

**Policy Title: Evaluation Policy**

**Original Date:** August 2001

**GMEC Endorsed:** January 2011

**Next Revision Date:** March 2012

A handwritten signature in cursive script that reads 'Susan M. Cox'.

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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).

In acknowledging these variables, each program may decide the precise mechanisms used in evaluation through customization commensurate with clinical circumstances, educational needs in compliance with ACGME Institutional and Common/Specific Program Requirements and applicable Institutional Policies governing promotion(see Graduate Medical Education Promotion Policy).

In this health care training environment, each training program as evidence of substantial compliance with ACGME requirements will observe specific and defined roles and responsibilities:

- **Sponsoring Institution/DIO –**
  - The Sponsoring Institution must provide graduate medical education (GME) that facilitates residents’ professional, ethical, and personal development. The Sponsoring Institution and its GME programs, through curricula, evaluation, and resident supervision, must support safe and appropriate patient care. (IR I.B.1)
  - The Sponsoring Institution must assure that:
    - each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements; (IR III.B.6)
    - selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements. (IR III.B.7)
    - the internal review process assesses each program’s effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies. (IR IV.A.4.f)
- **Program**
  - Faculty Evaluation (CPR V.B.)
    - At least annually, the program must evaluate faculty performance as it relates to the educational program. (CPR V.B.1)
    - These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. (CPR V.B.2)
    - This evaluation must include at least annual written confidential evaluations by the residents. (CPR V.B.3)
  - Program Evaluation and Improvement (CPR V.C)
    - The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: (CPR V.C.1)
      - resident performance; (CPR V.C.1.a)
      - faculty development; (CPR V.C.1.b)
      - graduate performance, including performance of program
      - graduates on the certification examination; and, (CPR V.C.1.c)
      - program quality. Specifically: (CPR V.C.1.d)
        - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (CPR V.C.1.d).(1))

- The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program. (CPR V.C.1.d).(2))
    - If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (CPR V.C.2)
  - The PLA will specify responsibilities for teaching, supervision, and formal evaluation of residents (CPR I.B.1.b)
- **Program Director** - The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:
  - evaluate program faculty and approve the continued participation of program faculty based on evaluation; (CPR II.A.4.d)
  - provide each resident with documented semiannual evaluation of performance with feedback; (CPR II.a.4.g) (CPR V.A.1.b).(4))
  - comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents; (CPR II.A.4.I)
  - obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident before accepting a resident who is transferring from another program; (CPR III.C.1)
  - provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion. (CPR III.C.2)
  - ensure evaluations of resident performance are accessible for review by the resident. These records may be reviewed with permission from the individual department, but copies may not be released. (CPR V.A.1.c)
  - 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: (CPR V.A.2)
    - document the resident's performance during the final period of education, and (CPR V.A.2.a)
    - verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. (CPR V.A.2.b)
  - evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. (CPR VI.D.4.a)
  - *appoint a **Clinical Competence Committee**, consisting of at least the PD and members of the faculty, which will meet periodically to review the written evaluations for each resident.*

- **Faculty**
  - 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. (CPR V.A.1.a) It is expected that these evaluations will occur no less frequently than once a quarter.

**Formative Assessment Tools:**

- *Data to be considered in the resident evaluations may include:*
  - *Rotation-based evaluations of the resident*
  - *In-service training exam scores*
  - *Procedural logs*
  - *Education conference attendance records*
  - *Scholarly activity*
  - *Reviews by faculty/residents*
  - *Formal resident self-assessment*
  - *Feedback on teaching activities*
  - *Other data as identified by the program*

*For each resident, the program must ensure that each ACGME competency will be evaluated using at least two evaluation tools*