. Each sponsored residency program shall develop a system to periodically evaluate each resident within the program in compliance with Common and specialty/subspecialty-specific

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Program Requirements. (For the purposes of this document resident/residency shall refer to any graduate medical education program, including programs commonly identified as fellowships). Each program shall maintain a written policy describing the evaluation, promotion, and dismissal process. The policy must include a description of the due process procedures to which the resident is entitled in the event of an adverse decision.

2. Decisions about a resident's promotion, renewal or non-renewal of the *Temple University Hospital Resident Appointment Agreement* (hereinafter, *Agreement*), or dismissal from the training program shall be based on the resident's academic performance and conformity to accepted standards of behavior. Grounds for suspension and dismissal are enumerated in the *Agreement*.
3. The evaluation and promotion system for each residency training program shall meet the requirements of the governing ACGME Residency Review Committee. At a minimum, a formal, written evaluation shall be completed annually for each resident. Each resident must be given an opportunity to review his/her evaluations. There must be written documentation that this review has taken place. In the event of an adverse evaluation, the resident shall be given the opportunity to write a response to the adverse evaluation and have it added to the file.
4. A resident shall be promoted to the next year of training or graduated from the program only when s/he has been judged to have successfully fulfilled the requirements for the current level of training. Programs are encouraged to develop objective criteria to aid in these decisions.
5. For a resident whose performance is judged to be unsatisfactory, the departmental chairperson, program director, or departmental clinical competence committee must choose between warning, remediation or dismissal. A decision not to renew the *Agreement* will be considered the equivalent of dismissal from the program.
 - a. Warning refers to the notification of the resident that his/her performance or progress has been judged to be unsatisfactory. A discussion should occur with the resident about the unsatisfactory performance and the resident should be counseled as to the steps necessary to correct the unsatisfactory performance. The discussion should identify the consequences of continued unsatisfactory performance. There should be written documentation in the resident's file that the warning and counseling have occurred. Programs are encouraged to provide the warning in a written notice to the resident that includes the reasons for the warning, the recommendations for correction of deficiencies, and the consequences of continued unsatisfactory performance.
 - b. Remediation can be chosen as a first response or following a warning, when performance has continued to be unsatisfactory. A resident who is placed in a remedial status must be given a written document which includes:
 - i. an enumeration of the specific reasons that lead to the unsatisfactory evaluation,

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- ii. a plan to help the resident correct the deficiencies;
 - iii. the level of performance that will be necessary to achieve a satisfactory evaluation and end the remedial status;
 - iv. a time course for the period of remediation, including when the resident's performance will be reevaluated;
 - v. statements about the effect of the unsatisfactory evaluation on:
 - (1) the resident's standing within the program,
 - (2) the duration of the resident's training,
 - (3) the consequences of failure to correct the identified deficiencies.
- c. Dismissal from the program or non-renewal of the *Agreement* may be considered when a resident's performance has been judged by the departmental chairperson, program director, or departmental clinical competence committee to be so deficient that continuation in the training program is considered unacceptable. This decision may be reached following a period of remediation, during which the deficiencies have not been corrected, or when the deficiencies are considered to be so severe that remediation is deemed inappropriate. The procedures which govern dismissal of a resident from the training program are specified in the *Agreement*. They are attached to this document as Appendix A.
6. A resident shall be given reasonable notice of all adverse evaluation and promotion decisions. This shall include decisions leading to non-renewal of the *Agreement* or dismissal of the resident from the training program. Decisions leading to dismissal or non-renewal of the *Agreement* shall be in compliance with the terms of the *Agreement*. Notification that the *Agreement* will not be renewed shall be given to the resident, in writing, four months prior to the end of the current *Agreement*. If the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the current *Agreement*, the program shall provide the written notice as soon as circumstances will reasonably allow.
7. In the event of an adverse decision about a resident's performance the resident must be given the opportunity to exercise his/her rights of appeal as specified in the due process provisions of the *Agreement*.
- a. For the first stage of the appeal process, the resident should be given the opportunity to ask the departmental chairperson, program director, or clinical competence committee to reconsider the adverse decision.
 - b. If the adverse decision is affirmed after the departmental chairperson, program director, or departmental clinical competence committee has reconsidered the adverse decision, the resident may invoke the *Procedures for Due Process and Grievance Appeal* referenced in the *Agreement*. (see Appendix A)
 - c. Only decisions leading to dismissal or non-renewal of the *Agreement* shall constitute the adverse decisions that are subject to the *Procedures for Due Process and Grievance Appeal*. A decision leading to a warning or remedial status shall not be subject to the *Procedures for Due Process and Grievance Appeal*

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8. There must be a system to allow residents to periodically evaluate the training program and the performance of the faculty. This evaluation system must be structured to provide for resident confidentiality. A written evaluation instrument shall be used for this process. At a minimum, the evaluation of the program and faculty by the residents must occur annually.
9. Each resident must be given a copy of the departmental policy related to evaluation, promotion, and dismissal.
10. The written policy developed by each department must contain, at a minimum, all those requirements specified in this policy.
11. The program director shall be responsible for developing and implementing the policies and procedures mandated by this document.

