EVALUATION

Decisions regarding advancement and promotion of residents are made with input from various sources: evaluations, faculty advisors and faculty members. Residents’ performance will be assessed twice yearly by the program’s “Clinical Competence Committee,” a committee of residency program faculty members. Each resident is expected to review the committee’s evaluation with his or her faculty advisor twice yearly.

Evaluation will comprise information gathered from direct observation, videotape review, rotation evaluations, feedback to the director, and written examinations (National Boards, Flex, In-service exams, e.g.).

Residents will be expected to participate in all aspects of the curriculum, as well as in the periodic evaluation of the faculty and program components.

The following competencies (demonstrated, specific knowledge, skills, and attitudes) will be used as advancement criteria. Illustrative examples are included:

**Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Maintaining continuity of care for your panel of patients.
  - Visiting them when they are in the hospital, documenting your visits in the medical record, and communicating with the appropriate inpatient physicians about their care so that you are actively involved in their management
  - Answering voice mail and other messages in a timely manner
  - Reviewing clinical data in a timely manner
- Maintaining current medical records—chart notes, problem lists, and medication lists, dictations, discharge summaries
- Reviewing patient care with supervisors, including chart reviews and reviews of videotaped sessions
- Procedural competence and experience; documentation of procedures through E-Value
- Integrating family, social, and cultural systems into patient assessments

**Medical 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.

- Demonstrated critical thinking in clinical situations
- Application of basic clinical sciences in the evaluation of diagnostic and treatment options

**Practice-based Learning and Improvement** that involves investigation and evaluation of a resident’s own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
• Review of clinical feedback from the medical directors regarding your practice (e.g. Patient profile database, Diabetes Care, preventive services)

• Through Patient Conferences, Journal Club presentations

• Participation in Team Meetings, Medical Staff meetings

**Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

• Clear, systematic presentations

• Appropriate use of consultation

• Review of videotaped patient visits

**Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

• Performing evaluation of curriculum and rotations in a timely manner.

• Incorporation of feedback from evaluations and Advisor-Advisee meetings into development of individual learning objectives

• Behavior that demonstrates respect, compassion, dependability, and integrity

• Maintenance of confidentiality in the care of patients

**Systems-Based Practice**, as manifested by actions that 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.

**ADVANCEMENT**

At each level of promotion, acceptable competence and progress will need to be documented.

At the **PGY1** level, residents will be expected to demonstrate skills in data gathering and organization, basic medical knowledge, clinical insight, and critical thinking. At the conclusion of this year, residents will be expected to have acquired enough skills to prioritize clinical problems and assume a team leadership role.

At the **PGY2** and **PGY3** levels, residents will be expected to make independent decisions based on previous clinical experiences. Residents will be expected to develop the ability to recognize and manage clinical scenarios not previously encountered.

At the **PGY3** level, residents will further demonstrate mastery of a large set of special skills and will demonstrate the ability to practice independently.

Residents are eligible to sit for the American Board of Family Medicine Certification Examination only after successfully completing the training requirements of the American Council on Graduate Medical Education and the requirements of the UCSF/SFGH Family and Community Medicine Residency Program.
Our program follows guidelines for Academic Due Process as set out by the University's Graduate Medical Education (GME) Committee’s Policy, which can be referenced at their website: http://medsch.ucsf.edu/gme. It addresses issues related to promotion, each department’s determination of clinical competence, and an overall approach to unacceptable conduct in a variety of categories including:

- Incompetence, dishonesty, inadequate knowledge or ability to perform professional activities, complete assigned duties, and deliver proper medical care
- Failure to improve performance in an identified area
- Conduct that violates professional and/or ethical standards and/or the law, including intellectual dishonesty or cheating in scientific or scholarly activities
- Failure to fulfill any term of the employment contract or comply with rules or policies of the training program, university, or training site
- Disruptive behavior; forcible detention, threats of physical harm to, or harassment of another member of the UCSF community
- Unauthorized use of UCSF resources or facilities on a significant scale for personal, commercial, political, or religious purposes