



Stony Brook Medicine Graduate Medical Education

Subject: GME0012 Evaluation and Promotion of Residents	Published Date: 09/23/2022
Graduate Medical Education	Next Review Date: 09/23/2025
Scope: SBM Stony Brook Campus	Original Creation Date: 11/24/2003

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Responsible Department/Division/Committee:

Graduate Medical Education Committee

Purpose:

Stony Brook Medicine has an established policy on Resident Evaluation and Promotion

Policy:

Clinical Competency Committee (CCC)

The program director must appoint a Clinical Competency Committee (CCC). There must be a minimum of 3 faculty members on the CCC, although additional members may be added.

The CCC should:

- Review all resident evaluations no less than semi-annually.
- Prepare and ensure the reporting of Milestone evaluations of each resident semi-annually to the ACGME.
- Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Each program must have a written description of the responsibilities of the CCC.

Formative Evaluation

The program must:

- Provide for faculty to evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment.
- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific milestones;
- Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff)
- Document progressive resident performance improvement appropriate to educational level
- Provide each resident with documented semi-annual evaluation of performance with feedback

Programs should utilize a variety of different assessment tools, such as global evaluation, 360-degree, self-evaluation, portfolio, shift cards, and focused evaluations. Programs are encouraged to innovate in developing and implementing formative evaluation tools.

The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

Summative or Final Evaluation

The program director must provide a final evaluation for each resident upon completion of the program.

- The specialty-specific Milestones, and when applicable the specialty-specific case logs, must be used as one of the tools to ensure residents are able to engage in autonomous practice upon completion of the program.

- The final evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy.

This evaluation must:

- Verify whether the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
- Consider recommendations from the Clinical Competency Committee.

A final evaluation must also be completed for residents/fellows leaving the program prior to completion – i.e. residents who transfer to another program, resign, or are non-renewed.

Promotion

Each program should develop specific criteria for advancement/promotion to higher levels of medical training and graduation of its residents. The criteria for advancement shall be based upon achievement of specialty-specific Milestones which illustrate the resident's readiness to progress to the next stage of training.

1. Each year the program director will provide to the GMEC a list of the residents in their program whose contract will be renewed with or without Promotion. Residents for whom non-renewal or non-promotion is being considered should be notified of this no later than 4 (four) months prior to the beginning of the subsequent year of training. Exceptions to this policy may occur but must be reviewed with the Designated Institutional Official (DIO). If an exception is made, the resident must be notified of the intent to non-renew as soon as possible.
2. The decision to promote a resident shall be determined by the PD with the advice of the CCC.
3. Residents who have not met the standards of training performance may be at risk for non-promotion or non-renewal, as well as other actions as outlined in the Substandard Resident Performance policy (GME0009).
4. All annual institutional and GME requirements must be completed prior to promotion including but not limited to health assessment and training modules.

5. Residents should take USMLE Step 3/COMLEX 3 no later than the midpoint of the PGY2 year. Program Directors may make exceptions for individuals if mitigating circumstances exist making this requirement impossible. Continued non-adherence without Program Director excusal may be grounds for remediation action in accordance with the Substandard Resident Performance Policy.

4. Residents must sign their reappointment letter, agreement of reappointment, and their workforce confidentiality documents through New Innovations at least 46 days prior to beginning their subsequent year of training.

Definitions:

None

Procedures:

None

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[GME0009 Substandard Resident Performance](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

None