

The Christ Hospital/University of Cincinnati Family Medicine Residency Training Program

Policy and Procedure: Family Medicine Resident Evaluation and Resident Advancement

Residents are promoted and graduated based on explicit criteria in accordance with the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the Residency Review Committee-Family Medicine (RRC-FM) Program Requirements. The residency program requires residents to obtain competencies in six areas listed below to the level expected of a new physician.

- a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and simulation of scientific evidence, and improvements in patient care.
- d. **Interpersonal and Communication Skills** that result in effective information exchange and partnering with patients, their families and other health professionals.
- e. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Purpose

To provide criteria for promotion of residents from PGY-1 to PGY-2 and PGY-2 to PGY-3 and for graduation as determined by the residency Clinical Competency Committee.

Procedure

The following describes the roles and responsibilities of the Clinical Competency Committee, the Faculty Advisor, and the Attending Physician.

Clinical Competency Committee

The Clinical Competency Committee (CCC) is chaired by the Residency Program Director or designee. It is composed of the residency faculty and meets monthly. During the meeting the committee reviews the clinical, academic and professional performance and progress of each resident. Residents meet with the program director twice a year. If serious academic deficits are identified in the resident's performance, the CCC Committee will outline the deficiency or deficiencies in a Letter of Deficiency (LOD) or Letter of Concern, and formulate an action plan for improvement. For serious non-academic deficiencies or academic deficiencies leading to patient

harm, the CCC committee may recommend dismissal from the program without an action plan for improvement. The CCC committee decides whether to promote a resident to the next postgraduate year, basing their decision on the criteria below, resident evaluations, and successful completion of plans outlined in a Letter of Deficiency.

Faculty Advisor

The resident is responsible for meeting with the faculty advisor at least twice annually to discuss performance evaluation and the resident's progress toward becoming a practicing family physician. The faculty advisor also discusses goals and elective opportunities. Faculty Advisors will meet frequently with residents given a Letter of Deficiency to monitor their successful completion of the action plan for improvement.

Attending Physician

The resident will receive timely feedback and be advised of deficits in performance by an attending with whom they work on each rotation to allow an opportunity for improvement. It is recommended that the attending physician appraise the resident(s) whom they are supervising of their performance at the midpoint of the rotation.

Ancillary Staff

The ancillary staff in the Family Medicine Center who work directly with the residents evaluate residents at least annually.

Standards that Apply to All Residents

The Clinical Competency Committee has determined that the resident has met the criteria for promotion, which includes but are not limited to:

Competency Area	Standard
Patient Care	<ol style="list-style-type: none"> 1. Participation in patient care and management on each rotation as documented by faculty evaluation forms. 2. Attendance and behavior are considered in evaluating patient care performance. Major performance deficits will be grounds for a Letter of Deficiency or Letter of Concern.
Medical Knowledge	<ol style="list-style-type: none"> 1. Annual testing by the American Board of Family Medicine in-training examination meeting the minimum standards as set below: <ol style="list-style-type: none"> a. PGY 2 and PGY 3 are expected to minimally achieve higher than the 90% passing predictive score based on the published ABFM Bayesian Prediction tool. Residents who are unable to achieve at or above the 90% passing predictive score on the in-training examination will be required to meet with their faculty advisor to develop a formal written action plan for improvement. The plan will include follow-up with the faculty advisor with reporting to the Program Director. A re-test will be offered in the spring. b. Residents who are unable to achieve at or above the 95% passing predictive score based on https://cbas.theabfm.org/BayesianPrediction.aspx will be encouraged to meet with their advisor to develop an action plan for improvement.
Medical Knowledge	<ol style="list-style-type: none"> 1. Contribution to the academic and scholarly mission of the program. Student and resident teaching, conference presentations and participation, as well as overall faculty assessment of resident performance will be evaluated. Major performance deficits will be grounds for disciplinary action.

