

Hospital-wide Policy	Title: Evaluation Standards (GME 1)
Issuing Department: Graduate Medical Education Office	Effective Date: October 2020
IMPORTANT NOTICE: The official version of this policy is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.	

Purpose

Tufts Medical Center must ensure that resident, faculty and program performance is continually monitored and assessed. A variety of evaluation methods are necessary for trainees and faculty to develop appropriate individualized goals and learning objectives, judge milestone achievement, and make decisions regarding academic advancement, need for remediation, and disciplinary action.

Tufts Medical Center Graduate Medical Education programs develop and train physicians using competency-based medical education (CBME) principles and standards; successful completion of Tufts MC GME training program should indicate sufficient competence to enter practice without direct supervision and prepare residents to pass applicable board certification examinations.

Scope

This policy applies to all Tufts MC-sponsored graduate medical education programs (ACGME accredited and non-accredited).

Policy

Resident education constitutes a progressive, competency-based learning experience within a complex patient care environment. In order for resident to develop mature clinical judgment and acquire the procedural skills necessary to perform in a safe and efficient manner, there must be ongoing assessment and feedback involving all elements of the system (residents, faculty and program). Each Tufts MC-sponsored GME program shall develop and maintain regular, incremental evaluations of residents, faculty, and the program. This policy describes the *minimum institutional GME standards for evaluation*.

Definitions

Resident: Any physician in a GME program, including interns, residents, and fellows.

Procedure

Resident Performance Evaluation Standards

Each program shall adopt procedures which provide for regular and timely evaluation and regular verbal and written notification of the evaluation to each resident regarding performance. Program Directors are

expected to *be knowledgeable about and comply with* their RRC program-specific guidelines regarding resident evaluations.

Formative Evaluation of Residents

Required elements:

- Must receive a written performance evaluation at the conclusion of each rotation, or at least every 3 months, *whichever is more frequent*.
- Formative evaluations of residents by physician faculty *must identify the evaluator*.
- Faculty are required to complete resident evaluations within 2 weeks of rotation completion.
- Residents are required to acknowledge receipt of all evaluations using NI, at least twice yearly.

Note: some RRCs require evaluations by non-physicians, Peers, patients/families, Self, and 360 assessments. In some cases these non-physician faculty evaluations may be anonymized.

A resident whose performance is less than satisfactory should be notified of the conclusion promptly after such determination is made.

Summative Evaluation of Residents

Clinical Competency Committee (CCC)

Every program must have a Clinical Competency Committee. The CCC serves in an advisory capacity to the Program Director, and is charged with making recommendations regarding individual resident progress, including promotion, remediation, and dismissal. The CCC should consider the appropriateness of progressive resident performance improvement relative to the educational level of the resident as prescribed by the specialty-specific milestones and 6 competencies (patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice).

Required elements:

- There must be a written description of the CCC's responsibilities (Program level).
- Membership: The Program Director must appoint a CCC composed of a minimum of three program faculty members. Other eligible participants on the CCC include faculty from other programs and non-physician members of the health care team.
- The CCC must meet at least semi-annually

For a more detailed description of the CCC and its function, Program Directors are referred to the ACGME document Clinical Competency Committees: A Guidebook for Programs (2nd Ed) <https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920>.

Semi-Annual Review

Required elements:

- Each resident must be offered a 1:1 in person performance evaluation at least semi-annually.
- This Semi-Annual Review must provide an assessment of the resident's developing competency relative to expectations for their level of training.

- Program Directors derive summative evaluations of resident performance from accumulated verbal and written formative feedback and evaluations, with additional input from the Clinical Competency Committee.
- The Semi-Annual Review must be accurately documented, dated and signed by both the evaluator and the Trainee and maintained in the Trainee's program file.

Final Summative Evaluation Report

Required elements:

- Program Directors are required to provide each resident with a completed Final Summative Evaluation Report ([hyperlink to form](#)) upon completion of the program, or if the resident is dismissed or transfers to another program.
- This evaluation must include a competency-based assessment of performance, and indicate if the resident is competent to enter practice without supervision.
- A copy of each Final Summative Evaluation Report must be retained in the individual's Resident Training File (Program level) and the GME office.

Resident Training File

Each program must maintain a physical file for each resident that includes, *at a minimum*, the semi-annual reviews and a final summative evaluation. Any disciplinary or remediation materials should also be retained in this file. The program is responsible to maintain and store individual Training Files, in compliance with ACGME requirements.

The remainder of a resident's information can be stored in New Innovations if the program chooses. Electronic evaluations are maintained in New Innovations into perpetuity.

Results of evaluations provided now may be accessible into the future, as may be required by credentialing verification procedures throughout the trainee's career.

Faculty Performance Evaluation Standards

Residents must be given the opportunity to submit confidential written evaluations of the faculty at the end of every rotation (or at least quarterly, for rotations lasting greater than 3 months). In order to assure the confidentiality of resident evaluations of faculty, programs may elect to release aggregated anonymized feedback to faculty in the form of an annual report.

Required elements:

- At least annually The Program Director must provide a summative evaluation of each faculty member's performance as it relates to the educational program to the Division Chief or Department Chair. This evaluation must include the following assessments: clinical teaching ability, engagement in the educational program, participation in faculty development related to the training program, clinical practice, professionalism, and scholarly activity.
- Faculty members must be provided with a summary of this performance evaluation.

In cases where faculty performance is less than satisfactory the Division Chief or Department Chair should be notified of the conclusion promptly after such determination is made. Faculty evaluations may

be used as part of ongoing professional practice evaluation activities for reappointment or in Departments where faculty evaluations by trainees are used for faculty promotions.

Program Evaluation Standards

Annual self-assessment and performance review are required of all Programs.

Required components of Program Evaluation are:

- Program Evaluation Committee. Program Directors must appoint a PEC to perform an annual review of the program as part of its continuous improvement process. The Program Evaluation Committee must be composed of at least two program faculty members and one resident. There must be a written description of the responsibilities of the PEC ([hyperlink to form](#)). PECs are encouraged to use the GME Annual Program Evaluation form ([hyperlink to form](#)) as a template for the program review.
- Internal survey. All programs are required to offer faculty and residents an annual opportunity to provide anonymous written feedback. Annual program evaluations (internal surveys) may be conducted through New Innovations. In one year training programs, Program Directors should wait until after the resident has completed the program to review that residents' evaluation of the program. Handwritten evaluations do not meet the requirement for anonymity.
- Annual Program Evaluation (APE). The Program Director must submit a completed APE and Action Plan ([hyperlink to forms](#)) to the DIO within 60 days of the start of the new academic year.

Compliance and Reporting

Program responsibilities:

- Maintain compliant practices for resident, faculty and program evaluations
- Audit evaluation completion compliance, and include this performance metric as part of annual program and faculty evaluations (Professionalism competency)
- Maintain current Resident Training files

GME responsibilities:

- Support for Program compliance with Evaluation Standards by offering continuing education for PDs and PCs regarding the use of New Innovations for the evaluation processes outlined above.
- Creation and maintenance of shared resources - such the Annual Program Evaluation, PEC template and Final Summative Evaluation form – that are compliance with ACGME Common Program and Institutional Requirements.
- Annual Program Performance report to the Graduate Medical Education Committee (GMEC) and Medical Board including program performance metrics such as evaluation completion and APE submission compliance.

Resources

ACGME Specialty Specific Milestones

<https://www.acgme.org/What-We-Do/Accreditation/Milestones/Milestones-by-Specialty>

