

| | |
|----------------------------|---|
| Policy Title: | SELECTION, EVALUATION, PROMOTION, & DISMISSAL OF HOUSE STAFF |
| Most Recent Approval Date: | October 28, 2019 |
| Contact: | Rush University Medical Center Designated Institutional Official (DIO) |
| Related Policies: | <ol style="list-style-type: none"> 1. Non-Renewal of Contract Policy 2. Probation Policy 3. Grievance Policy 4. GME Diversity and Inclusion Policy 5. Accepting Transferring Residents Policy (and Checklist) 6. Visa Status and Eligibility for Appointment Policy |
| Regulatory Elements: | ACGME Institutional Requirements (IV.A. and IV.C.1.) and 2019 Common Program Requirements (I.C., III.A.1. and V.A.) |

Each program must establish written policies for the selection, evaluation, promotion, and dismissal of house staff. These policies must be consistent with ACGME common and specialty-specific requirements, as well as the institutional policies below.

The program director has responsibility, authority, and accountability for resident/fellow recruitment and selection, evaluation, promotion, and disciplinary action of house staff, consistent with ACGME requirements.

ELIGIBILITY, SELECTION, AND APPOINTMENT OF HOUSE STAFF

Rush graduate medical education residency program candidates must possess **ONE** of the following qualifications:

1. Graduation from a medical college in the United States or Canada which is accredited by the Liaison Committee on Medical Education (LCME)
2. Graduation from a college of osteopathic medicine in the United States which is accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation(AOACOCA)
3. Graduation from a medical college outside the United States or Canada and **one** of the following qualifications: (1) possession of a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, (2) a full and unrestricted license to practice medicine in the State of Illinois in the considered specialty/subspecialty, OR (3) graduation from a non-US medical school **and** completion of a Fifth Pathway program provided by an LCME-accredited medical school

ACGME-accredited programs must adhere to their respective specialty requirements regarding fellowship eligibility options, including whether their Review Committee allows the fellow eligibility exception. Programs using the fellow eligibility exception must submit exceptionally qualified candidate application materials to the GMEC for approval prior to the rank order list deadline.

All applicants accepted outside of a match must be reviewed by the GME Office prior to the program offering the applicant a position.

Programs must select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, motivation, and integrity. Programs must not discriminate with regard to gender, race, age, religion, color, national origin, ethnic background, disability, veteran status, sexual orientation, marital status, or parental status. Programs will engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive work force of residents/fellows, consistent with ACGME requirements and the GME Diversity and Inclusion Policy. Programs will establish criteria and protocols for soliciting applications, evaluating applications, granting interviews, and making offers, whether directly or through a matching program when available.

An applicant invited to interview for a position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

FEEDBACK AND EVALUATION OF HOUSE STAFF

Programs will establish **written** policies on the methods of evaluation and the manner in which the results are presented to the house staff. These policies must be consistent with institutional policies below, and be made known to the faculty and the house staff.

All house staff must be observed, evaluated, and frequently provided feedback on their performance during each rotation or similar educational assignment. Evaluation must be documented at the completion of the assignment – **at least every three months** for block rotations of greater than three months in duration; and **at least every three months and at completion** for longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities.

All house staff must be evaluated formally not less than **two times in each academic year**. Semi-annual evaluations must (a) provide objective performance evaluation based on ACGME competencies and specialty-specific Milestones, (b) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members), and (c) be provided to the Clinical Competency Committee (CCC) for its synthesis of progressive resident/fellow performance and improvement toward unsupervised practice. The program director (or designee), with input from the CCC, must meet with and review with each resident/fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones, assist residents/fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth, and develop plans for residents/fellows failing to progress, following institutional policies and procedures.

At least annually, there must be a summative evaluation of each resident/fellow that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident/fellow's performance must be accessible for review by the resident/fellow.

At the completion of the program, the program director must document a **final evaluation** that (a) verifies that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice, as demonstrated by specialty-specific Milestones (and Case Logs, when applicable) among other assessment tools and (b) considers recommendations from the Clinical Competency Committee. This final evaluation must be part of the resident's permanent record, be shared with the resident upon completion of the program, and be accessible for review by the resident.

PROMOTION OF HOUSE STAFF

Each program will establish **written** criteria for promotion through the levels of the training program through completion. These criteria will be made known to the faculty and house staff.

Each program will develop and maintain privilege matrices for each year of training that will be maintained and regularly updated on the Rush website.

DISMISSAL OF HOUSE STAFF

Programs will follow **Institutional Graduate Medical Education policies** regarding probation, non-renewal of contract, and adjudication of house staff grievances and complaints relevant to the Graduate Medical Education programs. Please see specific policies available in MedHub.

Programs must keep their house staff policies and procedures on file and communicate policies to house staff and faculty as appropriate. MedHub is strongly recommended for these purposes. When such policies are formulated or revised, a copy is to be sent to the Office of Graduate Medical Education for purposes of institutional oversight and approval.

Approved at GMEC 05/24/1999

Revised and Approved at GMEC 11/26/2001

Revised and Approved at GMEC 03/26/2007

Revised and Approved at GMEC 09/21/2009

Reviewed and Approved at GMEC 09/23/2013

Revised and Approved at GMEC 09/26/2016

Revised and Approved at GMEC 11/19/2018

Revised and Approved by GMEC e-vote 9/19/2019

Revised and Approved by GMEC 10/28/2019