

## **POLICY ON RESIDENT TRANSFERS**

When a program director of an Indiana University School of Medicine-sponsored program wishes to consider accepting a resident with previous graduate medical education training into an advanced position (i.e., beyond the normal entry level in the program), the program director must first contact the program director of the program in which the resident had previous graduate medical education. The program director must discuss with the resident's current program director or the individual chiefly responsible for the evaluation of the performance of the resident in the previous program. This discussion must include an assessment of the following:

1. Clinical judgement
2. Medical knowledge
3. Performance on standardized tests
4. Clinical skills, including history-taking, physical examination and procedural skills
5. Personal skills, including interaction and communication with patients; ability to work cooperatively with colleagues and subordinates; and professional conduct and ethical behavior

The program director must document this discussion and maintain a record of it as part of the applicant's file and in the resident's evaluation file if the resident is appointed to the program. In addition, a copy of the Evaluation Record must be sent to the Graduate Medical Education Office along with other required documentation when requesting a contract for the individual.

Also, it is recommended by the Graduate Medical Education Committee that program directors of fellowship programs which have residency training prerequisites also make personal contact with the program director or other individuals able to evaluate a fellow's performance at a previous level of training of residency education, and document that discussion as part of the application process.

## EVALUATION RECORD FOR A TRANSFERRING RESIDENT OR FELLOW

This form is to be used as part of the documentation that accompanies a resident or fellow transferring at an advanced level into an Indiana University School of Medicine residency or fellowship program.

Use the following scale to evaluate the demonstrated knowledge and skill of the resident or fellow:

- 1 = Significantly below average for the resident/fellow level of training
- 2 = Below average for the resident/fellow level of training
- 3 = Average for the resident/fellow level of training
- 4 = Above average for the resident/fellow level of training
- 5 = Significantly above average for the resident/fellow level of training
- Unknown/NA = Cannot evaluate or item not applicable

*Please circle the appropriate equivalent*

CLINICAL JUDGMENT	1	2	3	4	5	Unknown/NA
MEDICAL KNOWLEDGE	1	2	3	4	5	Unknown/NA
PERFORMANCE ON STANDARDIZED TESTS	1	2	3	4	5	Unknown/NA
CLINICAL SKILLS						
History taking	1	2	3	4	5	Unknown/NA
Physical examination	1	2	3	4	5	Unknown/NA
Procedural skills /NA	1	2	3	4	5	Unknown/NA
PERSONAL SKILLS						
Interaction/communication with patients	1	2	3	4	5	Unknown/NA
Ability to work cooperatively with colleagues and subordinates	1	2	3	4	5	Unknown/NA
Professional conduct and ethical behavior	1	2	3	4	5	Unknown/NA

This individual has (or will have upon transfer) satisfactorily completed \_\_\_\_ months of training in this program.

**ADDITIONAL COMMENTS (Type or Print)**

\_\_\_\_\_  
Resident/Fellow Name

\_\_\_\_\_  
Evaluator Name

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Evaluator Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature