
Policy Title: Evaluation



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PURPOSE

To ensure:

- Regular, incremental evaluation of residents, faculty, and the program
- Use of appropriate and sufficient formative assessment tools for evaluation
- Communication sufficient to support development of trainees' knowledge, skills and competencies leading to their ability to practice independently.
- Each trainee upon completion is provided with a summative evaluation attesting his/her ability to practice independently within the discipline of training.

DEFINITIONS

- To be derived from the ACGME Glossary of Terms

POLICY

Roles and Responsibilities: Resident education constitutes a progressive learning experience occurring within a complex environment of patient care. Development of mature clinical judgment and acquisition of procedural skills in a safe and efficient manner within this environment depends upon continual assessment and feedback involving all elements of the system (e.g. residents, faculty, and program).

Resident Evaluation:

- Each GME program will establish a Clinical Competency Committee.
 - Members will be appointed by the Program Director.
 - At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.
 - Any additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents in patient care and other health care settings.
 - There must be a written description of the responsibilities of the Clinical Competency Committee.
 - The Clinical Competency Committee shall:
 - Review all resident evaluations semi-annually;
 - Prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME (as applicable); and
 - Advise the Program Director regarding resident progress, including promotion, remediation, and dismissal.
- Formative Evaluation
 - The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
 - The program must:

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- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones (as applicable);
- Use multiple evaluators (*e.g.*, faculty, peers, patients, self, and other professional staff);
- Document progressive resident performance improvement appropriate to educational level; and
- Provide each resident with documented semiannual evaluation of performance with feedback.
- The evaluations of resident performance must be accessible for review by the resident. Programs are encouraged to create, complete, and maintain all evaluations in MedHub. Required evaluations must be maintained in MedHub.
- **Summative Evaluation**
 - The specialty-specific Milestones must be used as one of the tools (as applicable) to ensure residents 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 upon completion of the program. This evaluation must:
 - Become a part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
 - Document the resident's performance during the final period of education; and,
 - Verify that the resident has demonstrated sufficient competence to enter proactice without direct supervision.

Faculty Evaluation:

- At least annually, the program must evaluate faculty performance as it relates to the educational program.
- These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- This evaluation must include at least annual written confidential evaluation by the residents.

Program Evaluation and Improvement:

- Each GME program will establish a Program Evaluation Committee.
 - Members will be appointed by the Program Director.
 - At a minimum the Program Evaluation Committee must be composed of at least two members program faculty members and should include at least one resident.
 - There must be a written description of the responsibilities of the Program Evaluation Committee.
 - The Program Evaluation Committee should participate actively in:
 - Planning, developing, implementing, and evaluating educational activities of the program;
 - Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
 - Addressing areas of noncompliance with ACGME standards (or other standards as might be applicable); and,
 - Reviewing the program annually using evaluations of faculty, residents, and others.
- The program, through the Program Evaluation Committee, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:
 - Resident performance;

- Faculty development;
- Graduate performance, including performance of program graduates on the certification examination;
- Program quality; and,
 - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- Progress on the previous year's action plan(s).
- The Program Evaluation Committee must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The Action Plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.