SUBJECT: Evaluations – Resident, Faculty and Program

INTENT: 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.

POLICY STATEMENT: Each program is responsible for developing its own monitoring tools for the evaluation of each resident’s progress and the program.

DESCRIPTION:

Resident Evaluation
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:

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;

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.
**Summative Evaluation**

The program director (may not be delegated) 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, and must be accessible for review by the resident in accordance with institutional policy. 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 direct 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 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:** 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:

Faculty: (include relevant titles such as chair, PD, Associate PD, etc)
Residents: (include PGY level for each)

Staff:

Other: (if applicable)

**Part 2:** Last ACGME Site Visit or Self-Study Visit (SSV): 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 in Part 15.

**Part 2a:** Last Institutional Program/Special Review: If the program/special review here at UF is more recent than the last RC site visit, any citations 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 15.

**Part 2b:** Previous Year’s Annual Program Evaluation Action Items: 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 15’s plans for continued monitoring and timelines. Incomplete items should be addressed in Part 15. [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.). IPRC recommends using the Projects and Teams function in New Innovations to document action items and follow-up/completion. It can be found in New Innovations under Administration: Program (white bar): Projects and Teams: Project Management. This information is needed for SSV visits.]

**Part 3:** 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 Program Evaluation Committee’s (PEC) 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 15.

Part 3a: Consideration of the latest 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 Program Evaluation Committee’s (PEC) 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. Each of these should also be separately documented in the Program Evaluation Committee’s (PEC) annual minutes. Please list any action items in Part 15.

Part 4: 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 plans and implementation in Part 15. Please list any outcomes in Part 2b.

Part 5: Consideration of compliance with evaluations as it relates to completion and timeliness (within 2 weeks of rotation completion) in New Innovations. Please provide a narrative discussion of the following completion rates: 1) evaluations completed by residents/fellows and 2) evaluations completed by faculty members. This information should be obtained from the New Innovations Administration Dashboard feature and/or Evaluations: Reports: Compliance Report. Please list any action items in Part 15.

Part 5a: Consideration of current faculty and resident/fellow evaluation ratings and comments. Please list the key strengths and challenges/weaknesses identified from these evaluations. Please list any action items in Part 15.

Part 5b: Consideration of graduate evaluation ratings and comments. Please provide summary data from last year's graduating residents/fellows final evaluation of the training program and its rotations and include surveys from recent (ex: 1 and 5 year) graduates of the program evaluating the quality of their training while at the University of Florida and evaluations of graduates' performance by employers (if available). Please list any action items in Part 15.

Part 6: Consideration of Faculty 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 15.

Part 7: 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 15.

**Part 7a:** 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 15.

**Part 8:** Please describe any institutional issues which are hindering optimal residency training at the University of Florida.

**Part 9:** Provide specific evaluation information for any outside rotations which are not directly under the supervision of core faculty located at the University of Florida (elective or required), including a review of current PLAs (e.g. current date (within five years) and presence of signatures, all required components specified in program requirements listed). Please list any action items in Part 15.

**Part 10:** 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 15.

**Part 11:** 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 for review by residents and documentation. 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. Review
and confirm that the block diagram is up to date in WebADS. Please list any action items in Part 15.

**Part 12:** Provide a brief summary of resident/faculty involvement in leadership, scholarly activities, teaching, and community/volunteer service and patient advocacy. Provide specific examples. Please list any action items in Part 15.

**Part 13:** 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 housestaff's education. Please list any action items in Part 15.

**Part 14:** Clinical Competency Committee: Please indicate who each of your CCC members are, whether they are indicated in New Innovations (Administration/Program Administration/Personnel/Faculty), the program and clinical site they are affiliated with, and whether or not they are a core faculty member, if they are a faculty member from another program and if they are a non-physician faculty member. Program trainees (residents/fellows) cannot be members of the CCC. Indicate if both your CCC policy and CCC job descriptions have been uploaded to New Innovations (Administration → Program (white bar) → Program Setup: Policies). Please list any action items in Part 15.

**Part 15:** Provide an updated list of action items based upon your program evaluation committee’s (PEC) findings. Also include a timeline or implementation schedule for each identified action item. For any items identified in 1-14 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.

Last Reviewed and Approved: Graduate Medical Education Committee
February 12, 2015