

Section:	Family Medicine Residency Program
Document Number:	GME005
Title:	Renewal and Promotion Policy
Responsible Department:	Graduate Medical Education
Created:	07/12/2016
Revised:	04/26/2019
Superseded:	07/12/2016
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POLICY:

Per Accreditation Council for Graduate Medical Education (ACGME) requirements, the Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's appointment.

SCOPE:

This policy applies to all programs and residents participating in graduate medical education programs sponsored by Valley Health Team, Inc. (VHT).

PURPOSE:

To establish a policy for all post-graduate medical programs of VHT regarding promotion of trainees and advancement in training level leading to completion of the training program.

PROCEDURE:

Requirements for Advancement and Graduation

The decision to promote a resident from the PGY-1 to PGY-2 year, the PGY-2 to PGY-3 year, and from PGY-3 to graduation shall be determined by the Program Director with recommendation from the Clinical Competency Committee and the advice of the faculty using competency based criteria.

The method of evaluation shall consist of direct and indirect observation of the resident through videotapes, (rotation evaluations), correspondence between departments, written examinations (USMLE, In-Training Exam) and other evaluation tools. Residents will pass all rotations or complete programs of study as determined by faculty. It is expected that residents will participate in all aspects of the curriculum including attendance at conferences, behavioral science sessions, and didactic sessions.

Residents will participate in the periodic evaluation of educational experiences and faculty. It is further expected that residents will complete their administrative responsibilities, including medical records completion, licensure, credentialing, etc. in a timely fashion.

A. Standards for All Residents



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Advancement shall be based upon demonstrated competency in the six ACGME core competencies. These core competencies are:

- 1. Patient Care Residents must be able to participate in patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - Residents are evaluated on each rotation/clinic setting. Major performance deficits are subject to a program of remediation and/or corrective action.
 - Specific Competency Requirements include demonstration of resident competency in:
 - (a) Efficient assessment of patients in inpatient and outpatient settings
 - (b) Appropriate differential diagnoses for the full spectrum of patient presentations
 - (c) Appropriate delegation of patient care activities
 - (d) Efficient and appropriate utilization of health care resources
- 2. **Medical Knowledge** Residents must demonstrate 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.
 - Residents must perform on the In-Training ABFM Examination at least at or above the z-score of a negative point five (-.5). If lower, active participation in a program of academic improvement / remediation is required. Programs may elect to set a higher bar.
 - Attendance at academic didactic sessions will be monitored and is designed to fulfill needs addressing competency in this area.
 - Contributions to the academic and scholarly mission of the programs are required. Teaching, conference presentations and participation, as well as overall faculty assessment of performance serve as key components of evaluation. Major performance deficits are subject to a program of remediation and/or corrective action.



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- Specific Competency Requirements include demonstration of resident competency in:
 - (a) An understanding of health and disease across the life cycle Patient care options for patients presenting in both the inpatient and outpatient setting.
- 3. **Practice-Based Learning and Improvement** Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
 - Active participation in chart audits and providing recommendations for improving patient care is expected.
 - Conduct evidence-based appraisals of practice founded on literature searches and knowledge of guideline-drive care.
 - Specific Competency Requirements include demonstration of resident competency in:
 - (a) A commitment to self-assessment
 - (b) Constant evaluation of their own performance
 - (c) Ability to evaluate the health care provided by themselves and other members of the health care team
 - (d) Incorporate feedback into improvement activities
 - (e) Efficient use of technology to access and manage information
- 4. **Interpersonal Communication Skills** Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.
 - Residents are evaluated by direct observation with patients and others and by assessment of their written work and other verbal communications (e.g. presentations, telephone, interactions, etc.)
 - Residents are evaluated through active participation in videotape reviews of patient encounters with faculty.
 - Specific Competency Requirements include demonstration of resident



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competency in:

- (a) Caring, accurate, and appropriate counseling of patients and families
- (b) Compassionate and empathetic care for patients from multicultural, diverse backgrounds
- (c) Supervision and teaching for junior residents and students
- (d) Effective communication of clinical care with faculty and supervisors
- (e) Appropriate and professional interactions with staff
- 5. **Professionalism** Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
 - Personal integrity must be of the highest caliber. This demands strict avoidance of substance abuse, theft, lying, cheating, and unexplained absences. Unauthorized use of hospital and/or clinic equipment and personnel for other than education, professional, and patient care use is prohibited. Failure to follow this standard will be grounds for corrective action.
 - Specific Competency Requirements include demonstration of resident competency in:
 - (a) Respect, compassion, integrity and honesty
 - (b) Timely completion of administrative tasks, including patient logs.
- Systems-Based Practice Residents must 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.
 - Compliance with all hospital and departmental record keeping and documentation requirements is required. A pattern of lateness and noncompliance will be grounds for corrective action.
 - Specific Competency Requirements include demonstration of



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resident competency in:

- (a) Maintain high quality medical records in a timely fashion
- (b) Ability to access medical information efficiently and effectively
- (c) Efficient use of clinical pathways
- (d) Work professionally with other health care providers
- (e) Ability to practice effectively as a member of a multidisciplinary health care team
- (f) Ability to independently access and mobilize health care resources
- (g) Assist patients in dealing with health care system complexities
- (h) Develop and promote health care systems improvement

B. Additional Promotion Requirements from PGY-1 to PGY-2

Criteria for advancement may include ability to demonstrate the following:

1. Patient Care

- Identify the purpose(s) for a patient visit.
- Develop appropriate bio/psychosocial hypotheses that apply to the presenting problem.
- Conduct a focused evaluation of the presenting problem (Including History/Physical Exam (H&P), and Lab/Radiology procedures).
- Appropriately prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options.
- Present a provisional and working diagnosis to the patient.
- 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.
- Document patient care encounters in the medical record in a concise and legible manner following a problem-oriented format.
- Update the bio/psychosocial problem list and medication list at regular intervals.



