

# **PSYCHIATRY TRAINING DIRECTOR'S CALENDAR**



**AMERICAN ASSOCIATION OF DIRECTORS OF  
PSYCHIATRIC RESIDENCY TRAINING**

# TABLE OF CONTENTS

Introduction	2
Training Director's Calendar At A Glance	3
Training Director's Calendar	4-30

AADPRT Executive  
Office  
Sara Stramel-Brewer  
PO Box 30618  
Indianapolis, IN 46230

[WWW.AADPRT.ORG](http://WWW.AADPRT.ORG)  
[exec@aadprt.org](mailto:exec@aadprt.org)

## **The Psychiatry Training Director's Calendar**

The Psychiatry Training Director's Calendar was prepared by Bruce Levy, M.D., when he served as President-Elect of AADPRT. The idea for this calendar came from participants in the New Training Directors' Symposium held each year at the AADPRT Annual Meeting. Many new training directors felt that a "timeline" for the academic year would be a helpful organizing tool.

This calendar is a work in progress and we would greatly appreciate your feedback and suggestions for inclusion of other activities. You can send your suggestions to the AADPRT Executive Office: [exec@aadprt.org](mailto:exec@aadprt.org). We hope to make this information available to new training directors annually and to also post it on the AADPRT webpage: [WWW.AADPRT.ORG](http://WWW.AADPRT.ORG).

# Training Directors' Calendar At A Glance

July	August	September	October	November	December
1. Dept. of Psych Orientation  2. Other Orientations  3. Didactics  4. Distribution of Meeting Dates	1. Oral Exams-Preparation  2. Schedule Semi-Annual Reviews  3. Resident Retreat  4. Recruitment & Interview Process	1. Recruitment & Interview Process (cont'd)  2. Schedule PRITE  3. Evaluations  4. Fellowships  5. AADPRT Meeting-Workshop Submissions	1. Recruitment & Interview Process (cont'd)  2. PRITE Exam  3. Program & Curriculum Review Committees  4. Budget	1. Recruitment & Interview Process (cont'd)	1. Recruitment & Interview Process (cont'd)  2. Holiday Parties  3. Evaluations  4. PRITE Results
January	February	March	April	May	June
1. Recruitment & Interview Process (cont'd)  2. Mid-Year Individual Meetings  3. Counseling Graduating Residents  4. Letters to ABPN	1. Recruitment & Interview Process (cont'd)	1. Recruitment & Interview Process (ends)  2. AADPRT Annual Meeting  3. Chief Resident Selection	1. Supervisor Selection  2. Rotation & Seminar Schedules for July-June  3. Graduation Plans	1. Rotation & Seminar Schedules for July –June (cont'd)  2. Oral Examinations  3. Evaluations  4. APA Annual Meeting  5. Orientation	1. Rotation & Seminar Schedules for July –June (cont'd)  2. Chief Resident National Conference  3. Office Assignments  4. Orientation for R2, R-3, R-4 Residents  5. Exit Procedures  6. Certificates of Completion  7. Graduation  8. New Resident File  9. Letters of

					Agreement
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- 1. DEPARTMENT OF PSYCHIATRY ORIENTATION – Start last two weeks in June or first week of July for one to three days**
- 2. OTHER ORIENTATIONS –  
Hospital/University/Medicine/Pediatrics/Neurology--  
Usually end of June**
- 3. DIDACTICS**
- 4. DISTRIBUTE DATES OF MEETINGS TO APPROPRIATE FACULTY**



- 1. DEPARTMENT OF PSYCHIATRY ORIENTATION--Start last two weeks in June or first week of July for one to three days**
  - ◆ Distribute all information required to be given to residents by the Residency Review Committee (RRC) – give it now to new residents and current residents and faculty. This includes all policies and procedures, a copy of which should be placed in a Policies and Procedures Manual to be kept in the Training Director's (TD) office. This information can be found in the AMA/ACGME Graduate Medical Education Directory ("Green Book").
  - ◆ Teach new residents how to do on-call schedules (or explain how the Chief Residents do them).

