

RESIDENT PROMOTION AND GRADUATION

Clinical Competency Committee (CCC):

The Clinical Competency Committee, composed of at least four faculty members and the program director (chair of the committee), will evaluate each resident every four months during the academic year (October, February, June). The committee is charged with determining the resident's success at progression through the training program and making recommendations regarding promotion. At each session, the committee will review in-service scores, evaluations, clinical skills assessments, research project progression and other relevant information. In keeping with University policy, any recommendation of non-promotion will be acted upon by the program director and follow the guidelines below. The discussions at the CCC meetings will be the basis for entering the Milestones information for the semiannual reporting to the ACGME. Milestone progression will be considered in recommendations for promotion and graduation.

Milestones:

The Milestones project of the ACGME requires that the program present information regarding each resident's progress through the training program twice yearly. This information will be kept locally through the New Innovations software. The content of the evaluation system is available at the ACGME web site ([Milestones](#)). Presently, the evaluation tools noted below are being integrated into the NI application to allow more efficient use of the evaluation system.

Promotion:

By the end of each academic year (June 30th of each year), an exhaustive self-evaluation is conducted by each resident and provided to the Program Director. The input from residents (self-reflection documents, self-evaluation, Individual Learning Plan goals) is reconciled by the program director with their other evaluations (bi-annual faculty, 360-degree, patient, peer, operative skills, patient encounter, and global competency evaluations) and in-service scores. This is condensed into a master document that is provided to the resident and recommendations are provided for improvement. After this review of performance a letter of promotion is provided to each resident. If the resident is graduating, a letter of completion of program requirements is provided to the resident and maintained in his GME file. An example of the letter provided to each resident is in the appendix to this document.

Should a resident not meet the criteria for advancement or graduation, steps may be taken to remediate issues or deficiencies that have led to this action. In exceptional instances, training years or the training program may be extended. Such extensions will be coordinated with both the GME office at UTHSCSA as well as the Urology Residency Coordinator for the Residency Review Committee of the ACGME. Notwithstanding the above statement, it is expected that the residents will complete their training within the 5-year (PGY-1 through PGY-5) time period.

Since funding for additional time may not be available and additional training time may seriously dilute the training of subsequent residents in the program, every effort should be made to avoid circumstances that require extensions.

Successful completion of the residency may not be equivalent to specific board eligibility, though every effort will be made to adjust the program to prepare for the ABU examination. Residents are encouraged to visit the [ABU web site](#) for details and updates regarding eligibility for the examination process.

Graduation:

The Urology graduate must complete a minimum of 46 weeks of clinical training in each of the 5 years of training in order to satisfy program and ABU requirements. The graduation date from the program will be June 25th each year. Residents are expected to complete training through this date and may not petition for earlier severance from the program. It is expected that the week prior to graduation will be used for patient care transition to the upcoming resident staff. Additional information is in the section on Leave and Vacation.