

EVALUATION/PROMOTION POLICY

June 2011

EVALUATION CRITERIA

1. Residents will be required to attend all scheduled monthly didactic activities. Attendance is mandatory for Grand Rounds and Perinatal M&M; a list of mandatory attendance is outlined in the Mandatory Attendance to Didactics policy. "Excused absences" are defined as illness, post-call, and vacation.
2. Written exams will be part of the evaluation.
3. Residents are required to successfully complete objectives and competencies for each rotation. Each resident will receive a written monthly evaluation from one or more attendings (or a composite evaluation from all attendings) for a specific rotation.
4. Residents are required to complete at least one research product for promotion to PL-3 and graduation, as outlined in the Resident Research Review Policy.

Residents will be routinely informed of their rights to due process, grievance procedures and the process for management of resident performance.

CONTINUITY CLINIC statistics will be monitored for each resident and discussed during quarterly evaluations. Residents are expected to manage a standard number of patients per half-day clinic at each level:

PL-1 minimum of 3 **PL-2** minimum of 4 **PL-3** minimum of 5

STUDENT EVALUATIONS of RESIDENTS

Resident-student evaluations will not be used as a criterion for evaluation or promotion, but are provided to the Program Director as an added source of feedback on resident performance. Multiple observations by several evaluators are useful in identifying trends or patterns of performance and behavior.

PROMOTION

As part of the monthly evaluation for each rotation, residents will be evaluated on their ability to function at the appropriate training level on each of the 6 ACGME competencies.

The promotion and contract status of each resident must be determined no later than March 1st for the following academic year.

INCENTIVES FOR PERFORMANCE

Moonlighting: No moonlighting is allowed in the Department of Pediatrics

Supervised activities: Eligible residents will be allowed to participate in institutional supervised experiences (ISE). See ISE Policy for details.

Additional Incentives

Additional incentives will be provided and Faculty will choose recipients at each level. Incentives may include additional funds for textbooks or attendance to an AAP meeting (3rd year).

At the end of each academic year, a resident from each level of training will be selected as **Resident of the Year**, based on the following criteria:

- Academic performance;
- Research projects;
- Leadership;
- Child advocacy/work with the community;
- Clinical service excellence;
- Teaching skills;
- Citizenship – attitude and relationships.

ACADEMIC REMEDIATION

Reprimand

Marginal scores (one “1” or two “2”) in the evaluation form will result in a formal letter:

- 1) Letter of counseling and/or remediation plan
- 2) Letter of reprimand.

Failure to meet hospital regulations for medical record completion will result in a reprimand. Any violation of ethics (i.e. fabrication or lying, inappropriate conduct) will result in an immediate reprimand and could result in suspension or dismissal. A conduct violation may occur anytime during a rotation and should be documented immediately.

Positive as well as negative reinforcement will be provided to residents before the end of each rotation (i.e. mid-month). Evaluations will be based on professional and academic performance. Refer to the evaluation set.

Observational Status—Corrective Action

Failure of a rotation will result in placement of a resident on **observational** status for a period between 30-60 days.

Failure of a Rotation

A resident who receives three or more “2’s” or one or more “1” on an evaluation is considered to have failed the rotation.

Failure to correct those deficiencies over that time frame may result in probationary status.

Probationary Status

Probationary status can be for 30-60 days. Failure to correct deficiencies during probation may result in extended probation or dismissal.

Deficient or unsatisfactory performance in a rotation must be verified and documented by attendings and/or the chief resident on the monthly evaluation form. These deficiencies must be discussed with the resident by the rotation attending during the rotation, and with the program director, resident advisor and chief resident in the quarterly evaluation meeting. A plan of remediation must be given to the resident and his/her progress monitored accordingly.

It is the responsibility of the Residency Program Office to report marginal or failing performance in any area on the resident’s monthly written evaluation to the Program Director.

The Chief Resident will be informed about any issue with individual resident’s academic progress or concerns about discipline, so early collaboration for correcting the issues could be achieved. **All residents under academic remediation should be working one on one with the chief resident.**

DISMISSAL

A resident may be dismissed from the Residency Program by the Dean of the School of Medicine, following a recommendation by the Program Director. Refer to “2008 Housestaff policies and Procedures.”

According to Texas Tech Administrative Housestaff Guidelines:

“By recommendation of the Program Director, a resident may be dismissed for unsatisfactory performance or conduct. Examples include, but are not limited to the following:

1. performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
2. unethical conduct - (refer to TTUHSC policy for sexual harassment);
3. illegal conduct;
4. excessive tardiness and/or absenteeism

The recommendation for dismissal shall be in writing, outlining the areas deemed unsatisfactory and the reasons why dismissal is recommended. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal.”