<p>Practice-Based Learning and Improvement</p>	<ol style="list-style-type: none"> 1. Participates in quality improvement measures at the Family Medicine Center. 2. Exhibits an investigatory approach to knowledge deficits: generates questions and utilizes available resources to answer the questions. 3. Responds to feedback provided by faculty and senior residents.
<p>Interpersonal and Communication Skills</p>	<ol style="list-style-type: none"> 1. Able to create and sustain therapeutically and ethically sound relationship with patients and work effectively with other members of the health care team. 2. Has all requirements for the Effective Communication Curriculum
<p>Systems-Based Practice</p>	<ol style="list-style-type: none"> 1. Compliance with all hospital and departmental record keeping and documentation requirements. A pattern of tardiness and noncompliance will be grounds for Letter of Deficiency. 2. Completion of an ABFM approved Practice Improvement Module prior to July of first year of residency.
<p>Professionalism</p>	<ol style="list-style-type: none"> 1. Compliance with the institutional and Program Professional Policies. Including but limited to: <ol style="list-style-type: none"> a. Personal appearance (clothing, hygiene, and grooming). b. Personal conduct such as strict avoidance of substance abuse, theft, lying, cheating, and unexplained absences. c. Strict use of TCH/UC equipment and personnel only for educational, professional, and patient care activities. d. Is reachable by cell phone or hospital phone system. e. Completion of medical records, response to patient phone calls, and response to laboratory results are timely in compliance with Program Policy and Procedures. 2. Attendance at departmental academic conferences and other classroom based learning activities. 3. Completion of fifty (50) MC-FP points prior to the MC-FP Examination, which must include: <ol style="list-style-type: none"> a. Minimum of one (1) Knowledge Self Assessment Activity b. Minimum of one (1) Performance Improvement Activity with Patient Population (or an ABFM approved alternative Part IV activity with patient population data).

Deficiencies

If serious academic deficits are identified in the resident's performance, the Clinical Competency Committee will outline the deficiency or deficiencies in a Letter of Deficiency (LOD) and formulate an action plan for improvement. Continued failure to meet program standards despite placement on an improvement plan may result in dismissal from the program. For serious non-academic deficiencies or academic deficiencies leading to patient harm, the Clinical Competency Committee may recommend dismissal from the program without an action plan for improvement.

Appeal

If a resident is sent a Letter of Deficiency, or recommended for dismissal from the program, they may appeal to the Residency Program Director. The Residency Program Director will attempt to resolve the grievance within 30 days. If the resident is not satisfied with the resolution proposed by the Residency Program Director, he/she may submit an appeal to The Christ Hospital GME Committee, in accord with the Due Process policies of The Christ Hospital GME office as outlined at Resident Orientation.

Promotion from PGY-1 to PGY-2

The Clinical Competency Committee has determined that the resident has met the criteria for promotion listed above under "**Standards that Apply to All Residents**". Additional criteria include but are not limited to:

Competency Area	Standard
Patient Care	1. Family Medicine Center <ul style="list-style-type: none">a. Identify the purpose(s) for the visit.b. Develop appropriate bio-psychosocial hypotheses that apply to the presenting problem.c. Conduct a focused evaluation of the presenting problem (including history, physical examination, and laboratory/ radiological procedures).d. Appropriately prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options.e. Present a provisional and working diagnosis to the patient.f. Arrange for follow-up of the current problem that fits the guidelines of current standard of care and/or attends to the special needs of the patient.

<p>Patient Care</p>	<ul style="list-style-type: none"> g. Completely document the patient care encounter in the medical record in a concise and legible manner following a problem-oriented format and using the SOAP (or generally accepted) notation. h. Update the bio-psychosocial problem list and medication list at each visit. i. Telehealth skills observed with a minimum level of independence rated at a 3 on the Telehealth Direct Observation Evaluation Form. j. Average level of independence rating of 2.5 or above on the Outpatient Feedback Form by the final 3 months of the PGY 1 year. k. Able to consistently see a minimum of 4 and a goal of 6 patients per session in a time-efficient manner, as evidenced by using a 40 min appointment template. l. Has met the requirement of 400 total continuity visits over the course of the first year.
<p>Patient Care</p>	<p>2. Obstetrics</p> <ul style="list-style-type: none"> a. Completion of ALSO course. b. Gather and present a pertinent Obstetric history in the outpatient setting, including performing a complete initial Obstetric visit and routine follow-up prenatal visit. c. Appropriately progressing towards working on meeting the OB requirement of 20 vaginal deliveries and 10 continuity deliveries, as determined by the Clinical Competency Committee. d. Gather and present a pertinent Obstetric history in the outpatient, triage, labor and delivery, and post-partum settings. e. Completion of online Canvas modules by the end of the second Obstetrics block

