

## **Summary of Evaluation and Promotion Policy**

### **University of Iowa – Des Moines Internal Medicine Residency Program**

The evaluation process at a minimum will consist of:

1. Regular evaluations by supervising faculty at the end of clinical rotations. Written or electronic evaluations and verbal feedback should be provided to each resident at the end of every rotation.
2. Other performance evaluations completed by nurses, patients and their families, medical students and resident peers.
3. Continuity clinic evaluations completed biannually by supervising faculty.
4. Review of invasive procedure skills as documented by supervising faculty in the procedure logbook given to each resident.
5. Review of inpatient and outpatient medical record keeping skills.

The Clinical Competence Committee of the Residency Program will meet monthly to review all of the above formative evaluations completed for each resident. This committee consists of the program director, assistant program director(s), and key general medicine and subspecialty faculty from the principal teaching hospitals. Decisions about promotion and the final annual rating of each resident (required by the American Board of Internal Medicine) will be made by the Program Director in consultation with this committee. Further explanation of the ABIM annual rating system is included in the resident handbook.

Residents must demonstrate competence in the six core competency areas defined by the Accreditation Council for Graduate Medical Education to advance in the residency program. Accompanying this summary is a document entitled *Expected Progress in the Core Competencies by Year of Training*. In this document, the knowledge, skills and attributes that residents must demonstrate is defined for each year of residency training. Residents will be advanced in the program based on satisfactory achievement of the necessary knowledge, skills and attributes expected for each year of training.

The program director will have a mid-year and end-of-year evaluation meeting with each resident. Formal assessment of the knowledge, skills, and professional growth of each resident and required counseling will be provided. Discussion of resident progress in each of the core competency areas will also be reviewed. Permanent records of the evaluation and counseling process for each resident will be maintained in the resident's file and will be accessible to the resident and other authorized personnel.

In the event of an adverse annual evaluation or promotion decision, a resident may request a meeting with the Clinical Competence Committee. If the evaluation or promotion decision is still disputed after this meeting, the resident may follow the Appeals Procedure outlined in the Central Iowa Health System Graduate Medical Education Policies distributed to all residents.

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Reviewed 6/22/10