SUBJECT: Evaluations – Resident, Faculty and Program

POLICY STATEMENT: 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 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 Evaluation
Formative Evaluation

The faculty must evaluate resident performance in a timely manner (within 2 weeks) for each rotation or similar educational assignment, and document this evaluation (ideally 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 performance improvement appropriate to educational level; and,

4) Provide each resident or 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 performance must be accessible for review by the resident (i.e. via New Innovations).
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 upon completion of the program. This evaluation must become part of the resident’s permanent record maintained by the institution. This evaluation must:

1) Document the resident's performance during the final period of education, and

2) Verify that the resident 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 must document a formal, systematic evaluation of the training program at least annually. (This evaluation must include input from residents/fellows/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, fellow/resident 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 such as chair, PD, Associate PD, etc.)

Residents: (include PGY level for each)

Staff:

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: Last ACGME Site Visit or Self-Study Visit (SSV), last Institutional Program/Special Review, and previous year’s Annual Program Evaluation Action Items: (this section has been changed to combine all sections in Part 2)

- Any citation(s) or concern(s) given during the last RC visit to a program and/or during the program’s last annual review in the NAS 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, if only briefly. For each citation (new or extended), please provide a summary indicating what corrective action was planned, what was implemented, and any outcomes if available. These will need to be tracked each year and saved for upcoming SSVs. Any RC requests for progress report(s) should also be documented here. Any plans for continued monitoring and timelines, including progress reports accepted by the RC, must be listed as action items in Part 13 and New Innovations.

- If the program/special review here at UF is more recent than the last RC site visit, any issues/concerns listed in the review must also be specifically addressed with respect to each recommendation’s status during the last academic year. The recommendations must be addressed even if considered resolved by the graduate medical education committee, if only briefly. Special reviews will be considered until superseded by the next program review or next SSV. Please list any action items in Part 13 and New Innovations.

- The program should evaluate the status of completion of the previous year’s action items. Completed action items should be noted here and not included in Part 13’s plans for continued monitoring and timelines. Incomplete items should be addressed in Part 13. [Please note, for SSVs you will need annual documented outcomes measures that indicate that action items have been accomplished (pre and post measures, or
schedules of what is now in place, etc.). The Institutional Program Review Committee (IPRC) recommends using the Action Plans function in New Innovations to document all action items. (New Innovations Instructions: Administration>Program (white bar)>Action Plans).

Part 3: ACGME Surveys Reviews:
Consideration of the latest ACGME Resident/Fellow Survey Results: The annual program evaluation meeting must address the most recent ACGME Resident/Fellow Survey Results when available. Any question with 15% or more negative/noncompliant responses must be specifically addressed with each of the identified questions being separately addressed in the Annual Program Evaluation meeting minutes. If survey data is not available for the previous academic year, please readdress issues identified in the most recent survey. Please list any action items in Part 13 and New Innovations.

Consideration of the latest ACGME Faculty Survey Results: The annual program evaluation meeting must address the most recent ACGME Faculty Survey Results, when available. Any area with an average score less than 4.0 must be specifically addressed with each of the identified areas being separately addressed in the Annual Program Evaluation meeting minutes. The results of the faculty survey should be compared to the results of the resident/fellow survey to see if any consistencies or discrepancies exist. Please list any action items in Part 13 and New Innovations.

Part 4: Duty Hours: Consideration of duty hours in terms of resident 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 duty hours. Please list any corrective action plans and outcomes in Part 13 and in New Innovations.

Part 5: Evaluations: Consideration of compliance with evaluations as it relates to completion and timeliness (within 2 weeks of rotation completion) in New Innovations. List the numerical compliance data provided by the GME office, then please provide a narrative discussion of the following completion rates: 1) evaluations completed by residents/fellows and 2) evaluations completed by faculty members. Describe the programs plan to improve the compliance rates if applicable. Compliance rates can be obtained from the New Innovations Administration Dashboard feature and/or Evaluations: Reports: Compliance Report and the report forwarded from the Graduate Medical Education Office. Please list any action items in Part 13 and New Innovations.

Part 6 Documentation of Goals: SLOT Analysis for Self-Studies and Self-Study Visit (SSV): Consideration of your program’s overall aims. Describe what your program’s training outcome goals are for residents/fellows. List four brief statements regarding Strengths, Limitations, Opportunities, Threats (SLOT),
for your program. Action plans should be created, monitored and tracked in Part 13 and New Innovations.

**Part 7 Faculty Development:** Consideration of Faculty Development (Specialty and Educational /Teaching) Development programs in your Department, in the Institution, or elsewhere (e.g. state or national conferences) that your faculty have participated in during the past year. Please list faculty development needs identified in your program and the specific faculty development completed/attended by your core faculty members. Please list any action items in Part 13 and New Innovations.

**Part 8: Examination Outcome Measures:** Consideration of program outcome measures including but not limited to: In-training examination results for current residents; Board Certification Results for Graduates from the last 5 years with comparison to national statistics; Intern OSCE, USMLE Step 3, licensing rates, etc. Please provide a summary of the positive outcomes and any outcomes that may need improvement. For those that need improvement, please describe the action plan that is or will be implemented to address those in Part 13 and New Innovations.

**Part 9 Case Log Review:** Review of overall case logs, if applicable. If minimums are specified in program RC program requirements or FAQs, please identify procedures/diagnoses that are below recommended minimums for your program. If there are any hindrances to compliance or obtaining procedures or cases, please describe those. Provide a description of the action plan implemented for improving procedural compliance and any available outcomes in Part 13 and New Innovations.

**Part 10 Quality Improvement (QI) and Patient Safety (PS) Review:** Evaluation of quality of care and the residency program. Provide a list of each quality initiative involving residents. Have each of these been listed and kept current using New Innovation’s Administration Program Projects and Teams feature? Consider how the training program contributes to quality of care. Provide specific examples. For example, do residents participate in 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 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 resident schedule that can be addressed. Current policies should be uploaded to New Innovations: Administration: Program (white bar): CLER Visit: Policies. Please list any action items in Part 13 and New Innovations.
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 and reviewed by residents. 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 any changes to the Clinical Competency Committee (CCC) and how the changes have been documented. Review and confirm that the block diagram is up to date in ACGME - ADS. Please list any action items in Part 13 and New Innovations.

Part 12a Scholarly Activity Review: Provide a brief summary of your RRC’s expectations of resident/faculty scholarly activity. Describe any hindrances to productivity by faculty and/or residents or fellows in scholarly activity. Provide specific examples. Please list any action items in Part 13 and New Innovations.

Part 12b Other Learners/Institutional Issues: 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. Please list any action items in Part 13 and New Innovations.

Part 13: Action Item Documentation: Provide an updated list of action items based upon your annual program evaluation findings. Also include a timeline/deadline or implementation schedule for each identified action item. For any items identified in 1-12 above, specific action items must be developed and a timeline presented for implementation of corrective measures. You will need to save each year’s action items and outcomes for upcoming SSVs. Please create, monitor and track all action items/plans in New Innovations.

Reviewed and Approved:
Graduate Medical Education Committee (GMEC)
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