

Internal Medicine Policy
for the Evaluation, Promotion,
Dismissal of Trainees in the Department of Internal
Medicine

PURPOSE

To define policy and procedures regarding the evaluation and promotion of residents in the Department of internal medicine.

SCOPE

Applies to all interns and residents (hereafter all will be referred to as trainees) in the Internal Medicine training program on the Texas Health Presbyterian Hospital Dallas campus.

POLICY

This residency program will carry out the assessment of trainee performance throughout training, will keep a permanent record of such assessments and will use the results of the assessments to improve trainee performance. The evaluations will be used to determine if the trainee has met the skills required for promotion to the next level of training. The evaluations will be kept in a secure record accessible to the trainee at any time.

PROCEDURES

**EVALUATION
FORMS**

Monthly Attending Evaluation of the trainee:

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-based Practice

Peer Evaluations:

- Professional Conduct
- Patient Care
- Medical Knowledge
- Interpersonal Communication

Mini-CEX:

- Will be done on interns once a month during wards rotations or as frequent as possible
- Must be documented by attending via MyEvaluations.com and monitored by residency coordinator and CCC.

Internal Medicine Clinic Evaluations

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-based Practice

In-Training Internal Medicine Exam:

Assesses knowledge at intern and trainee levels (not to be used to determine promotion to next level of training.)

METHOD OF EVALUATION

1. **Close observation** of the trainee while performing:
 - History and Physical: Bedside teaching, Emergency room, Clinic
 - Choice of diagnostic studies: admitting attending, morning report, clinic, emergency room
 - Formulation of differential diagnosis or problem lists: admitting attending, teaching rounds, morning report, clinic, emergency room
 - Development of plans for short term and long term medical management: admitting attending, teaching rounds, morning report, emergency room, clinic
 - Communication of treatment plans: admitting attending, teaching rounds, clinic, emergency room
 - Invasive Procedures: ICU attending, emergency room attending
 - Discharge planning: admitting attending, emergency room, clinic

2. Faculty, peer and co-worker **observation of humanistic qualities**: admitting attending, trainee team members, clinic, nurses observations
3. **Chart auditing** for quality and format: review of history and physicals, progress notes, discharge summaries, clinic notes
4. **Procedure Recorder**: document indications, complications and outcomes of procedures; supervising physician.
5. Observation of Trainee Talks, Journal Club, Conference participation.

METHOD FOR ASSESSMENT AND FEEDBACK

1. Face-to-Face review of monthly evaluation by the attending with the trainee.
2. On line availability of all evaluations for the trainee.
3. Internal Medicine Committee to Evaluate Clinical Competence (CCC) will review all trainee evaluations quarterly.
4. Semiannual counseling of each trainee by the Program Director or Associate Program Director, regarding: trainee knowledge, skills, and professional growth as assessed by the Internal Medicine CCC.

COUNSELING OF TRAINEE FOR UNSATISFACTORY PERFORMANCE

If a trainee's clinical performance is not considered satisfactory or above, the trainee will have a face to face counseling session with the program director at either the recommendation of the CCC or at the program director's discretion. A plan to correct the deficiency will be outlined. The trainee will be monitored by faculty members and a review of his/her performance will be done monthly. If the problem persists, the trainee will meet again with the program director to determine the cause of the sub-standard performance and a corrective plan. He/she will continue to be monitored. If the trainee corrects the deficiency, he/she will be promoted. If he/she does not correct the deficiency, he/she will not be promoted and could face dismissal.

PROMOTION

A trainee will be recommended for promotion by the CCC when he/she demonstrates:

- Achievement of competencies defined in the “competencies to be achieved by trainees” documents.
- Satisfactory or above on all evaluations or evidence of remediation if needed.
- Completion of trainee’s conference presentation and journal club assignments.
- Completion of a research project within 3 years.

DISMISSAL OF A TRAINEE

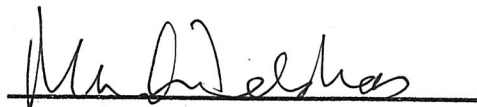
The goals, objectives and requirements of the programs are provided to each trainee at the time of orientation. If at any time, the Program Director considers the deficiencies of the trainee to be beyond correction, he/she can implement formal corrective action.

FORMAL CORRECTIVE ACTION


Probation, Suspension, Non-Renewal of Contract and Dismissal - The Program Director of the Department of internal medicine will follow the Policies and Procedures for Supervision, Discipline, and Grievances of Graduate Medical Education.

TRAINEE GRIEVANCES

The Program Director for the Department of Internal Medicine will follow the Grievance procedure as outlined in the Policies and procedures for Supervision, Discipline, and Grievances of Graduate Medical Education.



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