

RESIDENT HANDBOOK

SECTION III: TRAINING ENVIRONMENT

RESIDENT APPOINTMENT AND REAPPOINTMENT

INTRODUCTION

- I. Appointment to graduate medical education (GME) programs is based upon the selection process of the individual program and occurs annually for the university fiscal year. Other conditions of appointment are addressed in Title IV, Chapter 7, Section 2 of the Board of Regents Handbook.
- II. Reappointment to the next PGY level is dependent on the resident's satisfactory performance and evaluation in all aspects of the program requirements as well as passage of the necessary United States Medical Licensing Examination (USMLE) steps leading to unrestricted licensure.
- III. Notwithstanding the provisions of Nevada System of Higher Education (NSHE) Code section 5.9.1, notice of non-reappointment must be given no later than four months prior to the ending date of the current contract:
 - a. If the primary reason(s) for non-reappointment occur(s) within the four months prior to the ending date of the current contract, then the resident will be given as much notice of non-reappointment as the circumstances reasonably allow prior to the ending date of the contract.
 - b. All notifications of non-reappointment must be in writing
 - c. A resident who has received a notice of non-reappointment may seek review of the non-reappointment through the Kirk Kerkorian School of Medicine at UNLV Resident Due Process policy.
- IV. A program may require additional time of training for the resident for academic performance reasons or to make up for excessive leave time away from the program.

PROCEDURE

- I. The term of appointment is for 12 months.
- II. Advancement to the following PGY level is **not** automatic and must be recommended by the program director.
- III. The program director may withdraw an offer based on a resident's performance at any time prior to the new agreement date.
- IV. Residents on performance improvement, remediation, or probation must fulfill the requirements specified in their conditions for remediation or probation before they will be advanced.
- V. To assist the program director in making such decisions, each program will have a Clinical Competency Committee (CCC). This committee will:
 - a. Process:
 - i. Be comprised of program faculty (at least three) and if needed faculty from other departments where the resident has received training. Embedded chief residents may not participate on CCCs. Extra – year chief residents may participate on the committee but not vote.

- ii. Meet at least semiannually or more frequently as determined by the program director.
 - iii. Keep minutes or complete individual documentation for each resident which is placed in their respective portfolios/files and can be available for review by the associate dean for GME.
 - iv. Meet in emergency session if requested by the program director.
 - b. Function:
 - i. Help decide the advancement of residents as well as proper interventions for residents who are not progressing satisfactorily.
 - ii. Assess milestones and competence based on program specific rubrics from the [ACGME website](#) and report semiannually to the ACGME.
 - iii. Make specific recommendations to the program director for actions to be taken with respect to academic or professional remediation.
 - iv. Follow all requirements specifically articulated in the ACGME common program requirements section on evaluation.
- VI. The conclusions of the program director based on individual evaluations, semi-annual progress reports and all other available information will provide the basis for determining whether a resident is ready for advancement to the subsequent year of the program or for graduation from the program. Information will include but is not limited to:
- a. Attendance and participation in the formal didactic program.
 - b. Successful completion of scheduled clinical rotations with evidence of increasing responsibility and clinical proficiency in patient management.
 - c. Professional attitude and behavior that includes attention to work responsibilities, ethical behavior, timely and accurate completion of administrative responsibilities, and a humanistic and compassionate approach to patient care.
 - d. Completion of all required clinical performance outcome requirements and all necessary evaluation activity.
 - e. All designated in-training examinations (ITEs) as required by the program with completion of practice improvement or remediation if scoring below the 30th percentile nationally or other predictive value for not passing the certifying examination.
 - f. Completion of USMLE/Comprehensive Osteopathic Medical Licensure Examination (COMLEX) examinations as below:
 - i. **PGY1** – all residents must attempt USMLE or COMLEX Step 3 by the end of the PGY1 year.
 - ii. Passage of USMLE or COMLEX Step 3 is required for graduation.
 - iii. **Any resident who does not pass USMLE or COMLEX exams after three attempts will be given notices of non-reappointment.**
- VII. Performance Improvement, remediation, academic and/or professional, will be based on the following for *all* levels of trainees and determined by individual programs:
- a. Poor performance on the ITE i.e. less than the 30th percentile or based on individual ITE scoring or other predictive value for not passing the certifying board will automatically place residents in academic performance improvement.

