

Policy Number: GME-405
Category: IR, PR, **
Reviewed: August 2018

TITLE: Evaluations – Resident/Fellow, Faculty, and Program

POLICY: The Accreditation Council for Graduate Medical Education Institutional Requirements / Program Requirements / Common Program Requirements requires a policy on resident evaluations. Evaluation and feedback are critical to the personal development of the resident/fellow and to continuous improvement in the educational process. Each program is responsible for developing its own monitoring tools for the evaluation of each resident’s progress and the program.

DESCRIPTION: Resident/Fellow Formative Evaluation

The faculty must evaluate resident or fellow performance in a timely manner (within 2 weeks) for each rotation or similar educational assignment, and document this evaluation (in New Innovations) at the completion of the assignment.

The program must:

- 1) Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;
- 2) Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
- 3) Document progressive resident/fellow performance improvement appropriate to educational level; and,
- 4) Provide each resident/fellow with documented semiannual evaluation of performance with feedback. These must be a

documented face-to-face meeting with the program director or designee (advisor).

The evaluations of resident/fellow performance must be accessible for review by the resident (i.e. via New Innovations).

Resident/Fellow Summative Evaluation

The specialty- specific Milestones must be used as one of the tools to ensure residents/fellows are able to practice core professional activities without supervision upon completion of the program. The program director must provide a summative evaluation for each resident/fellow upon completion or upon leaving the program. This evaluation must become part of the resident's/fellow's permanent record maintained by the institution. This evaluation must:

- 1) Be accessible for review by the resident/fellow
- 2) Document the resident's/fellow's performance during the final period of education, and
- 3) Verify that the resident/fellows has demonstrated sufficient competence to enter practice without supervision.

Faculty Evaluation

At least annually, the program must evaluate faculty performance as it relates to the educational program.

- 1) These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, interpersonal and communication skills and scholarly activities.
- 2) This evaluation must include at least annual written confidential evaluations by the residents or fellows.
- 3) These evaluations must be provided to Departmental Chairs for use in annual faculty evaluations.

Program Evaluation and Improvement

The program director must appoint the Program Evaluation Committee (PEC) as specified in the ACGME program requirements.

The program, through the PEC, must document a formal, systematic evaluation of the training program annually and is responsible for the rendering of a written, Annual Program Evaluation (APE) documented in New Innovations. This evaluation must include input from residents/fellows, and faculty.

The program must monitor and track each of the following areas:

Part 1: Meeting Documentation and ACGME - ADS Review:

Please list the names and roles of all individuals attending the annual program evaluation committee (PEC) meeting. Indicate each person's role (e.g. PD, faculty member, chief resident, resident/fellow and PGY level, etc.). There must be resident/fellow representation at the meeting from each level of training. Please separate faculty and resident listings. We suggest the following format for documenting attendance for Part 1 and tracking attendance in New Innovations:

Faculty: (include relevant titles and roles such as chair, PD, Associate PD, Outpatient Medical Director, VA Site Director, etc.)

Residents: (include PGY level for each)

Staff: (include program coordinator)

Other: (if applicable)

Please ensure all data has been updated in ACGME – ADS. The following areas require special attention to ensure accuracy: citations, major changes, program leadership, Physician Faculty Roster, Program Director's Curriculum Vitae (CV), Scholarly Activity (Faculty and Resident/Fellows), and Evaluations.

Part 2: Previous Report Review: List the top 3-5 issues/concerns that the program will focus on for the academic year. Possible sources from which to derive these issues/concerns:

- a) Last IPRC letter/report;
- b) Last Special Review Report;
- c) Previous APE's etc.;
- d) Any citation(s) or concern(s) given during the last RC visit to a program and/or during the program's last annual review must be specifically addressed with respect to its status in the last academic year. The citations must be addressed even if considered resolved by the Graduate Medical

Education Committee. A formalized action plan should be documented in the New Innovations “Action Plan” module, showing progression and outcomes for each citation or concern.

Part 3: ACGME Surveys Reviews:

Consideration of the latest ACGME Resident/Fellow and Faculty Survey Results. The Annual Program Evaluation meeting must address the most recent ACGME Resident/Fellow and Faculty Survey results when available. Any survey questions with less than 85% compliance responses must be specifically addressed with each of the identified questions being separately addressed in the Annual Program Evaluation meeting minutes and a formalized action plan documented in the New Innovations “Action Plan” module. If ACGME Resident/Fellow survey data is not available for the previous academic year, please review the ACGME multi-year report (if the program has fewer than 4 residents/fellows and if applicable) or the previous academic year’s data.