# JULY

- ◆ Specific areas of orientation for R-1 on-call procedures (Distribute an On-Call Manual and/or an Emergency Room Manual – keep copies in on-call rooms). Throughout the year when memos are distributed concerning policies, procedures or on-call/ER information, keep a file to include these in the following year's distribution.
- ◆ Special areas of orientation including:
  - ◇ charting
  - ◇ medical/legal issues, including pertinent state laws
  - ◇ use of patient logs
  - ◇ restraint and seclusion orders
  - ◇ benefits
  - ◇ medical and psychiatric emergency protocols
  - ◇ library
- ◆ Introduction of new residents to rest of house staff. Possibly hold a 'Welcome" luncheon, or other type of party. Perhaps have each new R-1 paired with an R-2 as a "buddy".
- ◆ Put together a composite of pictures of new house staff (along with pictures of current house staff) and send to house staff, faculty and any clinical sites where residents rotate.
- ◆ Some programs have a special summer lecture series covering material the TD feels new house staff should learn as quickly as possible. Other programs begin their regular didactic program.

## 2. OTHER ORIENTATIONS--Usually end of June

- ◆ Hospital/University Orientation
- ◆ Department of Medicine Orientation \*
- ◆ Department of Pediatrics Orientation \*
- ◆ Department of Neurology Orientation\*

*\*Whenever possible psychiatry residents should attend these orientations. It will both orient them to these services and make them more a part of these departments.*

### **3. DIDACTICS**

- ◆ Distribute a copy of the curriculum to residents and faculty.
- ◆ Distribute an "attendance sheet" form to course instructors.

### **4. DISTRIBUTE DATES OF MEETINGS TO APPROPRIATE FACULTY AND RESIDENTS**

- ◆ Graduate Medical Education Committee Meetings
- ◆ Supervisors Meetings
- ◆ Meetings with all residents or specific classes of residents
- ◆ Other Committee Meetings



# AUGUST

- 1. ORAL EXAMS – Preparation**
- 2. SCHEDULE SEMI-ANNUAL REVIEWS (with each resident)**
- 3. RESIDENT RETREAT**
- 4. THE RECRUITMENT AND INTERVIEW PROCESS**



## **1. ORAL EXAMS--Preparation**

As all programs are required to give residents two oral exams, many programs give one at the end of the R-2 year and one at the beginning of the R-4 year. Doing this second exam early in the R-4 year gives time for any residents who require remediation before they graduate. Programs generally recreate the Boards format for their oral exams. Some programs videotape the interviews so that residents may review them in detail with supervisors at a later date. Many programs do oral exams in conjunction with neighboring programs.

# AUGUST

Preparation for oral exams includes:

- ◆ Alert residents about the upcoming examination.
- ◆ Send to the residents and examiners information about the format of the exam, what residents will be evaluated on and how this evaluation will take place (oral/written feedback).
- ◆ Organize logistics – assign faculty and residents specific interview times, arrange for the interview room (and videotape equipment if you choose to videotape the interview so that the resident can review it in detail with one of their supervisors), arrange for patients to be brought to the interview session.

Post exam schedule:

- ◆ Have a deadline for examiners to return written evaluation/comments.
- ◆ Have a procedure for residents to review their evaluation, write their own comments and signature (possibly complete the circle by having a copy of the resident's comments sent back to the examiner).
- ◆ Set up any remediation programs and repeat exams when necessary.
- ◆ File the original evaluations in the resident file.

## **2. SCHEDULE SEMI-ANNUAL REVIEWS--with each resident**

These can be held at the beginning, end or middle of each training year or at other times as determined by the TD.

### 3. RESIDENT RETREAT

Many programs hold Resident Retreats at various times during the academic year. Some programs find that holding the Retreat early in the academic year (mid to late Fall) assists the residents in developing a cooperative, team approach and aids the new house staff in integrating into the house staff group. Other programs prefer a Retreat later in the academic year when residents have had more experience working with each other, and have experienced the rotations, classes and faculty supervision associated with their resident level. Resident Retreats vary in many ways including:

- ◆ purpose (e.g., resident or resident/faculty bonding, review of curriculum, focusing on a particular crisis in the program/department/hospital)
- ◆ length
- ◆ structure
- ◆ who plans the retreat
- ◆ who is invited
- ◆ cost and who pays the bill
- ◆ post-retreat follow-up

Whichever variables you choose, it will take several months to plan an effective retreat. If you want to hold it in the late fall, you will need to start the planning now. If you choose to hold a retreat in the late spring, you need to begin in January.

