



Evaluation and Promotion of Residents

gme-adm-0049

About This Policy

Effective Dates:

12-06-2016

Last Updated:

08-21-2024

Responsible University Administrator:

Senior Associate Dean for GME

Policy Contact:

GME Assistant Director Emilie Leveque

eleveque@iu.edu

Scope

This policy applies to all Indiana University School of Medicine (IUSM) Graduate Medical Education (GME) resident and fellow physicians.

Policy Statement

Equal Opportunity and Affirmative Action

Indiana University pledges itself to continue its commitment to the achievement of equal opportunity within the University and throughout American society as a whole. In this regard, Indiana University will recruit, hire, promote, educate, and provide services to persons based upon their individual qualifications. Indiana University prohibits discrimination on the basis of age, color, disability, ethnicity, sex, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sexual orientation, or veteran status.

As required by Title IX of the Education Amendments of 1972, Indiana University does not discriminate on the basis of sex in its educational programs and activities, including employment and admission. Questions specific to Title IX may be referred to the Office for Civil Rights or the University Title IX Coordinator.

Indiana University shall take affirmative action, positive and extraordinary, to overcome the discriminatory effects of traditional policies and procedures with regard to the disabled, minorities, women, and veterans. **(Reference 1)**

Evaluation

Each resident will be evaluated by the program director or his/her designee as required by the applicable ACGME Residency Review Committee (RRC).

The training 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:

- a. The use of methods, including Milestones when available, 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.
- b. Mechanisms for providing regular and timely performance feedback to residents that include:

1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
 2. Written semiannual evaluations that are communicated to each resident in a timely manner. These include Milestones evaluations and formal evaluations of knowledge, medical student evaluations, skills, and professional growth of residents as teachers and required counseling by the program director or designee.
 3. The maintenance of a record of evaluation for each resident that is accessible to the resident. For further information, refer to the [policy\(Reference 2\)](#).
- c. A process involving the use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, medical students, and other professional staff.
 - d. More frequent evaluations and discussions with the resident should occur and be documented should significant problems be identified. A course of remediation should be implemented and progress tracked (**Reference 3**).
 - e. The program director (or designee) must meet with each resident or fellow at least semi-annually.
 - f. The program director must provide a final evaluation for each resident who completes the program. This evaluation must include recommendations from the Clinical Competency Committee. The evaluation must include a review of the resident's performance during the final period of education and must verify that the resident has demonstrated the knowledge, skills, and behaviors to enter autonomous practice without direct supervision. The final evaluation must be part of the resident's permanent record maintained by the program.

A Clinical Competency Committee must be appointed by the program director. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals.

The Clinical Competency Committee must:

- a. Review all resident evaluations of performance and progress along the specialty-specific Milestones at least semi-annually,
- b. Assist the program director in developing individualized learning plans to capitalize on the resident's strengths and identify areas for growth, and
- c. Develop plans for residents failing to progress, following institutional policies and procedures.

Promotion/Conditions for Reappointment and Non-Promotion

The program must advance residents to positions of higher responsibility based on individual professional growth as measured by satisfactory achievement of program-developed, competency-based learning objectives and satisfactory progressive scholarship. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration.

A residency program may determine whether a resident has not performed to a level that would allow the resident to progress to the next year of their training program. Program directors must refer to the [policy](#) for further details (**Reference 3**).

USMLE or COMLEX Requirements

Each resident must satisfy licensing examination requirements as outlined in the [policy \(Reference 4\)](#).

Annual Requirements

In addition to the onboarding requirements due prior to beginning IUSM GME training, each resident must complete annual requirements in accordance with University, School, and Hospital guidelines.

Letter of Appointment

A Letter of Appointment for a continuing resident may be prepared once the program has verified the resident's promotion to the next level of training as requested by the GME Office.

Reason For Policy

The purpose of this policy is to define procedure and guidelines regarding resident and fellow evaluation and promotion.

Procedure

Letter of Appointment Preparation and Issuance

Each year, the program director must confirm that a resident is on track to advance to the next level of training at the conclusion of the current appointment year by submitting a reappointment request. The GME Office will review the reappointment request to ensure that all appointment requirements are complete before routing a Letter of Appointment to the resident for review and signature.

A Letter of Appointment must be signed by both the resident as well as the Program Director before it routes to the GME Office for review, receipt, and approval.

Any resident whose Letter of Appointment is not complete on the first day of training indicated within the appointment period must not engage in training activities or patient care until the letter is fully executed, received, and approved by the GME Office.

Definitions

ACGME is the Accreditation Council for Graduate Medical Education.

A *resident* is an IUSM resident or fellow providing clinical care as part of a GME program.

A *Letter of Appointment* is a written agreement of appointment outlining the terms and conditions of a resident's appointment to a GME training program.

Implementation

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

Oversight

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

History

1. Policy gme-adm-0007 approved by GMEC and published on 16 January 2013.
2. Policy approved by the GMEC on 06 December 2016.
3. Policy updated for formatting 06 March 2018.
4. Policy updated for formatting 27 June 2018.
5. Policy updated 14 May 2019.
6. Policy approved by GMEC 01 June 2019.
7. Policy revised 8 February 2022.
8. Policy approved by GMEC 16 March 2022.
9. Policy updated 31 July 2024.

10. Policy approved and renamed by GMEC 21 August 2024.