<p>Patient Care</p>	<p>3. Inpatient Medicine:</p> <ul style="list-style-type: none"> a. Gather and present data related to the patient’s chief complaint, Past Medical History, Social History, and laboratory data efficiently. b. Perform and present a complete physical exam. c. Develop and present a differential diagnosis for the patient’s chief complaint and formulate an initial diagnostic and treatment plan. d. Create complete problem list, developing treatment plans for each problem. e. Evaluate and identify critically ill patients, recognizing patients who will require a higher level of care. f. Identify critical laboratory values requiring immediate attention. g. Provide care for an average of 6 patients/day by the last block. h. Certification in ACLS, PALS, NRP, and BLS. i. Overall level of independence of rated at 2 or above by the completion of 8 weeks. j. Complete a 2 week ICU rotation.
<p>Medical Knowledge</p>	<ul style="list-style-type: none"> 1. Successful completion of 12 months of American Board of Family Medicine (ABFM)-approved family medicine residency training. The resident must receive a passing evaluation in all rotations and in the Family Medicine Center. 2. Demonstrates an investigatory approach to patient care. 3. Demonstrates improving proficiency when encountering diagnoses or problems that have previously been encountered.
<p>Practice-Based Learning and Improvement</p>	<ul style="list-style-type: none"> 1. Demonstrates ability to learn from clinical encounters by learning from omissions or errors. 2. Demonstrates ability to give and receive feedback and make improvements in the care of the patient. 3. Demonstrates ability to learn new medical information and apply it appropriately to the care of the patient.
<p>Interpersonal and Communication Skills</p>	<ul style="list-style-type: none"> 1. Verbal (patient presentations, check-outs, communication to consultants and staff) and written (office notes, secure chats and other EMR messages, check-outs, on- and off-service notes, discharge summaries) communication is clear, accurate, organized and readily understood.

<p>Professionalism</p>	<ol style="list-style-type: none"> 1. Has received at least a level of 2.5 in Prof-1 and Prof-2 subcompetencies in the final Semi-Annual Review and has not demonstrated a pattern of unprofessional behavior as evaluated by the Clinical Competency Committee. 2. Ability to work effectively, respectfully with others in the health care team in a manner that will be conducive to assuming supervisory role. 3. Consistently able to self-assess limits and ask for help when identified.
<p>Systems-Based Practice</p>	<ol style="list-style-type: none"> 1. Resident is able to coordinate care with hospital case managers and other care coordinators. 2. Active participation in Quality Improvement and Patient Safety in the Family Medicine Center, including completing an ABFM approved QI project. 3. Codes and bills ambulatory visits appropriately for services rendered (in accordance with their insurance option) as demonstrated by the completion of 25 coding worksheets.

We, as the members of the faculty of The Christ Hospital-University of Cincinnati Family Medicine Residency verify the accuracy of the above information and believe that this resident HAS / HAS NOT demonstrated sufficient professional ability to be promoted to the PGY2 year.

<p>_____</p> <p>Program Director</p>	<p>_____</p> <p>Faculty Advisor</p>
<p>I have reviewed this document and understand that it is the basis for either my promotion or Letter of Deficiency.</p>	
<p>_____</p> <p>Resident Physician</p>	<p>Dated: _____</p>

Promotion from PGY-2 to PGY-3

The Clinical Competency Committee has determined that the resident has met the criteria for promotion listed above under “**Standards that Apply to All Residents**”. Additional criteria include but are not limited to:

Competency Area	Standard
Patient Care	<p>1. Family Medicine Center:</p> <ul style="list-style-type: none"> a. Implement the negotiated patient care plan. b. Inquire into and discuss sensitive issues that may impact on the execution of the negotiated patient care plan. c. Incorporate the principles and practice of health maintenance into each patient care encounter, where appropriate. d. Consistently review the bio-psychosocial problem list and attend to appropriate longitudinal issues. e. Able to see minimum of 6 and a goal of 8 patients per session in a time-efficient manner. f. Average level of independence rating of 3 or higher on the Outpatient Feedback Form by the final 3 months of the PGY 2 year. Level 2's should be infrequent rather than a pattern. g. Has met the requirement of patient-sided continuity at least 30 percent, and resident-sided continuity of at least 30 percent by the end of the PGY-2. h. Has met the requirement of 600 total continuity visits over the course of the second year.
Patient Care	<p>2. Inpatient Medicine:</p> <ul style="list-style-type: none"> a. Consistently makes correct diagnosis(es) of patient's chief problem and implement the appropriate management plan. b. Demonstrates the ability to supervise a complete history and physical exam and oversee appropriate orders for hospital care. c. Develops clinically answerable questions during patient encounters, utilizes available resources in seeking the answer, and applies the findings to the patient encounter. d. Achieves an overall level of independence of 3 by the final block of the year.