Part 4: Clinical Experience and Education (formerly Duty Hours):

Consideration of clinical experience and education hours in terms of resident/fellow compliance with logging, number and type of violations, and rotation-specific violations. If applicable, the program must provide the results of discussions regarding any hindrance to residents’ honest and timely logging of clinical experience and education hours in the form of a documented formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes to address any issues with logging compliance.

Part 5: Evaluations: Consideration of compliance rates with resident/fellow and faculty evaluations as it relates to completion and timeliness (within 2 weeks of rotation completion) in New Innovations. List numerical compliance data for evaluations completed by residents/fellows and faculty members. Compliance rates can be obtained from the New Innovations Administration Dashboard feature and/or Evaluation Report. Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes to address any areas of non-compliance.

Part 6 Program Aims and SIOT: SIOT Analysis for ACGME Self-Studies and 10-year Accreditation Site Visit Preparation: Consideration of your program’s overall aims. Describe what your program’s training outcome goals are for residents/fellows. List two or more brief statements regarding Strengths, Improvements/Priorities, Opportunities, Threats (SIOT) for your program. Document a formalized action plan in the New

Innovations “Action Plan” module, noting progression and outcomes.

Part 7 Faculty Development: Consideration of Faculty Development (Educational /Teaching) for programs in your Department, in the Institution, or elsewhere (e.g. state or national conferences, COM seminars/workshops, Faculty as Teachers workshops, etc.) that your core faculty have participated in during the past year. Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes if the program needs to increase faculty educational development.

Part 8: Examination Outcome Measures: Consideration of program outcome measures including but not limited to:

- In-Training Examination (ITE) results for current residents/fellows;
- Board Certification pass rates for graduates;
- Intern OSCE, USMLE Step 3, licensing rates, etc.

Please provide a formalized action plan documented in the New Innovations “Action Plan” module for any areas that may need improvement.

Part 9 Case Log Review: Review of overall case logs, if applicable. If minimums are specified in ACGME program requirements or FAQs. Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes on how the program will address hindrances or case log minimum deficiencies.

Part 10 Quality Improvement (QI) and Patient Safety (PS) Review: Evaluation of quality of care and the residency/fellowship program. Provide a list of each quality initiative involving residents or fellows. Have each of these been listed and kept current using New Innovation’s Administration Program Projects and Teams feature and QIPR? Consider how the training program contributes to quality of care. Provide specific examples. For example, do residents participate in RCAs or mock RCAs? Are residents involved in hospital quality/safety committees? Do residents participate in de-identified patient safety case conferences? When were the supervision and transfer/handoff policies last reviewed? Are revised, updated policies confirmed by faculty and housestaff in New Innovations? Are these and your other policies up to date, and do they cover all training sites? Please provide where and how these policies are accessed and documented that residents/fellows have reviewed them. Are faculty members, staff, nurses, etc. also familiar with these policies? Identify vulnerabilities in quality/safety

of patient care due to a resident/fellow schedule that can be addressed. Current policies should be uploaded to New Innovations: Administration: Program (white bar): CLER Visit: Policies. Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes to address any deficiencies with QI or PS initiatives.

Part 11: Curriculum and Milestones: Describe how the curriculum, including goals and objectives, are reviewed and documented by the Program Evaluation Committee. Curriculum/goals and objectives should be uploaded to New Innovations: Schedules: Curriculum, distributed, documented, reviewed, and a confirmed receipt by residents/fellows. Describe how the curriculum and evaluation methods are compared to the milestones to ensure all milestones are being evaluated. Provide a brief description of how residents/fellows perform in relation to the curriculum and/or milestones. Describe if there are gaps in your assessments of milestones or sub competencies and document a formalized action plan in the New Innovations “Action Plan” module addressing any gaps or compliance issues.

Part 12a Scholarly Activity Review: Provide a brief summary of your ACGME - RRC’s expectations of resident/fellow and faculty scholarly activity. Describe any hindrances to productivity by faculty and/or residents or fellows in scholarly activity. Provide specific examples. Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes to address any hindrances to productivity by faculty or residents/fellows with scholarly activity.

Part 12b Institutional: List the other learners that rotate through your program and/or services. Describe the impact of other learners on the training program. In the annual program evaluation meeting, the program must discuss the impact of learners who are not part of the training program (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) on the house-staff’s education. Please list any institutional issues that may be hindering resident/fellow training. Describe your program’s wellness initiatives. How are you assessing and improving the well-being of residents, fellows, and faculty? Document a formalized action plan in the New Innovations “Action Plan” module, noting progression and outcomes on the program’s plan to improve institutional issues or wellness initiatives.

APPROVED:

Graduate Medical Education Committee