RESIDENT PROGRESS AND PROBATION POLICY
Department of Medicine
Medicine Residency Program

The faculty are responsible for ensuring that residents proceed through their educational/training program in a satisfactory manner. Clinical skills and competence should reflect a gradual and steady maturation with each rotation and new level of training. Required coursework and other academic requirements should be completed in a timely fashion, consistent with the departments standards. Residents who, for whatever reason, are not making satisfactory progress, need to be promptly informed of this. Similarly, residents who demonstrate exceptional ability in clinical skills, teaching and research should receive appropriate and timely praise.

I. Mechanism for Review of Progress
   A. Clinical Rotations
      Faculty should provide formative comments to the residents throughout the clinical rotations. For rotations of two months or longer, a midpoint evaluation should occur during a scheduled meeting. An abbreviated evaluation form should be filled out by the attending. At the conclusion of each rotation, a summative written evaluation will be completed and reviewed with the resident in a scheduled meeting. Evaluations should also be done whenever attendings rotate off service, if that does not coincide with the end of the resident rotation. When the evaluations are complete, they will be forwarded to the program director. The program director will determine if the evaluation represents satisfactory performance. If not, the performance will be discussed at a Clinical Competence Committee meeting. If the performance of a resident is unsatisfactory, he/she will be placed on probation and will not receive credit for the rotation. The final evaluation form will be retained in the resident’s permanent file.

   B. Resident Review of Faculty
      Residents are expected to evaluate their educational experience, including the attending and clinical experience, at the end of each rotation. The forms should be submitted via Veriform. At the end of each academic year, the evaluation forms are summarized and forwarded to the Division Heads and Chairman for review. By this point, the evaluations are anonymous and individual resident comments cannot be identified. They are then sent to individual attendings. Residents are encouraged to maintain an open line of communication with the attending and to discuss comments or concerns at any time during the rotation. If residents have concerns about their ability to communicate with the attending, they should contact the program director as soon as possible.

   C. Coursework
      UW policies and those outlined in the residency Academic Guidelines regarding class work performance and scholarly activities will be followed.

   D. Departmental Review
      Twice a year, resident performance will be reviewed with the training director or designee (faculty advisor). Written documentation of the review will be maintained by the program director. Resident evaluations are used to determine appointment renewal status, board eligibility, and to summarize the resident’s performance each year to the American Board of Internal Medicine.
II. Management Problems

Evaluation of resident performance includes clinical competence, professional attitudes, and humanistic qualities. Each of these areas requires continuous improvement, commitment, and self-monitoring. Notable incidents of concern or praise should be channeled to a central authority and integrated into a composite assessment. The program director is the point of contact. When problems arise, the program director will assess the quality of performance over time, the presence of temporary life crises, the educational responsiveness of the resident, and the impact of the resident on the program. The program director may notify or request assistance for remediation from the faculty advisor, department chairperson, residency training committee and/or entire medical faculty. Upon notification of a problem in cognitive or interpersonal performance, the training director will make an initial decision as to classification of a problem into one of three categories: minor concern, focus of concern, or academic probation. The resident will be made aware of the problem and given the opportunity to respond. The program director will notify the department chair as soon as possible of either focus of concern or probation status. In questionable cases of minor concern, and for all cases of focus of concern or probation, the problem will be discussed at the next residency training committee meeting and physician staff meeting. The minimum level of response to any written complaint by a patient or any risk management issue will be focus of concern status.

A. Minor Concern

Faculty are strongly encouraged to report any concerns (verbally or in writing), however minor, to the program director so that patterns of behavior can be recognized promptly. Such concerns should be discussed with the resident. The program director will make a written notation of any verbally reported concerns and the plan of action. The faculty advisor will also be notified of the concern. At the discretion of the program director, the concern may be discussed with the faculty.

B. Focus of Concern

Concerns may arise over clinical performance, following department policies/procedures, academic performance (see academic guidelines), documentation, interpersonal skills and attitudes or other features that reflect negatively on the resident’s ability to carry out his/her duties. In making a resident a focus of concern, the department expects that the problem can be corrected immediately or in a defined period of time. The following written notice of deficiencies and corrective plan will be developed by the program director, faculty advisor and training faculty:

1. Elucidation and analysis of the problem.
2. Supportive and/or corrective intervention.
3. Monitoring mechanism including time until reevaluation.
4. Consequences if corrective action not achieved.

This documentation will be given to the resident and will not normally become part of the resident’s permanent file, but can become so at the discretion of the program director or chair. Reevaluation to remove focus of concern status will occur at residency training committee and physician staff meetings.

C. Probation

Probation status may be designated due to deficits in a resident’s clinical performance, academic performance (see “academic guidelines”), failure to achieve focus of concern resolution, or a second incident during or following previous focus of concern status. In placing a resident on probation, the following written notice of deficiencies and corrective plan will be developed by the program director, faculty advisor, and training faculty:
1. Elucidation and analysis of the problem.
2. Supportive and/or corrective intervention.
3. Monitoring mechanism including time until reevaluation.
4. Consequences if corrective action not achieved.
This documentation will become a part of the resident’s permanent file and may be disclosed to other agencies or persons when the graduate seeks hospital privileges or licensure. Reevaluation to remove probation status will occur at physician staff meetings. Failure to achieve corrective action may result in extension of probation, non-renewal of appointment, or termination for cause.

D. Reappointment
Reappointment is contingent upon adequate clinical performance and non-cognitive performance. Examples of non-cognitive performance include attitudes and humanistic qualities, including personal hygiene, timeliness and ability to accept constructive criticism. Residents who will not have an offer of reappointment will be notified by January 15 each year. Decisions to not offer reappointment are uncommon and usually follow written notification of inadequacies and opportunity to improve with the assistance and guidance of the department. Careful deliberation by the faculty will precede any decisions to not reappoint a resident. Due process guidelines for “termination for cause” will be followed as outlined in the residency position appointment agreement.