- b. Unsatisfactory performance on program evaluations.
 - c. Professional misconduct (Nevada Revised Statutes NRSs 630.301 through 630.3066, are attached as Appendix II for definition of professional misconduct).
 - d. Any failure to adhere to program requirements established by individual programs and their directors.
- VIII. The specific criteria for resident evaluation and promotion must be consistent with the requirements of the Residency Review Committee, the Specialty Board, or other agencies that promulgate educational standards for certification of that discipline.
- a. Residents may access information regarding requirements for their specific specialty boards for eligibility to take the examinations as follows:
 - i. [American Board of Emergency Medicine](#)
 - ii. [American Board of Family Medicine](#)
 - 1. Family Medicine (including the rural program)
 - 2. Sports Medicine
 - iii. [American board of Internal Medicine](#)
 - 1. Internal Medicine
 - 2. Cardiology
 - 3. Gastroenterology
 - 4. Pulmonary Critical Care
 - iv. [American Board of Obstetrics and Gynecology](#)
 - v. [American Board of Otolaryngology](#)
 - vi. [American Board of Orthopaedics](#)
 - vii. [American Board of Pediatrics](#)
 - viii. [American Board of Plastic Surgery](#)
 - ix. [American Board of Psychiatry and Neurology](#)
 - 1. Psychiatry
 - 2. Child Psychiatry
 - x. [American Board of Surgery](#)
 - 1. Surgery
 - 2. Surgical Critical Care
- IX. Any failed remediation or probation for any resident will result in review by the standing Graduate Medical Education Committee (GMEC) Resident Performance Committee, who will review the allegations, conduct an investigation, and if necessary, request a hearing of said actions. This review will be part of the institution's progressive performance review.
- a. Step 1 – review by the department's performance review committee and remediation assigned.
 - b. Step 2 – review by the GMEC performance review committee and assessment made.
 - c. Step 3 – appeal to the dean for final decision (if requested by the resident in question).

- X. Inappropriate use of information systems or information technology violates NSHE and or Kirk Kerkorian School of Medicine at UNLV policies and is grounds for disciplinary action to include dismissal/termination from the program.
- XI. Options for continuing training in the program include:
 - a. Promotion to the next year
 - b. Promotion to the next year depending on fulfilling specific academic performance expectations, remediation, or psychological counseling
 - c. Repetition of all or part of the immediate past academic year (non-promotion).
 - d. Leave without pay
 - e. Non-renewal of appointment or suspension
- XII. Programs must maintain clear criteria for advancement and competence that are detailed and explicit to the resident. Careful records must be kept to evaluate resident progress. Detailed documentation of performance is critical and the importance of this cannot be overstated. Copies of resident evaluations must be available in the residents' own personal file maintained in the respective departmental offices.
- XIII. Declining to Sign the Graduate Medical Education Agreement
 - a. A resident may choose to decline to renew an offered agreement for the following year by not signing and returning the agreement.
 - b. The resident will remain in good standing during the remainder of the current agreement without prejudice and will perform the usual resident functions until the end of the term of the agreement at which time the resident's affiliation with the program will end.
- XIV. Due Process
 - a. Any resident enrolled in a multi-year program who under normal circumstances would receive an agreement for the following academic year and is denied due to the action of the program director as described in the sections listed above is entitled to due process, including all grievances, as described in the due process policy.
- XV. Resident Resignation
 - a. All resignations by a resident must be in writing and be submitted to the appointing authority (the dean) at least 30 calendar days in advance of its effective date. The resignation must be accepted in writing by the dean or his/her designee.
 - b. If a resignation is tendered verbally or is conveyed to an employee other than the dean, the resignation must still be accepted in writing by the dean or his/her designee.
 - c. A resignation should indicate an effective date. If the resignation does not specify an effective date, the resignation shall be effective on the fourth working day after acceptance and this date must be reflected in the written acceptance.
 - d. Once a resident's resignation is accepted by the dean, the resident shall have three working days after such acceptance to revoke the resignation. Thereafter, the resident may not revoke the resignation, regardless of the effective date set forth in it. A revocation of a resignation must be in writing and must be delivered to the dean within the foregoing time period to be effective.
The decision of the dean not to accept a request to rescind a resignation more than three working days after its written acceptance is not subject to grievance or appeal processes.

- e. A copy must be forwarded to the Office of GME.
- f. Immediate notification of the resident's status **MUST** be made to the Nevada State Board of Medical Examiners or the Osteopathic Medical Board.

Approved by Graduate Medical Education Committee April 2017

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