

**010\_GMEC\_Appointment Evaluation Promotion  
and Dismissal of Residents**

Title:	<b>Appointment, Evaluation, Promotion and Dismissal of Residents</b>	Index Number:	<b>FM-GMEC-010</b>		
Scope of application:	<b>All Graduate Medical Education (GME) Programs</b>	Original Date:	Reviewed on:	Next Review Date:	
		<b>17.11.2005</b>	<b>15.01.2024</b>	<b>15.01.2027</b>	

### 1. Purpose

To describe the policy and procedures pertaining to appointment, evaluation, promotion and dismissal of residents.

### 2. Appointment of Residents

- 2.1 After the GMEC approval, each program shall be responsible of informing its applicants of their selection status.
- 2.2 Accepted applicants who accept the offered position shall sign a letter of intent before signing the Resident Agreement.
- 2.3 Appointments shall be made for a period specified by the program, up to a maximum of 12 months; reappointment shall be made annually for multi-year programs.
- 2.4 The offer of appointment shall be made by issuance of a Resident Agreement; the specific program, the PGY level if a multi-year program, the stipend level, the vacation allotment, and other terms shall be specified as part of the agreement.
- 2.5 Acceptance of the appointment shall be indicated by return of a signed copy of the Resident Agreement to the Program Director and the Office of Graduate Medical Education. The signed document shall be maintained in the Human Resources Department and copies of the signed document shall be maintained in the departmental files and GME files.
- 2.6 Accepted applicants must pass a pre-employment physical examination at the University Health Services and receive the required immunizations prior to the Commencement Date; otherwise their appointment becomes invalid.
- 2.7 All newly accepted and old returning applicants must attend the GME institutional orientation, complete all required on-line training modules and provide proof of completion of training.

### 3. Evaluation

- 3.1 Each program shall maintain an effective plan for assessing resident performance throughout the period of appointment, including during periods of service at affiliated institutions. Assessment shall include competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based

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practice, in addition to program specific standards. Each Program Director shall communicate the GME Program's written criteria for evaluation to each resident at the beginning of each academic year.

- 3.2 Regular and timely feedback shall be provided by the Program Director; this shall include written semi-annual evaluations which are accessible to the resident.
- 3.3 Assessment should include the use of assessment results, including but not limited to in-service or in-house examinations, review of case or procedure log, a review of case volume, and breadth and complexity of patient cases, review of evaluations by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance. The faculty members must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
- 3.4 The Program Director and through the Clinical Competence Committee shall review all resident evaluations, make recommendations to the Program Director for resident progress including promotion, remediation, and dismissal, prepare and assure reporting of Milestones evaluation semi-annually to the ACGME-I on ADS.
- 3.5 The Program Director must provide a final evaluation for each resident who completed the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the GME Office.
- 3.6 Each program shall collect anonymous evaluations by residents of the faculty and of the training program in accordance with the ACGME International Foundational Program Requirements and Specialty Program Requirements. Unless otherwise stated in the Foundational or Program-Specialty Requirements, these evaluations shall be performed at least annually, but preferably more frequently. In conducting these evaluations, it is preferable to use an electronic evaluation system. The Program Director and/or department chair should discuss individual faculty evaluations with the faculty member at least annually. The Program Director shall prepare a summary analysis and interpretation of the faculty and program evaluations. The summary analysis shall be provided to the department chair and the Assistant Dean for Graduate Medical Education/DIO at least annually. The GMEC Internal Review Team shall also receive and review the most recent summary analysis prior to its Internal Review of the program. The summary report and analysis by the Program Director shall include the specific performance improvement steps the program intends to make (or has made) based on these evaluations.

#### 4. Promotion

- 4.1. Each program shall establish the criteria for promotion by which residents will advance to each successive level of residency training. The program must make sure that the residents are informed of these expectations. Programs must periodically review the appropriateness of these criteria.
- 4.2. Departmental evaluation for promotion shall consider compliance with institutional policies and departmental policies, as well as progress in developing skills in patient

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care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- 4.3. Residents must meet the standards for promotion and will only be advanced to the next level of training upon successful completion of the program's goals and objectives for that year of training.
- 4.4. Determination of promotion is the responsibility of the Program Director whose decision should be based on Clinical Competence Committee recommendations that objectively and fairly evaluates the performance of all residents at least on semi-annual basis. Minutes of the evaluation proceedings must be protected by peer review statute.
- 4.5. If a program determines that a resident does not meet these goals and objectives and is not capable of proceeding to the next level of graduated responsibility but must repeat a portion of the training program, the Program Director must notify the resident in writing of his/her deficiencies and of the reason for not being promoted. The letter shall be for the resident's performance improvement; outlining clearly the resident's deficiencies and providing him/her with a criteria for advancement and an opportunity to improve. As a part of this improvement process, the resident will be required to develop an independent learning plan for review and approval by the Program Director. The letter of deficiency is not considered a reportable action, but rather a part of the resident assessment process and improvement plan. Promotion to the next level of training will be based on successful and continued improvement. The program must keep a record of each resident who is not promoted and have these available for the internal review process.
- 4.6. The Program Director will present the promotion recommendations to the GME Office and the material on which the recommendation is based on will be made available to the GMEC. The GMEC must approve all promotion recommendations.

### 5. **Non-Renewal or Dismissal**



On-going evaluation will be made. If performance is deemed unsatisfactory and attempts at correcting the problem have been unsuccessful, the Program Director and upon the recommendation of the Clinical Competence Committee may elect to take further action to include an additional letter of deficiency or take a reportable actions such as non-promotion, non-renewal or dismissal. A written notice of non-renewal must be provided to the resident no later than four months prior to the end of the current period of appointment. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the Program Director shall provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow prior to the end of the current appointment. The Program Director is to notify and discuss with the Assistant Dean for GME/DIO such action before it is taken. A resident in receipt of a notice of non-renewal is entitled to utilize the "Complaint and Grievance Procedure for Residents" policy of the American University of Beirut.

**6. Probation, Suspension and Termination**

In situations which may lead to the imposition of probation, suspension or dismissal, the American University of Beirut policy on "Probation, Suspension and Termination of Residents" will be followed.

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7. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024