

COM GME Internal Medicine Program Policy

Policy 1.500 Internal Medicine Residency
Section Educational Administration
Subject Evaluation and Promotion
Policy Requirements ACGME Institutional: 4.2; 4.3.a.f; 4.4 ACGME Common: 2.6.h; 5.1; 5.2; 5.3; 5.4; 5.5 ACGME Internal Medicine: 2.6; 5.1; 5.2; 5.3 COM GMEC: 1.300 UAMS Administrative Policies:
Version History Date developed: 04/2024; 08/2025 Revisions Approved: 07/2024; 10/2025 Date approved by Program Evaluation Committee: 10/2025

Purpose: To describe the policy and procedures pertaining to evaluation and promotion of residents, evaluation of faculty, and program evaluation and improvement as outlined by Accreditation Council for Graduate Medical Education (ACGME) requirements.

Policy: This COM Internal Medicine Residency program policy outlines the process for evaluation of residents, evaluation of faculty and evaluation of program. This policy describes the criteria for promotion and/or renewal of a resident's appointment. This policy outlines the process of written notice of intent when a resident's agreement will not be renewed, when a resident will not be promoted to the next level of training, or when a resident will be dismissed.

Process:

Formative Evaluations: Resident evaluations must be documented at the completion of an assignment and meet requirements as outlined in ACGME Internal Medicine V.A.1. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate him/her the appropriate level of patient care authority and responsibility. When available, evaluations should be guided by specific national standards-based criteria. Other professional health care staff, peers, patients or their families, and medical students may also evaluate residents.

Summative Evaluations: The program will complete a summative evaluation of each resident annually as outlined in ACGME Internal Medicine V.A.1. The summative evaluation will include their readiness to progress to the next level of the program, if applicable. Summative evaluations are available for review by the resident.

Final Evaluations: The Program Director with recommendations from the Clinical Competency Committee, will provide a final evaluation for each resident upon completion of the program. The final evaluation will verify that the resident has demonstrated the knowledge, skills, and behavior necessary to enter autonomous practice. Final evaluations must meet the requirements as outlined in ACGME Internal Medicine V.A.2.

Clinical Competency Committee: Program Directors must appoint a Clinical Competency Committee to review all residents at least semi-annually to determine each resident's progress on achievement of specialty specific milestones and meet prior to the resident's semi-annual evaluations. The CCC should advise the Program Director regarding each resident's progress. The CCC should include at least three members of the program faculty, at least one of whom is a core faculty member according to ACGME Internal Medicine V.A.3.a)

Semi-Annual Evaluations: The Program Director (or designee) must meet semi-annually with each resident to review their documented semi-annual evaluation of performance, including progress along their specialty-specific Milestones. Additional support must follow requirements outlined in ACGME Internal Medicine V.A.1.d)

Faculty Evaluations: Faculty evaluations are sent to residents at the completion of an assignment. Evaluations include a review of the faculty member's clinical teaching abilities, engagement with the education program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. Evaluations are written, anonymous, and confidential. Faculty evaluations follow the requirements as outlined in ACGME Internal Medicine V.B.1

Program Evaluation and Improvement: The Program Director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident as outlined in ACGME Internal Medicine V.C.1.

Non-renewal/Non-promotion

Program Directors of ACGME-accredited programs must immediately notify the Executive Associate Dean for Graduate Medical Education (GME) if he/she intends to non-renew or non-promote a resident or fellow. The program director must notify the resident/fellow of the decision to non-promote or non-renew by a written notice at least four months prior (usually March 1) to the expiration of the current period of appointment, regardless of Post Graduate Year (PGY) level of the resident or fellow. However, if the primary reason(s) for the non-renewal or non-promotion occur(s) within the four months prior to the end of the current appointment, the resident/fellow will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. Residents/fellows have the right to due process relating to any actions such as suspension, non-renewal, non-promotion, or dismissal. A resident or fellow involved in non-renewal or non-promotion has a right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident/Fellow Grievance

Resources:

