


<p>Name of Policy: Graduate Medical Education: Employment of Resident Physicians Under Contract to Another Program</p> <p>Policy Number: 3364-86-017-00</p> <p>Approving Officer: Dean, College of Medicine and Life Sciences</p> <p>Responsible Agent: Director, Graduate Medical Education</p> <p>Scope: UT College of Medicine Residents</p>	 <p>Reviewed/Revised date: 10/4/22</p> <p>Original effective date: 10/1997</p>
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

POLICY

The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. A letter of acceptance or offer of employment or contract shall not be made to any resident physician under contract to any program prior to receipt of formal release and letter of performance from the current Program Director.

PURPOSE

To function ethically within the residency program community.

PROCEDURE

When a residency program is contacted by a resident under contract from a different residency program, no offer of employment will be made until the resident is released or has documentation of future release. The letter/documentation of release must be from the Program Director where the resident is currently under contract.

To determine the appropriate level of education for residents who are transferring from another residency program the program director must receive written verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring residents, as noted in Appendix A. Milestone evaluations must be received upon matriculation into the program..

No letter of offer may be given to the resident without the written consent of the Associate Dean for Graduate Medical Education and/or the Dean of College of Medicine and Life Sciences. The program must forward the following document to the GME office for review:

1. Complete residency application including curriculum vitae and USMLE step scores.

2. Letter of performance from the current Program Director addressing the resident's performance to date, completed rotations, and evaluation of competencies, including Appendix A of this policy.
3. IMG residents need to provide documentation of certified ECFMG certificate and visa status

The documents will be reviewed and upon approval, the program may send the resident a letter of offer.

<p>Approved by:</p> <p><u>/s/ Shaza Aouthmany, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u>/s/ Christopher Cooper, M.D.</u> Dean of the College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • None <p>Review/Revision Date: Reviewed 10/99, Revised 8/01, Revised 3/02, Reviewed 4/02, Reviewed 4/04, Revised 4/7/06, Revised 8/1/06, Revised 8/5/08, Reviewed 8/3/10, Reviewed 9/4/12, Reviewed 9/2/14, Reviewed 9/6/16, Reviewed 9/4/18, Reviewed 10/4/22</p> <p>Next review date: 10/2024</p>
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Note: The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



**College of Medicine
Graduate Medical Education**

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To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program.

Please complete the form and forward directly to the Residency Program Director at The University of Toledo.

Resident Name: _____

Verification of Training (PG Level/Dates): _____

I. Evaluation of Rotations:

Rotation	Dates	Superior	Satisfactory	Unsatisfactory

II. Evaluation of Competencies:

	Superior	Satisfactory	Unsatisfactory	No Knowledge
Medical Knowledge				
- Professional Judgment				
- Clinical Competence				
- Technical Skills				
Patient Care				
- Patient Management				
- Physician/Patient Relationship				
- Sense of Responsibility				
Professionalism				
- Motivation				
- Integrity				

- Cooperativeness				
- Ethical Conduct				
- Record Keeping				
Interpersonal and Communication Skills				
- with medical students				
- with fellow residents				
- with attendings				
- with nurses and staff				
Systems-Based Practice				
- understands healthcare delivery system				
- aides patients and families to optimize patient care				
Practice Based Learning				
- learns from patient care and continues to enrich personal medical knowledge (life-long learning)				

III. Disciplinary Action (Please comment on any disciplinary action during the dates of training):

IV. Procedural/Skills:

Please attach/provide a listing of procedures the resident is currently credentialed to perform at your institution.

V. Comments:

To the best of my knowledge, the information provided is accurate and true.

Program Director

Date

Institution

Address/Phone