

**Charleston Area Medical Center
Office of Graduate Medical Education**

Evaluation of Performance for Promotion and/or Renewal of Appointment

References:

Ongoing feedback from the faculty, in the form of formative and summative evaluations, is imperative to the resident/fellow's learning. Written and verbal feedback from the faculty in combination with self-reflection serves to help the resident/fellow identify their strengths, areas of deficiencies and target areas that need additional work.

Faculty members must directly observe, evaluate, and frequently provide feedback on resident/fellow performance during each rotation or similar educational assignment with a written evaluation completed at the end of the rotation. The program must use multiple evaluative tools to include faculty evaluations; peer evaluations; patient evaluations; and/or assessments from other professional staff members working in teams with the residents/fellows.

Each program will determine appropriate criteria for promotion and/or renewal of a resident/fellow's appointment. The Program Director's decision to offer a Resident Agreement to a Resident/Fellow for the next academic year must be based upon evidence of progressive scholarship and professional growth of the Resident/Fellow as demonstrated by their ability to assume increasing responsibility for patient care. This determination is the responsibility of the Program Director, with advice from members of their faculty that are part of the Program's Clinical Competency Committee (CCC) and cannot be delegated to a professional or non-professional staff member.

The Program Director will assure that the professional performance of each Resident/Fellow employed pursuant to a Resident Agreement with CAMC must be evaluated in writing at least semi-annually during the period of each such Resident Agreement. The Program Director or their designee with input from the CCC must meet with and review with each resident/fellow their documented semi-annual evaluation of performance including progress along the specialty specific milestones. The semi-annual review should also include assistance in developing individualized learning plans to capitalize on the resident/fellow's strengths and identify areas of growth. The review should also address plans for residents/fellows that may be failing to progress in according with CAMC House Staff policies.

Each Resident/Fellow will have access to written evaluations of their professional performance during the period of their employment with CAMC. A Resident/Fellow desiring to review the written evaluations of their performance will direct a written request to their Program Director specifying the evaluation or evaluations desired for review.

At least annually, the Program Director must complete a summative evaluation of each resident/fellow that includes their readiness to progress to the next year of the training in the program.

A final summative evaluation will be completed at the end of each resident/fellow's training. The specialty specific milestones, and when applicable, the specialty specific case logs, must be used as tools to ensure residents/fellows are able to engage in autonomous practice upon completion of the program. The final competency-based evaluation must become part of the resident/fellow's permanent record maintained by CAMC and must be accessible for review by the resident/fellow in accordance with CAMC policy. The final evaluation should verify that the resident/fellow has demonstrated the knowledge, skills and behaviors

necessary to enter autonomous practice. It should consider the recommendations of the program's Clinical Competency Committee and it should be shared with the resident/fellow upon completion of the program.

Responsibilities of trainee:

- Every medical/surgical resident is responsible for contacting the appropriate board to register for the USMLE Step III/COMLEX Part III exam.
 - It is recommended that all PG1 residents, including those in preliminary programs, pass the USMLE Step III/COMLEX Part III examination prior to their second year of training.
 - It is strongly suggested that all PG1s register for the exam within the first 3 months of the PG1 year; take the exam within the first 6 months of their PG1 year so that results of the first attempt are available to the Program Director and any necessary additional institutional support needed can be provided prior to completion of the PG1 year.
 - As of this writing, the USMLE Step III/COMLEX Part III exam may be taken up to three (3) times in a 12-month period with a 90-day waiting period between each exam.
- All residents must provide a copy of the scores of each exam attempt to their respective Program Director.
- PG1s who take the exam within the first twelve months of residency, will be eligible for a \$1,500 educational stipend to support exam expenses when evidence of exam completion and/or test results are provided to the GME office. Residents taking USMLE Step 3 may request an "End of Exam Summary Sheet" following their exam which provides evidence of exam completion. Residents taking the COMLEX 3 exam may print a status report from their online account that shows examine completion. Residents may email gme@vandaliahealth.org once they have evidence of taking the exam to request reimbursement of \$1,500. Reimbursement requests received by the end of each given month, will be reimbursed at the start of the next pay period the following month.
- All PG1s must pass Step 3 no later than within 18 months following the commencement of their residency training. Failure to pass within this timeline requires the Program Director to petition the Graduate Medical Education Committee (GMEC) for an exception to this policy and may result in a letter of deficiency to the resident.
- PG1 residents who took and passed USMLE/COMLEX 3 before matching into a CAMC PGY1 Program are eligible for \$1,500. Scores should be uploaded by the Program Coordinator into New Innovations. The GME office will pay out that benefit annually in August or the month after the trainee begins when it's an off-cycle resident.

Program Responsibilities:

- Although residents may be promoted to a PG2 position, residents may not be promoted to a PG3 without successfully passing USMLE/COMLEX 3 and providing scores to the Program Director. Residents who do not pass the USMLE/COMLEX 3 examination prior to their PG3 year may be subject to dismissal from the training program.
- Any resident who enters a CAMC residency program at the level of PG2 or above must provide evidence of a passing USMLE/COMLEX III score during their interview process to be considering for the appointment. Residents transferring into a PG1 position at any time are subject to the completion dates outlined in this policy.

- Each department’s program director determines the program curriculum in accordance with the specific requirements for training as outlined by the accrediting body. These requirements are available through the program director's office.
- Appointment and promotion of house staff will depend on performance as determined by the Clinical Competency Committee and the Program Director. Such evaluation shall be based on the resident meeting program requirements as defined by the program curriculum and accreditation requirements. Pharmacy residents must have completed a PG1 residency in pharmacy practice to advance to a PG2 level.

Signatures:

GMEC Chair:	Arthur B Rubin, DO, FACOP, MHA <small>Digitally signed by Arthur B Rubin, DO, FACOP, MHA Date: 2024.06.26 10:37:02 -04'00'</small>	
	Art Rubin, DO	Date
DIO:	Dinchen Jardine <small>Digitally signed by Dinchen Jardine Date: 2024.06.25 07:56:07 -04'00'</small>	25 Jun 24
	Dink Jardine, MD	Date