### 4. THE RECRUITMENT AND INTERVIEW PROCESS

As this is a very important and time consuming part of your job, start early and avoid last minute pressure.

- ◆ ERAS (Electronic Residency Application Service) opens its mailbox in August. Start getting familiar with their system
- ◆ Finalize any recruitment material you plan to distribute. If you are updating your training brochure or web site, you probably have been working on this for several months and now is the time to be sure its completed.

## AUGUST

- ◆ Set up a system to answer questions (telephone or e-mail) about your “requirements”. Although there are standard requirements for starting residency, (i.e., graduating medical school, USMLE Parts I and II plus CSA for International Medical Graduates [IMG's] etc.), and there are requirements for ERAS applications, (i.e., Dean's Letter, letters of recommendation, etc.), you will probably get many requests for information. There will be questions like:
  - ◇ Do you have specific USMLE score requirements?
  - ◇ What types of visas do you sponsor?
  - ◇ Do you require experience in US hospitals?

Some TD's have form letters, form e-mail responses and standard answers that the TD's secretary or coordinator can use. This is a great time saver.



# SEPTEMBER

- 1. THE RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**
- 2. SCHEDULE THE PSYCHIATRY RESIDENT IN-TRAINING EXAMINATION (PRITE)**
- 3. EVALUATIONS**
- 4. FELLOWSHIPS**
- 5. AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING (AADPRT) WORKSHOP SUBMISSIONS**



## **1. THE RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**

- ◆ Start the process to set up your interview schedule. Although US Dean's Letters are not available until November 1<sup>st</sup>, some programs begin interviewing before this date. Even if you don't begin until November, it takes time setting up a schedule and making sure your faculty who does interviewing has set aside the appropriate time. In addition, your Residency Selection Committee can start meeting to standardize your criteria and selection system.
- ◆ Organize how you and your coordinator (if you are lucky enough to have one) handle the interview scheduling process:

## SEPTEMBER

- ◇ Contact with the applicants
  - ◇ Confirming interview schedules with faculty and making sure faculty know your criteria and what they must do to get their information/opinions back to you within a timely fashion
  - ◇ Having residents available to meet with applicants
  - ◇ Have a plan for “feeding applicants” and information available for applicants who will be looking for places to stay overnight.
- ◆ Start reviewing applications on ERAS.

## **2. SCHEDULE THE PSYCHIATRY RESIDENT IN-TRAINING EXAMINATION (PRITE)**

- ◆ Pick a date/dates within the PRITE requirements (usually within the first two weeks of October). Check for conflicts with other departmental functions and religious holidays.
- ◆ Reserve a room with the appropriate amount of tables (including one for proctor).
- ◆ Schedule proctors.
- ◆ Cancel classes/supervisions.
- ◆ Inform everyone well in advance of the dates and possibly send a “reminder” memo a week before. Those who need to receive this information include: residents/fellows, faculty and any clinics where the residents may be doing intake evaluations that are scheduled in advance, other departments where your residents rotate such as medicine, pediatrics and neurology (notify both the training directors from these departments and the chief residents).

# SEPTEMBER

## 3. EVALUATIONS

It is never too early to start thinking about these forms. Evaluations are a two-way street. Residents are evaluated by their supervisors and in turn they evaluate their supervisors, classes and rotations. These are **required** by the RRC and site visitors often look for them. To get the best response, timing is important. Rotations that are short (one month to several months in length) should have the evaluation forms sent out two weeks prior to the end of the rotation. This gives the supervisor time to complete them, discuss them with the resident (who should add comments and sign them) **before** the end of the rotation and return them to the TD's office. Rotations that last an entire year should have forms sent out several weeks prior to the six-month date and prior to the end. Hounding supervisors and residents to return these evaluations can be a real annoyance, so staying on top of it each month may help.

## 4. FELLOWSHIPS

The fall is when R-4's will be applying for post-residency fellowships and R-3's and R-4's may be registering for the Child Match. Counseling residents on their choices and writing letters of recommendation starts now.

