

Policy 1.101 Graduate Medical Education Committee
Section Educational Administration
Subject Guidelines for Maintaining Educational Records
Policy Requirements: ACGME Common Program Requirements: II.A.4.a). (10); II.A.4.a). (11); V.A. ACGME NST: I.A.1. UAMS: 3.2.01; 4.8.01
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Purpose

To provide guidelines for maintaining the educational records of residents/fellows.

Policy

There are two types of records maintained for residents/fellows who are currently in or have completed training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency/fellowship training program or ACGME Non-Standard Training program sponsored by the University of Arkansas for Medical Sciences College of Medicine (UAMS COM).

- 1. COM GME Personnel File:** The Assistant Dean for Housestaff Affairs (ADHA) maintains a file on each resident/fellow which includes:
 - biographical data sheet;
 - visa information and Educational Commission for Foreign Medical Graduates (ECFMG) certification
 - signed letter of appointment (contract); and
 - other employment information.

When the resident/fellow graduates or leaves the program, this record is converted to an electronic record. The ADHA maintains a record of training dates for each resident/fellow, which are used to verify information requested by licensing bodies or hospitals and the home address and/or business address after the resident leaves UAMS. The ADHA verifies only the dates the resident/fellow was in a program in the COM but does not verify successful completion or credit for training. Information about successful completion or credit for training is maintained by the training program.

- 2. Training Program File:** the training program maintains the permanent educational record for each resident/fellow. Each training program must maintain contents required by ACGME and specialty boards for each resident/fellow. Resident/fellow files may be contained in an electronic system, or combination of paper and electronic records. The files must be housed in a secure area and must be available for

review by the ACGME at the time of a site visit. The educational record should include, but is not limited to, the bulleted items below.

The following core files should be kept indefinitely by the training program, to accommodate requests for primary source verification for residents/fellows who have completed the program:

- documentation of training dates;
- resident/fellow rotation schedule: records of resident/fellow rotations and other training experiences, including surgical and procedure training as applicable;
- application documentation: ERAS application or other application, curriculum vitae, letters of recommendation, copy of medical school diploma, personal statement, USMLE/COMLEX transcripts, MSPE, interviewer evaluation forms, applicant/program correspondence;
- required training, such as ACLS, PALS, etc.;
- scholarly activity and quality improvement project documentation;
- resident/fellow evaluations: competency-based formative, semi-annual milestone and summative evaluations including those housed in New Innovations should be maintained by the program. Both the resident's/fellow's annual summative evaluation and final summative evaluation should be included as part of the resident's/fellow's file;
- documentation of academic improvement and disciplinary actions: Program must follow policy 1.440, which outlines the processes for probation, suspension and dismissal. Programs should keep academic improvement/disciplinary action documentation for residents/fellows who do not complete their training program. Documentation of disciplinary actions will be part of a resident's/fellow's final summative evaluation and is reportable to state medical boards and licensing agencies, etc.;
- Education Commission on Foreign Graduate Medical Education (ECFMG) certification for international medical graduates;
- Moonlighting and supplemental clinical activity documentation, as appropriate;
- licensure documentation, as appropriate; and
- transfer residents: verification of previous educational experience and summative evaluation.

The bulleted items described below should be kept for a minimum of seven years after the resident/fellow has graduated:

- Academic and professional documentation: examples include in-service examinations, results of skills tests, results of assessments of the general competencies, conference attendance, duty hour logs;
- Medical documentation: should be kept separate from the resident's/fellow's educational or personnel file;
- Interview documentation from applicants interviewed but not hired, should be kept for three years. Interview documentation on applicants who were not interviewed does not need to be kept; and
- Documentation primarily to assist the Program Director in remembering facts can be placed in a separate file maintained by the Program Director.

Residents/fellows must have access to their educational record and can review their record (while being observed). Upon written request by the resident/fellow, a copy of all contents of their record must be provided to them. All patient identification included in these records should be redacted.