Policy and Procedure for Resident Evaluation, Promotion, and Dismissal

Policy

The Department of _____, as part of the process of graduate medical education shall periodically evaluate the performance of each resident. Decisions related to promotion and dismissal shall be based on a review of the whole of the resident's performance including academic performance, clinical care, and adherence to acceptable standards of professional behavior. The *Temple University Hospital Resident Appointment Agreement* (hereafter the *Agreement*) enumerates circumstances that may lead to suspension or dismissal from the program.

Procedure

1. Residents will be evaluated (*describe the frequency and method of resident evaluation, if a form is used append a copy of the form to the policy*).
2. *Describe how decisions are made about a resident's standing in the program. Is the decision made by the Departmental Chairperson, by the Program Director, by a Clinical Competence Committee, etc.*
3. Evaluations will be reviewed with each resident (*describe how frequently and by whom*). If a resident disagrees with an evaluation, the resident may write a response that will be added to the resident's file.

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4. A resident shall be promoted to the next level of training only when it is judged that the resident has satisfactorily fulfilled the requirements for the current level of training.
(Programs are encouraged to provide more specific standards, are the written goals and objectives, or other material which is used to make the decision about performance?)
5. For a resident whose performance is judged to be unsatisfactory, the *(departmental chairperson, program director, or departmental clinical competence committee)* will choose between **warning, remediation** or **dismissal**. A decision not to renew the *Agreement* will be considered the equivalent of dismissal from the program.
 - a. Warning refers to the notification of the resident that his/her performance or progress has been judged to be unsatisfactory. *(Describe how the notification will occur, will it be verbal or in writing, describe how a record of the warning will be made in the resident's file. Programs are encouraged to provide the warning in a written notice to the resident that includes the reasons for the warning, the recommendations for correction of deficiencies, and the consequences of continued unsatisfactory performance.)*
 - b. Remediation can be chosen as a first response or following a warning, when performance has continued to be unsatisfactory. A resident who is placed in a remedial status will be given a written document which includes:
 - i. an enumeration of the specific reasons that lead to the unsatisfactory evaluation,
 - ii. a plan to help the resident correct the deficiencies;
 - iii. the level of performance that will be necessary to achieve a satisfactory evaluation and end the remedial status;
 - iv. a time course for the period of remediation, including when the resident's performance will be reevaluated;
 - v. statements about the effect of the unsatisfactory evaluation on:
 - (1) the resident's standing within the program,
 - (2) the duration of the resident's training,
 - (3) the consequences of failure to correct the identified deficiencies.
 - c. Dismissal from the program or non-renewal of the *Agreement* may be considered when a resident's performance has been judged by *(the departmental chairperson, program director, or departmental clinical competence committee)* to be so deficient that continuation in the training program is considered unacceptable. This decision may be reached following a period of remediation, during which the deficiencies have not been corrected, or when the deficiencies are considered to be so severe that remediation is deemed inappropriate. The procedures which govern dismissal of a resident from the training program are specified in the *Agreement*. They are attached to this document as Appendix A.
6. A resident shall be given reasonable notice of all adverse evaluation and promotion decisions. This shall include decisions leading to non-renewal of the *Agreement* or dismissal of the resident from the training program. Decisions leading to dismissal or non-renewal the

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Agreement shall be in compliance with the terms of the *Agreement*.. Notification that the *Agreement* will not be renewed shall be given to the resident, in writing, four months prior to the end of the current *Agreement*. If the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the current *Agreement*, the program shall provide the written notice as soon as circumstances will reasonably allow.

7. In the event of an adverse decision about a resident's performance the resident may exercise his/her rights of appeal as specified in the due process provisions of the *Agreement*..
 - a. For the first stage of the appeal process, the resident should ask (*the departmental chairperson, program director, or clinical competence committee*) to reconsider the adverse decision.
 - b. If the adverse decision is affirmed after the (*departmental chairperson, program director, or departmental clinical competence committee*) has reconsidered the adverse decision, the resident may invoke the *Procedures for Due Process and Grievance Appeal* outlined in the *Agreement*. (see Appendix A)
 - c. Only decisions leading to dismissal or non-renewal of the *Agreement* shall constitute the adverse decisions that are subject to the *Procedures for Due Process and Grievance Appeal*. A decision leading to a warning or remedial status shall not be subject to the *Procedures for Due Process and Grievance Appeal*
8. Each resident shall be given the opportunity to evaluate the program and the faculty in a confidential manner (*state how frequently*).
9. Additional information about Resident Evaluation, Promotion, and Dismissal can be found the institutional policy (TUH GMEC-201). A copy of this policy can be obtained from the Program Director or the Temple University Hospital Graduate Medical Education Office (phone 215-707-3804).

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