<p>Patient Care</p>	<p>3. Obstetrics</p> <ul style="list-style-type: none"> a. Appropriately progressing towards working on meeting the OB requirement of 20 vaginal deliveries and 10 continuity deliveries, as determined by the Clinical Competency Committee. b. Gather and present a pertinent Obstetric history in the outpatient, triage, labor and delivery, and post-partum settings. c. Perform a complete and pertinent Obstetric physical exam. d. Identify and respond appropriately to Obstetric emergencies. e. Completion of the ABFM Maternity Care Self-Assessment module by the end of the 4th block.
<p>Medical Knowledge</p>	<ul style="list-style-type: none"> 1. Scored at or above the 90% predictive score on the in-training examination. 2. Passing score on the USMLE Step 3 prior to February <ul style="list-style-type: none"> a. Failure to pass Step 3 by February 1 of PGY2 year can lead to non-renewal of contract and a Letter of Deficiency placed into the residents file. b. Failure to pass examination after three attempts (between months 13 and 30 of resident matriculation in program) will be grounds for dismissal. 3. Successful completion of 24 months of ABFM-approved family medicine residency training, or approved ABFM leave.
<p>Practice-Based Learning and Improvement</p>	<ul style="list-style-type: none"> 1. Demonstrates diagnostic and therapeutic curiosity and takes initiative to identify clinical questions to improve patient care. 2. Demonstrates an ability to independently locate, assimilate and apply medical information to patient care. 3. Participates in forums that discuss and improve systems of care for patient care and medical education.

<p>Interpersonal and Communication Skills</p>	<ol style="list-style-type: none"> 1. Role-model the ability to communicate respectfully and effectively with patients, faculty, staff, and colleagues. 2. Facilitate continuity of care through communication and documentation skills such as cross coverage and checkouts for both in-patients and out-patients, on-and off-service notes, and telephone/secure chat/message documentation. 3. Practices teaching and management skills to effectively coordinate the teaching service and to teach junior residents and student learners.
<p>Professionalism</p>	<ol style="list-style-type: none"> 1. Participation in academic and professional activities such as conferences, rounds, and meetings, and pursuit of licensure. 2. Role-model excellence and ownership in one's professional obligations. This includes persisting past barriers, seeking help when uncertain about navigating system barriers. 3. Has received at least a level of 3 in Prof-1 and Prof-2 subcompetencies in the final Semi-Annual Review and has not demonstrated a pattern of unprofessional behavior as evaluated by the Clinical Competency Committee. 4. Timely completion of medical records and charting. 5. Timely response and follow-up with patient phone calls, form requests, and laboratory results.
<p>Systems-Based Practice</p>	<ol style="list-style-type: none"> 1. Seeking to conduct ambulatory sessions in a time-efficient and professional manner. 2. If indicated, assist the patient in arranging for appropriate medical and ancillary referrals that seek to resolve specific issues in the diagnostic or management arenas. 3. Codes and bills ambulatory visits appropriately for services rendered (in accordance with their insurance option), referring those who need financial assistance to appropriate business office personnel. 4. Has led a patient-safety conference including completing the root cause analysis/systems analysis worksheet. 5. Navigate system barriers to advocate for patients and improve patient care.

We, as the members of the faculty of The Christ Hospital-University of Cincinnati Family Medicine Residency verify the accuracy of the above information and believe that this resident HAS / HAS NOT demonstrated sufficient professional ability to be promoted to the PGY-3 year.

Program Director

Faculty Advisor

I have reviewed this document and understand that it is the basis for either my promotion or Letter of Deficiency.

Resident Physician

Dated: _____

Promotion from PGY-3 to Graduation

The Clinical Competency Committee has determined that the resident has met the criteria for promotion, which includes but are not limited to:

