

## **UK Anesthesiology CCC Policy on Resident Performance**

*Revised November 12, 2013, Reviewed May 2022*

1. Residents will be evaluated quarterly throughout their training by the Clinical Competence Committee (CCC). In addition, resident performance will be evaluated at the end of each subspecialty rotation by the subspecialty director as stipulated by ACGME requirements. Residents who experience problems, including but not limited to poor clinical performance, low scores on standardized examinations, frequent absences or who are on probation may be evaluated more frequently.
2. The CCC shall, as a representative body of the faculty, evaluate the performance of each resident.
  - a. Scheduled evaluations will include consideration of 1) resident evaluation forms completed in MedHub (or via other mechanisms), 2) written faculty comments, 3) performance on standardized examinations, and 4) CCC input. Performance above a marginal level on resident evaluation forms does not automatically mandate a satisfactory evaluation by the CCC.
  - b. Residents are expected to make regular progress throughout their training. The CCC will assess the level of training attained by each resident at each scheduled evaluation. Residents not performing to the extent expected of them based on their level of training will be given an unsatisfactory evaluation.
  - c. A written Notice of Concern may be issued by the CCC/Program Director when a resident's performance or conduct is too serious to be dealt with by informal verbal counseling or does not improve in response to verbal counseling. A Notice of Concern provides an explanation of the issues to be addressed with the expectations for improvement outlined and including a time frame (not longer than six months) in which the resident must meet these expectations. A Notice of Concern does not constitute a formal disciplinary action.
3. The Department of Anesthesiology abides by the University of Kentucky Graduate Medical Education policies regarding all formal disciplinary actions.
4. Each resident will receive copies of his/her CCC evaluations and a form to be completed by the resident and his or her faculty advisor. Both resident and advisor are to sign and date this form signifying the evaluation has been reviewed and discussed.
5. Residents who receive an "Unsatisfactory" quarterly evaluation will be notified of their specific deficiencies. The resident will be informed that improvement is expected and that an "Unsatisfactory" evaluation may be submitted to the American Board of Anesthesiology for the current six-month period.
6. Residents who receive a six-month "Unsatisfactory" evaluation to the American Board of Anesthesiology will be placed on probation. Residents may also be placed on probation at any time for other serious issues, such as attitude or behavior problems, that place them at risk for non-renewal of contract or dismissal from the training program. Prior to placing a resident on probation, the program will inform the DIO for Graduate Medical

Education and/or the Director of GME, who will be available to both the program and resident for administrative assistance as needed. The Chair of the CCC will notify the resident and his or her advisor of this action. Written notification will always be provided and will include at a minimum: reason for probation, remediation requirements, what the resident must accomplish in order to come off probation, the anticipated length of probation, and methods of ongoing evaluation.

- a. The usual probationary period will be for six months.
  - b. The resident and his/her advisor will meet with the CCC after receiving notification of the probation status. Specific deficiencies will be discussed as well as the consequences of continued poor performance. Residents on probation will be required to devise, with their advisor, a remediation plan to be submitted to the CCC.
  - c. The CCC will meet monthly to review the resident's performance during the probationary period. The resident will be informed of his or her progress during the probationary period. The CCC may recommend one of the following for residents who do not make satisfactory progress: non-renewal of contract or dismissal from the program. For residents who make satisfactory progress the CCC may lift the resident's probationary status.
  - d. Residents on probation will not be allowed to moonlight. Residents on probation may not be allowed call responsibilities, depending upon the reason for the probation and at the discretion of the Program Director, Chair and CCC.
  - e. The faculty will be notified of a resident's probationary status during regularly scheduled faculty meetings.
7. Residents who are at any time evaluated by the CCC as Unsatisfactory by reason of failure to adhere to the Essential Attributes as defined by the American Board of Anesthesiology will receive an Unsatisfactory evaluation to the ABA for the current six month training period. The resident will also be placed on probation immediately after receiving notification from the Chair of the CCC, Department Chair, or Program Director that he/she has not adhered to the Essential Attributes. Should the resident fail to maintain compliance with the Essential Attributes during the remainder of his/her residency, the resident may be dismissed immediately.
  8. Residents may appeal an "Unsatisfactory" evaluation or any other decision of the CCC. To file an appeal, the resident must follow the University of Kentucky's Grievance Procedure for House Officers.
  9. Resident will be required to have passed Step Three of the USMLE prior to beginning the CA3 year of residency. Residents who have not passed Step Three of the USMLE prior to beginning the CA3 year of residency will be allowed to continue as a CA2 resident until they pass Step Three or for a period not to exceed 12 months. Residents who have not passed Step Three by the end of those 12 months will not have their contract renewed.

