

POLICY AND PROCEDURES FOR THE EVALUATION AND ADVANCEMENT OF HOUSE STAFF

All house staff members at the University of Iowa Hospitals and Clinics (UIHC) will be promoted upon the satisfactory completion of the program year and evidence of satisfactory progressive scholarship and demonstration of clinical competence and professional growth. Each house staff member receives regular and timely assessment of his/her overall performance and competencies (in patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice). The procedures referenced in this policy are designed to ensure that all house staff members are promoted to a higher level of responsibility at the appropriate time.

Those house staff members who have not satisfactorily completed the program year and who fail to show evidence of satisfactory progressive scholarship or to demonstrate clinical competence and professional growth, may be offered a remediation plan of action prior to promotion, as deemed appropriate by the Program Director and as described in this policy. House staff members denied promotion or reappointment are provided due process as described in the *UIHC Statement on House Staff Member Concerns* and in Article IV, Section VII of the *Bylaws, Rules and Regulations of the UIHC and its Clinical Staff*; in the case of a denial of promotion or denial of a reappointment, the Program Director should consult with the Graduate Medical Education (GME) Director who may confer with UIHC Legal Services.

Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must follow procedures as described below in this policy and as described by their specialty-specific Residency Review Committee (RRC).

For purposes of this policy the terms house staff and resident mean any resident or fellow in a medical or dental training program at UIHC who is currently party to a *GME Medical and Dental Education Appointment Contract*.

1. EVALUATIONS

- A. **Feedback and Evaluation:** Each Program Director must develop objective assessments for evaluating each house staff member and ensure the following:
 1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
 2. The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones and must provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.
 3. Each evaluation must be documented at completion of the assignment.
 4. The evaluations must utilize multiple sources (e.g., faculty, peers, patients, self, and other professional staff).
 5. Evaluations of a resident's performance must be accessible for review by the resident.
 6. The evaluation process must follow any applicable ACGME or RRC requirements for the program.
 7. At least annually, there must be a summative evaluation of each resident that includes the resident's readiness to progress to the next year of the program, if applicable.
 - B. **Clinical Competency Committee:** A Clinical Competency Committee, as described below, must be appointed by the program director and must ensure that the following are met:
 1. Clinical Competency Committee (CCC) Composition:
 - a. The CCC must have a minimum of three members of the program faculty, at least one of whom is a core faculty member.
 - b. The CCC may have additional members who must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
 2. The CCC must:
 - a. Review all resident evaluations at least semi-annually.
 - b. Determine each resident's progress on achievement of the specialty-specific milestones.
 - c. Meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.
 - d. Meet and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific milestones.
 - e. Assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
 - f. Develop plans for residents failing to progress, following institutional policies and procedures.
 - C. **Final Evaluation:** Each Program Director must complete and provide a written final evaluation for each house staff member who completes the program. The final evaluation must:
 1. Verify that the house staff member has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; for house staff members in ACGME programs, the Program Director must use the Specialty-Specific Milestones as a tool to ensure house staff are able to engage in autonomous practice upon completion of the program.
 2. Be shared with the resident upon completion of the program
 3. Be made part of the house staff member's permanent record maintained by the institution and accessible for review by the resident in accordance with institutional policy.
 4. Be submitted to the GME Office by the Program Director within 30 days of the house staff member's completion of the program.
3. **REMEDICATION PLAN OF ACTION OR EXTENSION:** Program Director action plans for remediation and/or extension must comply with applicable accreditation and/or UIHC and GMEC requirements.
- A. **Remediation Plan:** If the Program Director determines that the house staff member has not completed some portion of his/her training satisfactorily, the Program Director must determine whether or not remediation would benefit the house staff member. If remediation is deemed appropriate, the Program Director must:
 1. Establish a written remediation plan of action for the house staff member, including:
 - a. A mentoring plan;

- b. A plan for monitoring progress;
 - c. An identified date for re-evaluation; and
 - d. The production of a report which summarizes results.
2. Ensure that the remediation plan is signed and dated by both the house staff member and the Program Director, reviewed by the Director of GME and filed in the house staff member's file in the GME Office.
- B. **Extension:** If the Program Director determines that the house staff member would benefit from an extension before promotion to the next level, the Program Director must:
- 1) Produce a written plan, monitor progress, and track results;
 - 2) Ensure that the written plan is signed and dated by both the house staff member and the Program Director, reviewed by the Director of GME, and filed in the house staff member's file in the GME Office; and
 - 3) Must contact the GME Office regarding the request for a contract extension by completing an online MedHub form and providing supporting documentation explaining why the extension is necessary.
4. **ADVANCEMENT PROCEDURES AND DEADLINES:** After assessing each house staff member according to this policy and any applicable accreditation requirements, the Program Director must communicate his/her decision to the GME Office to advance/promote, remediate, extend, not renew or terminate the house staff member. The GME Office reminds the Program Directors through Program Coordinators of the need to submit such plans to the GME Office at least 4 months prior to the termination date of the house staff member's current appointment contract. Program Coordinators utilize MedHub to advance house staff, to make an extension for remediation, or to make non-renewal or termination requests.
5. **RECOMMENDATION FOR CERTIFICATION:** Recommendation of certification of a house staff member by a specialty board will be made by the Program Director when the last evaluation of the resident establishes that the house staff member's knowledge, clinical skills and professional attitudes are consistent with the standards for that specialty.

Approved by the GMEC	11/1/2011
Approved by the GMEC	3/24/2016
Approved by the GMEC	1/9/2020