## 5. AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING - WORKSHOP SUBMISSIONS

Early in September you will receive information concerning details of proposing workshops and poster sessions for the Annual AADPRT meeting which will be held in early March.

# CTOBER

- 1. RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**
- 2. PRITE EXAM**
- 3. PROGRAM AND CURRICULUM REVIEW COMMITTEES**
- 4. BUDGET**



## **1. RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**

Although Dean's Letters from US schools are not released until November 1<sup>st</sup>, some programs begin interviewing in October. This spreads out the interviews and some TD's feel it makes life easier over the next few months. Others wait until November. Also, there may be applicants with special circumstances, especially those outside of the match (American students who have already graduated and some IMG's) who prefer early interviews and possibly early decisions.

## **2. PRITE EXAM**

The PRITE exam is given and answer sheets are sent in. Hold the resident's test booklets and a copy of their answer sheets. These will be returned to residents when the results are received in December.



### **3. PROGRAM AND CURRICULUM REVIEW COMMITTEES**

Although Education Committees usually meet throughout the academic year, some TD's set up special committees/task forces to look at specific aspects of their program. If you plan to make any significant changes in your program for July, decisions involving these changes need to be completed by the spring when you will be organizing the new academic year. Therefore, early fall is a good start date for these meetings.

### **4. BUDGET**

This item is very hospital/department specific. Many hospitals/departments do budgets at this time of the year. Usually budgets are based on the calendar year. As you may have different numbers of residents from January to June versus July to December an average number is usually used for the calendar year.

# NOVEMBER

## 1. **RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**

November through the end of January is when the great majority of interviewing takes place.



# DECEMBER

1. **RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**
2. **HOLIDAY PARTIES**
3. **EVALUATIONS**
4. **PRITE RESULTS**



1. **RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**

This is often a busy interview month.

2. **HOLIDAY PARTIES**

Some programs have parties for faculty and residents. Others have parties that are just for the residents.

3. **EVALUATIONS**

Send out six-month evaluation forms for rotations that span the entire year.

4. **PRITE RESULTS**

Results are received (usually at the very end of the month) and distributed to residents along with returning to the residents their original exam booklet and a copy of their answer sheets.

# JANUARY

- 1. RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**
- 2. MID-YEAR INDIVIDUAL MEETINGS--either with the TD or the Associate/Assistant TD**
- 3. COUNSELING GRADUATING RESIDENTS**
- 4. LETTERS TO THE ABPN**



- 1. RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)**

Sometime in mid-January applicants and programs can begin entering their match order lists with the National Resident Matching Program (NRMP). Most programs and applicants do not enter lists until closer to the mid-February deadline. At the end of January there is a final date for “quota changes” where you can increase or decrease the number of positions you make available in the match.

- 2. MID-YEAR INDIVIDUAL MEETINGS (either with the TD or the Associate/Assistant TD)**

Prior to these meetings PRITE results will have been received and six-month evaluations should have been returned.

### **3. COUNSELING GRADUATING RESIDENTS**

Graduating residents who are not planning on fellowships will now be applying for jobs in July. Individual or group meetings to discuss CV writing, where and how to apply, etc., are often helpful.

### **4. LETTERS TO THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY**

Residents who will be graduating in June and who are applying to take Part I of the Boards in the fall following graduation will need a letter to the ABPN. This letter states that it is anticipated that the resident will complete training on June 30<sup>th</sup> and, therefore, will be eligible to apply to take the exam. On July 1<sup>st</sup> a second letter is sent to the ABPN confirming that the resident has graduated.



# FEBRUARY

## 1. RECRUITMENT AND INTERVIEW PROCESS (Cont'd.)

If possible, the TD's life is made easier if all interviews are finished by the end of January or the first week in February. This will give you some time to finish gathering and reviewing information and ordering your list before the submission deadline which is usually in the third week of February. Some programs have an internal requirement that the list must be approved by the Chairman, or the Central House Staff Office or Dean's Office prior to submission to NRMP.





