

Harlem Hospital Center
Department of Pediatrics
Policies & Procedures

Resident Evaluation and Promotion

The Department of Pediatrics is committed to the intellectual, emotional, and professional growth of each of its residents. To this end, residents receive frequent feedback on their performance.

Resident evaluation is based on the six core competencies. Residents receive summative feedback at the end of rotations in writing via MyEvaluations.com. Depending on the rotation, residents are evaluated by some combination of an attending, a resident colleague, a student, nursing staff or other team member and/or a patient or parent. During some rotations, faculty attendings will directly observe residents interviewing, examining and/or counseling a patient, followed by immediate verbal feedback and an electronic, written evaluation. Additionally, during some rotations, attendings will randomly review admission notes for content and completeness and complete an electronic, written evaluation. The evaluations completed by attending faculty will be open, and residents will be aware of who wrote the evaluation. In contrast, any evaluations of residents completed by fellow residents, nursing staff, other team members or patients will be confidential. At the end of each rotation, residents will confidentially evaluate their resident colleagues, attendings and overall rotation experience. The residents/ faculty member will not be aware of which resident has provided feedback.

Faculty members may also evaluate “critical incidents” involving residents (both positive and negative) that will be recorded after feedback through Commendation Cards or Early Warning Cards.

Twice annually, residents meet with the program director, associate program director or departmental director to review evaluations and how well residents are meeting the competencies, participating in scholarly activity, completing procedure logs & ILP’s (individualized learning plan) and progressing in career planning. Once annually, all residents will individually and anonymously evaluate the overall program and the attending faculty staff.

In-service examination scores, which are meant to be a guide to recognize any deficiencies in knowledge base in preparation for the Pediatric Board Certifying exam, are a part of each resident’s permanent folder. If a PL-1 resident answers less than 45% of the questions correctly on the in-service exam; a PL-2 answers less than 55% of the questions correctly on the in-service exam; or a PL-3 answers less than 65% of the questions correctly on the in-service exam, they will be expected to set-up a study plan with their mentor. All residents are expected to actively participate in the board review classes.

Additionally, the American Board of Pediatrics (ABP) requires residency programs to annually rate each resident’s performance in the area of clinical competence (as

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Resident Evaluation and Promotion (cont'd)

satisfactory, marginal or unsatisfactory) and professionalism (as satisfactory or unsatisfactory) based on performance and evaluations. If a resident's performance rating is satisfactory in both areas, the ABP will give training credit for the year evaluated. Marginal evaluations in clinical competence require a period of remediation with subsequent improvement in performance to receive credit for the year. Unsatisfactory evaluations in either clinical competence or professionalism will require the resident to repeat the year of training.

Marginal or unsatisfactory ratings of clinical competence and/or professionalism on the ABP annual resident evaluation is not allowed for the PL-3 or final year of training. A resident must receive satisfactory evaluations in all components of competence in order to receive credit for the final year and graduate.

Additionally, actions resulting in extension of residency training are part of the official record, and are required to be reported to licensing and credentialing agencies and on verification of training requests submitted to the residency program prior to and after completion of training.

The Departmental GME Committee bases promotion of a resident on review of the permanent file and evaluations completed in myevaluations.com. Criteria for failure to be promoted to the next year of training and/or terminated include persistent failure to meet expectations in any of the six core competencies set by the ACGME on written evaluations or other unsolicited feedback, that remain uncorrected after initial remedial action has been implemented. Remedial action for deficiencies is provided, as needed, through: 1) Written guidelines for remediation adopted/developed on an individual basis, 2) Personalized performance improvement plan developed under the supervision of a faculty mentor who will monitor progress in remediation, 3) Additional and/or repeat rotations (which may extend the period of residency training beyond 3 years) and 4) Outside services, such as language assistance or counseling. A written offer of a contract or a written letter of non-renewal is offered on a date set by the CIR contract.