

---

# **POLICY ON SELECTION, EVALUATION, PROMOTION, AND DISMISSAL OF RESIDENTS**

## **SELECTION**

The University of Washington Affiliated Hospitals Internal Medicine Program accepts PGY1 applications only through the Electronic Residency Application Service administered by the Association of American Medical Colleges. The following items are required as part of the ERAS application: Personal Statement; Medical School Transcript; Dean's Letter; Letters of Recommendation; USMLE transcripts are optional. An "official departmental letter," and at least two letters of recommendation from Internal Medicine faculty are required. If no "official departmental letter" is available, at least three letters of recommendation are required. Preliminary applicants are not required to have all letters be from Internal Medicine faculty, though these are preferred.

Complete applications are reviewed by the Program Director, Associate Program Director, and select faculty to determine strength of candidate's application using the "Internal Medicine Internship Preview" form. Those meeting basic requirements and having a reasonable chance of matching based upon a review of their entire application package, are invited to visit and interview.

Interviewed applicants receive two 30 minute interviews with Internal Medicine faculty. Faculty members note their thoughts and comments about the candidate on the "Interview Form".

Upon completion of all interviews candidates' applications are reviewed separately for each track applied to by a committee of selected faculty and by the Program Director and Associate Program Director. Rank lists are compiled based on the input from the review committees.

## **EVALUATION**

All residents are evaluated by faculty and senior residents at the end of each rotation based on the following criteria: Patient Care, Medical Knowledge, Practice-Based Learning Improvement, Interpersonal and Communication Skills, Professionalism, Humanistic Qualities, System-Based Practice, Educational Attitudes, and Leadership. All residents undergo a mini-clinical evaluation exercise (Mini-CEX) four times a year. Resident procedural logs are reviewed semi-annually. Chart review is incorporated into the ambulatory curriculum of each resident

Residents have semi-annual evaluation meetings with the Program Director, Associate Director, or faculty designee to review all evaluations and performance to date.

## **PROMOTION**

### ***CRITERIA FOR ADVANCEMENT OF RESIDENTS***

The University of Washington School of Medicine requires notification of advancement or non-renewal by January 15 of the academic year. In early December, after consulting with the Clinical Competence Committee, the Program Director offers promotion to residents planning to continue

their training in internal medicine. Non-renewals are handled in accordance with the policies outlined in the Residence Position Appointment. In early June, at the last regularly scheduled meeting for the academic year of the Clinical Competence Committee, the progress of each internal medicine resident is reviewed to determine if he or she has made sufficient progress to warrant advancement to the next level of training, and if PGY-1s in preliminary internal medicine have made sufficient progress to warrant receiving credit for satisfactory completion of the PGY-1 year.

***Satisfactory Completion of PGY-1 (Preliminary) Year***

At the conclusion of this year, the resident must have successfully completed the PGY-1 rotations, and have received "satisfactory" overall ratings (4-9 on the ABIM rating scale) in patient care (medical interviewing, physical examination, and procedural skills), medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice and overall clinical competence.

The resident must have received a satisfactory rating (using ABIM scale of Satisfactory or Unsatisfactory) in moral and ethical behavior.

The Program Director, after consulting with the Clinical Competence Committee, may grant credit for "marginally satisfactory" completion of the training year for a PGY-1 who has received "satisfactory" ratings in moral and ethical behavior and professionalism but "marginal satisfactory" ratings (3 on the ABIM rating scale) in any of the other categories of competence.

***Advancement from R1 to R2 in Internal Medicine***

At the conclusion of this year, the resident must have successfully completed the R-1 rotations, and received "satisfactory" overall ratings (4-9 on the ABIM rating scale) in patient care (medical interviewing, physical exam, and procedural skills), medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice and overall clinical competence.

The resident must have received a "satisfactory" rating (using ABIM rating of "Satisfactory" or "Unsatisfactory) in moral and ethical behavior.

The resident must have passed four Mini-Clinical Evaluation Exercises as determined by assigned Department of Medicine faculty.

The resident must hold a current certification of successful completion of an Advanced Clinical Life Support course.

The resident must be competent to supervise R-1 residents and medical students as determined by the Clinical Competence Committee based upon a review of the resident's clinical teaching evaluation ratings.

The resident must have demonstrated sufficient progress in the components of clinical competence that he or she is capable of functioning as a team leader in this program, as determined by the Clinical Competence Committee. Specifically, the resident has the necessary skills in data gathering, medical knowledge, clinical insight, and critical thinking to assume a team leadership role in this program.

### ***Advancement from R2 to R3***

At the completion of this year, the resident must have successfully completed the R-2 rotations and received "satisfactory" ratings in all of the categories of clinical competence and for moral and ethical behavior.

The resident must have successfully completed the "Resident as Teacher and Team Leader" course offered by the Residency Program and demonstrated competency necessary to supervise R1 and R2 residents and medical students, as determined by the Clinical Competence Committee, based upon a review of the resident's clinical teaching evaluation ratings and all other available evaluations.

The resident must be capable of making independent decisions based upon previous clinical experiences, and to be able to recognize and skillfully manage clinical problems not previously encountered.

The resident must seek appropriate consultation when indicated.

The resident must hold current certification of successful completion of an Advanced Cardiac Life Support course.

### ***Completion of Training***

The resident must have successfully completed the R-3 rotations, and to have completed the 36 months of full-time medical residency education necessary to meet ABIM content of training requirements.

The resident must have received "satisfactory" ratings in all of the components of clinical competence, as well as overall clinical competence, and moral and ethical behavior.

As determined by the Clinical Competence Committee, based upon a review of all available evaluation materials, the resident must have demonstrated sufficient knowledge base, problem solving skills, clinical judgment and procedural skills to be able to perform independently in the practice of general internal medicine.

The resident must have successfully performed all required procedures, with documentation on file in the Department of Medicine.

The resident must have completed all of the necessary requirements to successfully apply for a license to practice medicine.

## **DISMISSAL**

Residents may be dismissed from the program for failure to meet program standards. Detailed policies for termination for cause are contained in the Residency Position Appointment and are standard for all accredited programs sponsored by the University of Washington School of Medicine.