MINIMUM REQUIREMENTS POLICY

Promotion Requirements

Decisions on appointment to the next postgraduate level are made by the Dean, School of Medicine based upon the recommendation of the Program Director, Department of Medicine. The Competence Committee (CCC) conducts all evaluation processes and advises the Program Director. House officers, in accordance with University policy, are hired for a year at a time regardless of the total duration of their training program.

To graduate to the next level, house officers must at a minimum successfully complete all assigned rotations at their current level at the defined level of competency. House officers must demonstrate commitment to the field and meet all requirements of professionalism. Attending faculty will be regularly reminded of the educational goals and objectives for each rotation. Faculty will evaluate house officers on those goals and objectives to certify that the house officer meets them. In addition, the CCC will consider the input of faculty, other house officers, ancillary staff, peers and medical students in evaluating the performance of the house officer. The CCC members will consider any and all relevant material in deciding whether the house officer has achieved overall competence at his or her current level and should be promoted to the next level or should graduate.

Overall Competence

The Program must certify that a candidate attained competence in patient care, medical knowledge, practice-based learning, communication skills, professionalism, and systems-based practice. All residents must meet expectations for their level of training in all 22 internal medicine milestones. An evaluation is sent to the American Board of Internal Medicine (ABIM) at the end of each year of training and at the end of the final year of training. A candidate must receive at least satisfactory ratings in all categories to be eligible to take the Board Exam. The candidate must have three years of training in an accredited Program after receiving the M.D. or D.O. degree. The following must apply:

1. The Director of the accredited internal medicine Program must have had responsibility for the educational process during all of the thirty-six months of training. The Program Director may assign up to six months of training in specialties other than internal medicine.

2. The thirty-six months of training must have included a minimum of twenty-four months of meaningful patient contact, twenty of which must have been on internal medicine inpatient or outpatient services, dermatology, or neurology. Residents must successfully complete all thirty-six months (three of these months are leave/vacation). Failure to do so may result in delay of certification or even dismissal.

A. Procedural Competence
The Board requires certification in all areas of evaluation and competencies including basic procedural skills. If a house officer has a disability which prevents him or her from attaining adequate procedural skill certification, the Program Director may ask the Board to waive the requirement for procedural skills certification. This must be done in written correspondence to the Board at least five months before the Board Exam. Without this waiver, a house officer who cannot perform procedures will not be able to become certified. With it, the house officer can obtain full certification.

1. If the Program asks for and receives a waiver of certification in procedural skills, this will be noted in correspondence to outside entities requesting information about certification or verification.

B. **Clinical Competence:** (Prepared to Practice Independently) The house officer is ready for graduation and has consistently demonstrated competence in all areas. The house officer can practice independently and has demonstrated the requisite knowledge, skills and attitudes required to perform as an independent practitioner of Internal Medicine. This house officer must be an excellent manager.

**Professionalism Requirements**

The house officer must:

i. Demonstrate understanding of the broad definitions of professionalism, including altruism, medical ethics, and the professional role.

ii. Act in a professional manner in relations with patients, colleagues, related health professionals and all others involved in the provision or process of care.

iii. Demonstrate the importance of confidentiality and of patients’ rights.

iv. Demonstrate commitment to learning from mistakes, honesty, compassion, and commitment to quality.

v. Demonstrate the ability to recognize deficiencies in peers and provide formative feedback.

**Conference Attendance**

The Program requires house officers to attend 100% of all key conferences. Minimum satisfactory conference attendance is 60%. Conference attendance is defined as being present for the majority of any conference. Exceptions during which attendance is not required are vacation blocks; off-site rotations such as Community Based Teaching rotations or ED rotations; and night float rotations. Failure to attend 60% of conferences during any rolling 3-month period may result in remediation and action by the CCC.
The chief residents may waive attendance for a specific resident at any given conference if the house officer provides a reasonable and justified excuse for their absence.

In-Training Exam

The In-Training Exam in Internal Medicine is offered each year in August-September. House officers in the categorical track are required to take the In-Training Exam each year of their residency unless they are on their vacation month and are out of the area. Any house officer in Southern California must take the exam.

The American College of Physicians and National Board of Medical Examiners’ recommend guidelines for the use of the results of the Internal Medicine In-Training Exam. The Residency Program policy regarding the exam follows these guidelines:

1. The exam is to be used primarily by the individual trainee to assess his or her progress in acquiring an adequate knowledge base.

2. The exam is not to be used for certification for graduation from the Program and should not in and of itself result in any disciplinary action or probation.

3. Any use of the results of the exam should be in the context of the house officer’s overall performance in the Program.

4. The program must not release any ITE results to fellowship programs or employers.

Despite the above, no single result will be taken out of context. However, poor performance on the exam, especially in the context of consistently poor performance on consecutive exams or on clinical services, will play a role in the overall assessment of individual residents.

Residents who perform poorly will be assigned a faculty mentor to review knowledge base and study habits. In addition, results will be considered when residents submit requests for permission to moonlight. Residents who perform below the twenty-fifth percentile based upon the national sample on the exam taken in the second year of residency, will not be authorized to moonlight. The CCC may subsequently authorize this privilege when the resident has shown significant commitment to study and improvement in knowledge base.

Scholarly Activity

All residents must engage in and complete at least one scholarly activity requirement per year which can include, but is not limited to (as defined by the ACGME Residency Review Committee for Internal Medicine):

- Chapters/Textbooks
• Poster Presentations (local, regional or national conferences)
• Publications
• Teaching Presentations

All residents must attend complete one quality improvement activity per year:

• PGY1-2: completion of individual QI project in continuity clinic
• PGY3: completion of team-based QI project with presentation at Department of Medicine Grand Rounds

In addition, all PGY3 residents are required to complete and present one Clinicopathologic Case Presentation (CPC) with their assigned faculty member prior to graduation.