10. Residents who score below the 30th percentile on the ABA/ASA In-Training examination (as determined and reported by the ABA for the resident's level of training) will not be allowed to moonlight until a score above the 30th percentile is achieved on a subsequent In-Training examination. Residents scoring below the 30th percentile on the exam will be directed, with the assistance of their advisor and/or the Education Committee, to develop a study program to assist with improvement in the acquisition of anesthesia knowledge. Aspects of that program may be compulsory for the involved resident. Failure to attend mandatory meetings and/or accomplish goals of the program may result in an unsatisfactory evaluation. Residents scoring below the 30th percentile on the ITE in the PGY1 year may not be excluded from moonlighting, but will be required to develop and follow the study plan (upon Program director discretion).
11. Residents who began residency training on July 1, 2012 or later are required to pass the ABA Basic Examination in order to graduate from residency training. The exam is offered each June and November and is taken at the end of residents' CA1 year. It is recommended that residents review the ABA website for ABA-dictated consequences in the event of exam failure. In addition, the department has adopted the following policies regarding this exam.
  - a. Residents who do not pass the Basic Examination on the first attempt will receive a Notice of Concern for medical knowledge and must take the examination again at the next opportunity.
  - b. Residents who do not pass the Basic Examination on the second attempt will receive an unsatisfactory for the CCC reporting period during which the examination was taken (as required by the ABA). The CCC will make recommendations to the Program Director regarding continuation of training with or without non-promotion with extension of training for the next academic year. If academic probation occurs, successful remediation will require that the Basic Examination be passed on the third attempt. This examination attempt will occur during the next available testing period.
  - c. Residents who do not pass the Basic Examination on the third attempt will be immediately dismissed from the training program.
12. Residents are required to attend 90% of the General Competency Conferences and Thursday Lunch & Learns, and are required to complete 70% of videocasts. If clinical responsibilities or other reasonable circumstances do not allow the resident to attend a conference, he/she must inform the Residency Program Coordinator of this excused absence and it will not be counted in the calculation of conference attendance. The following will automatically be considered excused absences and need not be reported to the Residency Program Coordinator: annual leave, meeting leave, professional leave, last out assignment, main OR call on the day of conference, and off-service rotations. Residents who are post- OR or OB call will also be assigned an excused absence without having to notify the Residency Program Coordinator if they do not attend the conference. They are expected to attend conference, however, if clinical responsibilities allow. Any other absences will only be considered excused if the resident notifies the

Residency Program Coordinator of the reason for the absence. The Clinical Competence Committee (CCC) will review conference attendance at each of its quarterly meetings. If a resident's attendance has been below the requirements for the quarter being evaluated, the resident will be required to submit a written explanation to the CCC as to why the required attendance goal was not met. If a resident does not meet the attendance requirement for two consecutive quarters, he/she will not be allowed to moonlight until required conference attendance has been achieved for two consecutive quarters.

13. The CCC may choose to give a quarterly "Outstanding" evaluation to residents who have consistently exceeded expectations. The criteria listed below will be used to determine residents who would qualify to be considered for such an evaluation. It is at the discretion of the CCC, however, as to whether an "Outstanding" evaluation is awarded.

**a. Participation in Didactics**

Greater than 80% completion of videocasts + 90% conference attendance = 2 points

70 – 80% videocast completion + 90% conference attendance = 1 point

< 70% videocast completion and/or < 90% conference attendance = 0 points

**b. Daily/Monthly Evaluations**

Evaluation results one or more standard deviation above the mean = 2 points

Evaluation results within a standard deviation of the mean = 1 point

Evaluation results one or more standard deviation below the mean = 0 points

**c. Comments**

Overall comments substantiating a greater than expected level of performance = 2 points

Overall comments substantiating an expected satisfactory level of performance = 1 point

Overall comments substantiating a lower than expected level of performance = 0 points

**d. The "X Factor"**

Up to two (2) additional points may be awarded based upon committee discretion. For example, if the resident has demonstrated outstanding performance or service, exceptional perseverance, etc. during the quarter that is not captured in the previous domains.

**e. Resident Ratings**

> 6 points + score  $\geq$  50th percentile nationally on most recent ITE = may be considered for Outstanding evaluation