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2. Medical Knowledge

- Satisfactory performance as PGY-1.
- Passage of USMLE /COMLEX Steps. Residents who have not passed USMLE III or COMLEX III may be terminated from the Valley Health Team, Inc.
- Completion of the Advanced Life Support in Obstetrics (ALSO) Course, when offered by the program or a partnering organization for Family Medicine residents.
- Recommendation by faculty to advance.

3. Practice-Based Learning and Improvement

- Competent to supervise medical students as judged by faculty.
- Documentation of the PGY specific procedures and encounters required for program advancement as listed on the program website. Specific required procedures may change from year to year.

4. Interpersonal Communication Skills

• Conduct an interview that fosters an adequate and helpful doctorpatient relationship.

5. Professionalism

- Develop a plan of action that attends to salient medical, psychosocial, family, cultural and socioeconomic issues.
- California Licensure.

6. Systems-Based Practice

 Exercise fair and appropriate billing practices for services rendered, referring those who need financial assistance to the appropriate resources.



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C. Additional Promotion Requirements for PGY-2 to PGY-3

Criteria for advancement may include ability to demonstrate the following

1. Patient Care

- Implement the negotiated plan of patient care.
- Inquire into and discuss sensitive issues that may impact on the execution of the negotiated management plan.
- Incorporate the principles and practice of health maintenance into each patient care encounter, where appropriate.
- Review the biopsychosocial problem list at each visit and attend to appropriate longitudinal issues.

2. Medical Knowledge

- Satisfactory performance as PGY-2.
- Adequate performance/improvement on the ITE, or adherence to remediation plan.
- Recommendation by faculty to advance.

3. Practice-Based Learning and Improvement

- Demonstration of skills in teaching, supervision, and team leadership.
- Documentation of the PGY specific procedures and encounters required for program advancement as listed on the program website. Specific required procedures may change from year to year.

4. Interpersonal Communication Skills

• Conduct an encounter that recognizes the primacy of patient needs and treats the patient as an appropriately equal health care partner.

5. Professionalism

• For Family Medicine, conduct an interview in a manner



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consistent with the values of family medicine using appropriate verbal and non-verbal skills.

6. Systems-Based Practice

- Conduct the visit in a time-efficient and professional manner.
- 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.

D. Additional Promotion Requirements for Graduation

1. Patient Care

 Complete the tasks of the patient care session so that all necessary duties (including telephone messages, charting, administrative tasks, patient care) are accomplished in a timely, organized, and professional manner.

2. Medical Knowledge

- Satisfactory performance as PGY-3.
- For Family Medicine, complete three years training that meets the Residency Review Committee for Family Medicine guidelines.
- Meet standards for attendance at noon lecture and Educational halfday activities.

3. Practice-Based Learning and Improvement

- Has engaged in educational activities that are influenced by interest, deficiency, and need.
- Documentation of the PGY specific procedures and encounters required for program advancement as listed on the program website.
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- Anticipate and recognize new curriculum necessary for future practice and advocate for needed reform in medical education.



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• Satisfactory completion of a scholarly activity project, as determined by the Valley Health Team, Inc. program director and faculty.

4. Interpersonal Communication Skills

 Completed exercises in videotaping and shadowing to assess future needs in this area

5. Professionalism

- Demonstrate sufficient professional ability to practice effectively and responsibly
- Demonstrated engagement in activities that will foster personal and professional growth as a physician
- Recommendation of faculty to graduate

6. Systems-based Practice

- Work together with clerical staff and nursing staff in a manner that fosters mutual respect and facilitates an effectively run practice.
- Work together with partners, fellow family physicians, and specialists in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
- Work together with other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues
- At each patient care encounter, present yourself and the practice in a manner that will encourage the patient to select you, the practice, and family medicine in the future.

Final Evaluation

A written final summative evaluation will be provided by the Program Director or his/her designee for each resident who satisfactorily completes the program. This evaluation will be based on performance during the period of training and must verify that the resident has



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demonstrated sufficient professional ability to practice effectively and responsibly.

The information on which advancement and promotion is based shall be placed in the resident's academic file. Residents are permitted and encouraged to review all aspects of their academic file when their advisor or designee is present. Residents are not permitted to review their files without their advisor or a representative of the Valley Health Team in attendance.

Intent not to Renew

Valley Health Team will provide residents with a written notice of intent not to renew a resident's contract no later than four months prior to the end of the resident's contract. However, if the primary reason(s) for the non-renewal occur(s) or is under evaluation less than four months prior to the end of the contract, Valley Health Team will provide residents with as much written notice of the intent not to renew as the circumstances will reasonably allow.

Procedural Competency

In addition to determining whether residents have met requirements for advancement/graduation, Valley Health Team is often asked to comment on the competency of residents to perform various procedures. Valley Health Team programs establish minimum expectations in regards to the number of supervised procedures performed during residency to obtain competency. Required procedures are logged into E*Value/MedHub.

Valley Health Team must declare the resident competent to perform the required procedures. Those residents who have met these quantitative and qualitative standards for proficiency are considered competent to perform the procedure. If residents do not meet the numeric guidelines established, or are not considered competent and proficient by the Valley Health Team program, requests for statements regarding procedure competency will be handled by referring the requesting organization to the residents' documented procedure list.



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Soyla A. Reyna-Griffin, CPA Chief Executive Officer

Maggie Rubio 🕖 🐧

President, Board of Directors

1/18/2019

Date

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Date