1. **RECRUITMENT AND INTERVIEW PROCESS (Ends)**
2. **AADPRT ANNUAL MEETING**
3. **CHIEF RESIDENT SELECTION**



1. **RECRUITMENT AND INTERVIEW PROCESS (Ends)**

- ◆ NRMP results are announced approximately the third week in March.
- ◆ Post-Match recruiting (if necessary) takes place immediately after the results are received.
- ◆ Contracts are sent to matched residents.
- ◆ Mailings to incoming residents start. These are program specific but may include such material as: alerting new R-1's about pre-July 1<sup>st</sup> orientations; gathering information from new R-1's about choices they may have in their schedule (i.e., medicine vs. pediatrics vs. family practice, order in which various rotations take place, date of planned vacations); housing issues; visa issues; dates of pre-employment physical and lab tests; BLS/ACLS certification if required by your hospital.

2. **AADPRT ANNUAL MEETING**

The Annual AADPRT meeting is held during the first two weeks of March. The meeting is usually Thursday through Sunday. Occasionally there is a special one-day single topic oriented program the Wednesday before the meeting.

**Future meetings:**

March 8-11, 2007  
March 13- 16, 2008  
March 12- 15, 2009

Caribe Hilton, San Juan, PR  
Wyndham at Canal Place, New Orleans, LA  
Hilton Tucson El Conquistador, Tucson, AZ

## 3. CHIEF RESIDENT SELECTION

Although the process for choosing new Chief Residents is very program specific, March/April is generally a good time to do it. This will:

- ◆ Enable the new chiefs to have time to transition with the outgoing chiefs
- ◆ Enable new chiefs to be involved with program planning/scheduling for July 1<sup>st</sup>
- ◆ Enable those residents who are not chosen for these positions enough time to plan their electives for their R-4 year.



# APRIL

- 1. SUPERVISOR SELECTION**
- 2. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE**
- 3. GRADUATION PLANS**



## **1. SUPERVISOR SELECTION**

Many programs offer their residents an opportunity to select (or at least have input into the selection of) their supervisors. Now would be the time to line up your roster of potential supervisors for July and to send this list to your house staff for their preferences.

## **2. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE**

April, May and the beginning of June is the time for finalizing schedules for July 1<sup>st</sup>. Although program specific, some programs allow residents to choose the order in which they rotate through various services. In addition, most programs provide a substantial amount of elective time in the R-4 year. Now would be the time to meet individually with R-3's to counsel them on elective choices and setting up these electives.

## 3. GRADUATION PLANS

Depending on how elaborate your house staff graduation is going to be, you need sufficient lead-time to prepare the details. These may include:

- ◆ setting the date and place
- ◆ inviting a keynote speaker
- ◆ printing and mailing invitations
- ◆ printing programs
- ◆ choosing residents and faculty who will be receiving special awards
- ◆ ordering awards plaques and/or gifts
- ◆ hiring a caterer



- 1. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE (Cont'd.)**
- 2. ORAL EXAMINATIONS**
- 3. EVALUATIONS**
- 4. APA ANNUAL MEETING**
- 5. ORIENTATION**



- 1. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE (Cont'd.)**

Continue work on the upcoming academic year. This may include working in conjunction with your outpatient department concerning which patients will be terminating treatment at the end of June and which patients need to be assigned to residents who will be remaining for the next academic year.

- 2. ORAL EXAMINATIONS**

Programs that give exams at the end of the R-2 year and at the beginning of the R-4 year often give exams now. (See information listed in August about Oral Exams).

### 3. **EVALUATIONS**

By the middle of May all end of year evaluation forms need to be distributed to faculty and residents if there is any hope of receiving them before the end of the academic year (especially for R-4 residents who may be taking terminal vacation).

### 4. **APA ANNUAL MEETING**

Future Meetings:

2006	159th	May 20-25	Toronto, Canada
2007	160th	May 19-24	San Diego, CA
2008	161st	May 3-8	Washington, DC
2009	162nd	May 16-21	San Francisco, CA

### 5. **ORIENTATION**

All materials, especially manuals, that will be distributed during orientation (either end of June or early July) should be reviewed and revised. Dates for all orientations (hospital, departments of psychiatry, medicine, neurology and pediatrics) need to be determined. Letters are then sent to incoming house staff in order that they may have sufficient lead time to arrange to be at the orientations as well as any other pre-employment (physical and laboratory tests, BLS and ACLS) requirements.

