INTERNAL MEDICINE RESIDENT PERFORMANCE STANDARDS

1. OBJECTIVE

All residents completing Internal Medicine Residency Training should have the clinical skills and overall medical competence necessary for certification of their clinical competence to the American Board of Internal Medicine, should demonstrate moral and ethical behavior, and should have a reasonable expectation of passing the certifying examination of the American Board of Internal Medicine.

2. STANDARDS

A. Satisfactory ratings on all evaluations.

Rationale

(1) The American Board will not admit residents with unsatisfactory evaluations to the qualifying examination.

(2) An unsatisfactory rating usually indicates significant performance problems.

Process

(1) Any unsatisfactory rating by a faculty member on a resident's evaluation form will trigger a review of the problem with the program director, the chief resident, the resident, and the faculty member. If the rating is correct, then corrective measures will be identified and instituted. Future evaluations will be critically reviewed to determine whether or not this problem has been corrected.

(2) A second unsatisfactory rating will trigger a repeat review and analysis of the problem. The resident will be issued a written warning regarding his performance. Corrective measures will be identified and instituted. Future evaluation will be reviewed monthly with the program director for the next three months.

(3) A third unsatisfactory rating will trigger a repeat review and analysis of the performance problem. The resident will be placed on probation (see 3). Corrective measures will be identified and instituted. Future evaluations will be reviewed monthly with the program director for six months.

B. Clinical Skills
Rationale

(1) Residents must demonstrate expertise in patient assessment, including thorough and well documented histories and physical examinations.

Process

(1) Each resident will perform a directly observed history and physical examinations during all three years of training.

(2) Written records (histories, physical examinations, clinic notes, and progress notes) must steadily improve during the 3-year program and ultimately reflect high quality and thorough patient evaluation and assessment.

C. Procedural Skills

Rationale

(1) The American Board of Internal Medicine requires documentation of procedures skills for clinical competence certification.

Process

(1) Residents must undergo training in procedural skills to be certified as clinically competent to the American Board of Internal Medicine. This will include instruction and supervised practice.

(2) The resident will maintain a logbook and submit a copy of each procedure record to the residency secretary at the end of each rotation.

D. Advanced Cardiac Life Support

Rationale

(1) The American Board of Internal Medicine requires proficiency in basic life support, advanced cardiac life support, and cardiac defibrillation. ACLS certification documents competence in these areas.

Process

(1) Residents will maintain ACLS certification. Residents without such certification cannot be certified as clinically competent for
the American Board of Internal Medicine.

(2) Residents without up-to-date certification will have three months to obtain certification.

E. Educational Responsibilities

Rationale

(1) The American Board of Internal medicine requires each resident to have a significant fund of knowledge and to develop methods for maintaining this fund of knowledge. Internal medicine residency TRAINING implies participation in as many educational activities as possible. Failure to participate in on-going departmental activities makes no sense and cannot be justified.

Process

(1) Residents will attend at least 60% of the mid-day conferences (after correction for vacation and special rotations).

(2) Residents who do not maintain a 60% moving average over 3-month periods will be issued a written warning.

(3) After two written warnings, residents with persistent attendance problems will be placed on probation (see 3).

F. Medical Records

Rationale

(1) The American Board of Internal medicine requires timely and legible records as one indicator of professional attitude and behavior. Proper records are essential for patient care.

Process

(1) Residents will maintain records, including all dictations and signatures, on a timely basis.

(2) Attending physicians are ultimately responsible for record completion.

(3) Residents with persistent delinquencies resulting in faculty suspension by Medical Records will receive two written warnings and then probation (see 3).
G. In-training Examination

Rationale

(1) The in-training examination allows residents to identify areas of strengths and weaknesses and allows the resident to compare his/her overall performance with other residents at similar levels of training.

Process

(1) Residents at the PGY I, PGY II, and PGY III level will take the in-training examination in October of each year.

(2) PGY I residents below the 20th percentile for all PGY I residents will review their test results to identify areas of weakness. They must then develop a plan which has a reasonable expectation for correcting these weaknesses. (This plan should involve individual faculty members who will serve as mentors and advisors.)