Competency Area	Standard
Patient Care	<p>1. Family Medicine Center:</p> <ul style="list-style-type: none"> a. Able to consistently see a minimum of 7 with a goal of 10 patients per session in a time-efficient manner. b. Consistently rated at a level of independence of 4 or higher on the Outpatient Feedback Form over the final 6 months of residency. c. Has met the requirement of 1700 total continuity visits over the course of residency, with 170 of the 1700 patient visits under age 18 and 170 of the 1700 of patients visits 65 years and older. d. Has met the requirement of patient-sided continuity at least 40 percent, and resident-sided continuity of at least 40 percent by the end of the PGY-3 e. Has met the requirement of 5 home visits, with one being a continuity geriatric patient
Patient Care	<p>2. Inpatient Medicine:</p> <ul style="list-style-type: none"> a. Consistently able to work independently managing multiple patients, including those critically ill with a high level of complexity, and challenging family situations. b. Demonstrates ability to efficiently and effectively manage, supervise and teach resident team. c. Utilizes evidence for patient care decisions d. Has met the requirement of 750 Adult patient encounters in the inpatient setting and 100 Pediatric patient encounters in the ED or Inpatient Setting. e. Has completed the newborn rotation.
Patient Care	<p>1. Obstetrics:</p> <ul style="list-style-type: none"> a. Has met the required 20 vaginal deliveries and 10 continuity deliveries, as determined by the Clinical Competency Committee.

<p>Patient Care</p>	<p>1. Other:</p> <ul style="list-style-type: none"> a. Has met the requirement of providing care to 2 continuity nursing home patients over the course of the final 24 months. b. Has met the requirement of 125 patient encounters with adults over the age of 65, excluding encounters in the FMC or on inpatient or ED rotations. c. Has met the requirement of 125 adult patient encounters in the emergency department.
<p>Medical Knowledge</p>	<ul style="list-style-type: none"> 1. Scored at or above the 90% predictive score on the in-training examination. 2. Successful completion of 36 months of ABFM-approved family medicine residency training, or has an approved leave by the ABFM not to exceed 8 weeks. The resident must receive a passing evaluation in all rotations and in the Family Medicine Center.
<p>Practice-Based Learning and Improvement</p>	<ul style="list-style-type: none"> 1. Demonstrates self-directed learning activities that will lead to personal and professional growth as a physician. 2. Consistently demonstrates ability to locate, appraise, assimilate evidence from scientific studies and apply to individual patient health problems.
<p>Interpersonal and Communication Skills</p>	<ul style="list-style-type: none"> 1. Able to demonstrate respect, sensitivity and responsiveness to patient's culture, age, gender, and disabilities. 2. Able to create and manage different types of physician-patient relationships. 3. Able to promote patient confidence in their clinical abilities in a manner that will encourage high level of satisfaction.

<p>Professionalism</p>	<ol style="list-style-type: none"> 1. Consistently demonstrates commitment to putting patient's concerns that supersedes self-interest. 2. Consistently demonstrates commitment to ethical principles pertaining to provision or withholding care, confidentiality of patient information, informed consent and business practices. Consistently practices within the limitations of knowledge and skills. 3. Has received at least a level of 3.5 in Prof-1 and 2 subcompetencies in the final Semi-Annual Review and has not demonstrated a pattern of unprofessional behavior as evaluated by the Clinical Competency Committee. 4. Consistently demonstrates a commitment to excellence and on-going professional development. 5. Completion of fifty (50) MC-FP points prior to the MC-FP Examination, which must include: <ol style="list-style-type: none"> a. Minimum of one (1) Self-Assessment Module (Part II) b. Minimum of one (1) Performance in Practice Module (Part IV) with data from a patient population (or an ABFM approved alternative Part IV activity with patient population data)
<p>Systems-Based Practice</p>	<ol style="list-style-type: none"> 1. Able to evaluate different types of practice based outcomes associated with high quality care. 2. Participates in patient safety activities in the medical system leading to better outcome of care. 3. Able to advocate for high quality care and assist patients in dealing with system complexities. 4. Maintains high quality medical records and consistently is current. 5. Codes and bills ambulatory visits appropriately for services rendered (in accordance with their insurance option), referring those who need financial assistance to appropriate business office personnel. 6. Completion of all ABFM MOC requirements and has or is eligible to sit for the ABFM Certification Exam. 7. Completion of two Scholarly Projects, one of which is a quality improvement project. Scholarly projects must be disseminated beyond the residency in some manner (publication, poster, presentation). 8. Participation in the Health Systems Management curriculum.
<p>Procedures</p>	<ol style="list-style-type: none"> 1. Has completed the required procedures as defined in the procedure curriculum.

We, as the members of the faculty of The Christ Hospital-University of Cincinnati Family Medicine Residency verify the accuracy of the above information and believe that this resident HAS / HAS NOT demonstrated sufficient professional ability to graduate.

Program Director

Faculty Advisor

I have reviewed this document and understand that it is the basis for either my promotion or Letter of Deficiency.

Resident Physician

Dated: _____