# **JUNE**

- 1. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE (Cont'd.)**
- 2. CHIEF RESIDENT NATIONAL CONFERENCE**
- 3. OFFICE ASSIGNMENTS**
- 4. ORIENTATION FOR R-2, R-3 AND R-4 RESIDENTS**
- 5. EXIT PROCEDURES**
- 6. CERTIFICATES OF COMPLETION**
- 7. GRADUATION**
- 8. NEW RESIDENT FILE**
- 9. LETTERS OF AGREEMENT**



- 1. ROTATION AND SEMINAR SCHEDULES FOR JULY THROUGH JUNE (Cont'd.)**

Finalize and distribute rotation and seminar schedules and patient assignments. Finalize and distribute supervision assignments.

## 2. **CHIEF RESIDENT NATIONAL CONFERENCE**

Early each June there is an annual conference for incoming Psychiatry Chief Residents. Registration for this meeting takes place late winter/early spring. Conference begins with lunch on Friday and ends with lunch on Sunday.

## 3. **OFFICE ASSIGNMENTS**

Time to shuffle offices for the residents who are remaining after June 30<sup>th</sup>.

## 4. **ORIENTATION FOR R-2, R-3 AND R-4 RESIDENTS**

Many programs set up orientation sessions in June to familiarize the residents with the staff, procedures and paperwork of hospitals, units and clinics where they will be working during the next academic year.

## 5. **EXIT PROCEDURES**

Each hospital has their own procedures and forms for all residents leaving the program on July 30<sup>th</sup>, and other procedures and forms for residents moving to the next level of training.

## 6. **CERTIFICATES OF COMPLETION**

Complete the following for the training file for each resident leaving the program on June 30<sup>th</sup>:

- ◆ A letter describing the nature and length of the rotations for which the resident has been given credit. If a resident departs the program without receiving full credit for all educational experiences, the reason for withholding credit must be specified in the letter. The resident must be given the letter, and a copy must be retained in the resident's permanent file. For residents transferring to child and adolescent psychiatry after the R-3 year, it is essential that the Program Director documents the nature and length of the rotations for which the resident has been given credit and includes a list of any remaining requirements needed to successfully complete the general psychiatry program. The resident must be informed that eligibility for certification by the American Board of Psychiatry and Neurology is not possible unless all general psychiatry program requirements are met, even if the resident completes the requirements for training in child and adolescent psychiatry.

- ◆ A letter stating that there is no documented evidence of unethical or unprofessional behavior, nor any serious question regarding clinical competence. Where there is such evidence, it will be comprehensively recorded, along with the responses of the trainee.
- ◆ A final evaluation that must verify that the resident has demonstrated sufficient professional ability to practice competently and independently.
- ◆ A certificate of completion for graduating residents must be written which will be sent to the American Board of Psychiatry and Neurology on July 1<sup>st</sup> for any resident who has applied to take Part I of the Boards during the fall following graduation.

## **7. GRADUATION**

## **8. NEW RESIDENT FILE**

Create an individual file for each new resident. Include a section for each of the following:

- ◆ hard copy of ERAS application and any other pertinent application and/or visa documents
- ◆ evaluations from applicant interviews
- ◆ state license and registration card or limited permit (if resident already has one; if not, place a reminder to get them once the resident is eligible)
- ◆ hospital contract
- ◆ clinical rotations – make sure to add information for each PGY year so that a resident's four years can easily be reviewed in the future
- ◆ delineation of privileges for each year
- ◆ faculty evaluations
- ◆ oral examination evaluations
- ◆ documentation of PRITE exam/scores
- ◆ patient logs
- ◆ documentation of individual semi-annual reviews with the TD (or his/her designee)
- ◆ for IMG's, once the resident starts the program get ECFMG certificate validated indefinitely
- ◆ get copy of four-year diploma from medical school
- ◆ any other in-hospital mandated courses

**9. LETTERS OF AGREEMENT**

Make sure that your hospital has letters of agreement with any clinical site outside of your hospital where residents will rotate in the upcoming academic year. Also, prepare information/documents that these sites require for each of your house staff.