(3) PGY II and PGY III residents below the 30th percentile may have a serious deficiency in their fund of knowledge. These residents must review their areas of weakness and present a detailed plan for improvement. PGY II and PGY III residents below the 20th percentile probably cannot pass the American Board of Internal medicine, given their current fund of knowledge. These residents will need intensive and prolonged preparation for the American Board of Internal Medicine. These residents should not moonlight.

H. Ethical and Moral Behavior

Rationale

(1) The ABIM expects all candidates to exhibit appropriate moral and ethical behavior in the clinical setting.

Process

(1) Each resident should demonstrate integrity, respect, and compassion when providing medical care. These attitudes will be assessed by the resident's action and behavior at work. Input will come from patients, nurses, other residents, and faculty.

(2) Residents with unacceptable behavior patterns will receive
counseling, written warnings and eventually probation if problems persist. This evaluation is admittedly subjective and will utilize all resources available to make proper decisions.

I. Promotion Policies

(1) Preamble – The Internal Medicine Residency Program expects all residents who enter the program to satisfactorily finish the program with appropriate clinical skills, clinical knowledge, and professional attitude.

(2) Promotion Criteria for PGY-1 Residents:
   a. Satisfactory evaluations (4 or greater) for the first six months of training.
   b. Experience with important procedures including paracentesis, thoracentesis, lumbar puncture, and central line placement. The resident will have done or participated in at least 2 of each of these procedures.
   c. Review and approval by faculty members at the December quarterly meeting for resident evaluation.

(3) Promotion Criteria for PGY-2 Residents:
   a. Satisfactory performance on all evaluations during the first 6 months of the PGY-2 year.
   b. Evidence of satisfactory leadership during rotations on General Internal Medicine, CICU, or MICU.
   c. Review and approval by faculty at the December meeting for resident evaluation.

3. PROBATION

Rationale

(1) Residents who are placed on probation have a serious performance problem and have a high likelihood of not being certified as clinically competent to the American Board of Internal Medicine.

Process

(1) Residents will be placed on a three-month probationary period after they have received a written warning(s) regarding a deficiency in performance but fail to correct this deficiency. Placement on probation will require a majority vote by the Postgraduate Education Committee and approval by the Chairman of the Department of Internal Medicine. The resident may make a
direct appeal to the Postgraduate Education Committee at the time of this determination. At the time of probation, measures for corrections will be identified and instituted.

Follow-up evaluation and reassessment will occur monthly for three months and will involve the Program Director and the Chief Resident. After three months the Postgraduate Education Committee will review recent evaluations and determine whether or not the problem has been corrected.

(2) Residents will be placed on a second six-month probationary period if the same deficiency persists after the initial probationary period, or if a new deficiency which has been preceded by written warning(s) occurs during or after the initial probationary period. This second probation will require a majority vote of the Postgraduate Education Committee and approval by the Chairman of the Department of Internal Medicine. Again, the resident may make a direct appeal to the Postgraduate Education Committee at the time of this determination. Residents placed on a second probationary period will not be certified at the end of their three-year training program. They may be asked to leave the program at the end of the contract year or they may be asked to extend their period of training for six to twelve months, depending on the deficiency and evidence for progress and improvement.

(3) Department policies will be consistent with institution policies.

4. Internal Medicine Residency training requires significant and prolonged efforts to develop clinical skills and to master a large fund of medical knowledge. Outside activities such as moonlighting should not interfere with the residents' training responsibilities. The Department of Internal medicine has the following guidelines for moonlighting.

   (1) Residents in the PGY I year, regardless of prior clinical experience or prior training, should not moonlight.

   (2) Upper level residents on either General Medicine floor services or MICU/CCU services should not moonlight.

   (3) When averaged over a four week period, residents work, and moonlighting activities should not exceed 80 hours per week.

   (4) All residents will inform the department as to whether or not they are moonlighting.

5. These performance standards are not all inclusive. Performance problems not covered by
these guidelines will be addressed by the program Director and the Postgraduate Education Committee on an individual basis.

6. This policy goes into effect July 1, 1990 and applies to all residents in Internal medicine, including residents in preliminary slots.

________________________________
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