

POLICY AND PROCEDURES FOR THE EVALUATION AND ADVANCEMENT OF HOUSE STAFF

All house staff at the University of Iowa Hospitals and Clinics (UIHC) will be promoted upon the satisfactory completion of the program year and evidence of satisfactory progressive scholarship and demonstration of clinical competence and professional growth. Each house staff member will receive regular and timely assessment of his/her overall performance and competencies (in patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice). The procedures referenced in this policy are designed to ensure that all house staff members are promoted to a higher level of responsibility at the appropriate time.

Those house staff members who have not satisfactorily completed the program year and who fail to show evidence of satisfactory progressive scholarship or to demonstrate clinical competence and professional growth, may be offered a remediation plan of action prior to promotion, as deemed appropriate by the Program Director and as described in this policy. House staff members denied promotion or reappointment are provided due process as described in the *UIHC Statement on House Staff Member Concerns* and in Article IV, Section VII of the *Bylaws, Rules and Regulations of the UIHC and its Clinical Staff*; in the case of a denial of promotion or denial of a reappointment, the Program Director should consult with the Graduate Medical Education (GME) Director who may confer with UIHC Legal Services.

- I. **DEVELOPMENT OF CRITERIA AND METHODS FOR EVALUATION:** Each Program Director, in consultation with the faculty, will develop criteria and methods for evaluating the knowledge, skills and professional growth of each house staff member in the program in accord with applicable competencies and requirements, as may be mandated by accreditation, specialty or certification standards. Evaluation results should be used to improve the house staff member's performance. The criteria and evaluation methods will be reviewed by the Program Director annually and reaffirmed or revised, in consultation with the faculty. The process shall include at least the following:
 - A. AN ANNUAL WRITTEN ASSESSMENT of each house staff member by the Program Director using the established criteria;
 - B. A REVIEW OF THE ASSESSMENT with the house staff member and provision of a copy to the house staff member, if requested; and
 - C. COMPLETION OF AT LEAST ONE ASSESSMENT AND REVIEW BETWEEN JANUARY 1 AND FEBRUARY 1 OF EACH YEAR (for the purpose of determining advancement), except when an alternate advancement assessment schedule is established as approved by the Director of GME.
- II. **REMEDIATION PLAN OF ACTION OR EXTENSION:** All action plans for remediation and/or extension must comply with applicable accreditation and/or UIHC and GMEC requirements.
 - A. REMEDIATION PLAN OF ACTION: If the Program Director determines that the house staff member has not completed the year satisfactorily, it is the responsibility of the Program Director to determine whether or not remediation would benefit the house staff member. If remediation is deemed appropriate, the Program Director must establish in writing a remediation plan of action for the house staff member, including a mentoring plan, a monitoring of progress, an identified date for re-evaluation and the production of a report which summarizes results. This written action plan should be signed and dated by both the house staff member and the Program Director, reviewed by the Director of GME and filed in the house staff member's file in the GME Office.
 - B. EXTENSION: If the Program Director determines that the house staff member would benefit from an extension before promotion to the next level, the Program Director must produce a written plan, monitor progress and track results. This written plan should be signed and dated by both the house staff member and the Program Director, reviewed by the Director of GME, and filed in the house staff member's file in the GME Office. The Program Director must either contact the GME Office regarding the request for a new contract based on the extension or indicate the extension on the Advancement Report with supporting documentation of why the extension is occurring.
- III. **ADVANCEMENT PROCEDURES AND DEADLINES:** After assessing each house staff member according to the program's criteria and evaluation process, the Program Director must decide to either include or not include the house staff member on the GME Advancement Report, according to its stated deadlines. The Program Director must submit a letter to the GME Office for those house staff members not included in the Advancement Report.
- IV. **WRITTEN FINAL EVALUATION:** A written final evaluation for each house staff member who completes the program must be completed by the Program Director. It shall include a review of the house staff member's performance during the final period of education and attest as to whether or not that house staff member *demonstrated sufficient competence to enter practice without direct supervision*. The final evaluation must be made part of the house staff member's file and a copy shall be submitted to the GME Office by the Program Director within 30 days of the house staff member's completion of the program.
- V. **FILE OF EVALUATIONS:** Each Program Director will maintain a file of the evaluations or assessments required by this policy, and each house staff member shall have access to review those documents.
- VI. **RECOMMENDATION FOR CERTIFICATION:** Recommendation of certification of a house staff member by a specialty board will be made by the Program Director when the last evaluation of the resident establishes that the house staff member's knowledge, clinical skills and professional attitudes are consistent with the standards for that specialty.