

## PROCEDURE GME12

**Subject:**  
RESIDENT EVALUATION

**Effective Date:**  
OCTOBER 2004

**Applies to:**  
THE METHODIST HOSPITAL SYSTEM  
- GME PROGRAMS

**Date Revised/Reviewed:**  
OCTOBER 2016

**Originating Area:**  
GRADUATE MEDICAL EDUCATION COMMITTEE

**Target Review Date:**  
OCTOBER 2019

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### **I. GENERAL STATEMENT**

Each Program of graduate medical education (GME) must develop academic requirements for the educational development of its Residents. To advance in the Program, the Resident must demonstrate the appropriate competence as defined by the Program and its specialty. Thus, each Program must use the goals and objectives of its educational framework to construct an evaluation system that defines the knowledge, skills, professional behavior, and experiences expected of Residents. The Resident's performance evaluation forms must include an objective assessment of competence in each of the ACGME general competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based, and on specialty-specific Milestones or of specialty-specific competencies for non-ACGME accredited Programs.

Formative evaluations, including rotation evaluations (which may include "negative" comments), counseling at the Program level, faculty assistance, and formal Program-level efforts to improve performance (e.g., Program-level remediation) are essential to the academic process of teaching Residents. These actions are not considered Adverse Academic Actions, are not reportable to accrediting or licensing boards and agencies, are not reviewed by the GMEC or the DIO, and are not subject to the grievance processes described in the Adverse Academic Actions Procedure GME10 or the Employee Dispute Resolution Program Procedure HR09 (for nonacademic grievances).

### **II. PROCEDURE**

- A. Purpose: The first goal of a Program should be to assist all Residents to improve, including those with satisfactory and unsatisfactory performances. To do this, the Program must use methods that produce an accurate assessment of Residents' performance in the six General Competencies and should provide both formal and informal feedback to Residents. Evaluations of Residents should be used to make decisions about promotion, Program completion, remediation, and any disciplinary action. The procedures for each of these actions are specified in other policies, including GME06 and GME10.
- B. General Requirements: The evaluation system must be communicated to and understood by the Faculty and Residents. Written evaluations of Residents should be performed at least twice a year and conform to the applicable Program

Requirements. Program Directors must meet with each Resident at least semiannually (and more frequently with those experiencing difficulties) to discuss their performance. This formal evaluation includes a review of the interim evaluations and additional information from other measures of Resident performance. A written summary of the evaluation, generated and signed by the Program Director and the Resident, should be placed in the Resident's file. Residents should be given the opportunity to indicate in writing when they disagree with the written evaluations or the summary.

- C. Standards of Evaluation: The Program's standards of evaluation must be applied equally to all Residents, assure due process, and, wherever possible, be published and available to Residents.
- D. Written Notification of Negative Evaluation. Residents should be notified promptly in writing of any negative evaluation. Programs should ensure that Residents acknowledge by signature any negative evaluations and all semi-annual evaluations.
- E. Resident Record: Each Program will maintain a record of evaluations for each Resident that is accessible to the Resident and other authorized personnel. The permanent records of evaluation and any counseling sessions must be maintained in the Resident's file. A Resident may request to review his file upon reasonable written notice to the Program. Review of a file by a Resident may only occur in the presence of a Program representative (program director, associate program director or residency coordinator) Residents are not allowed to remove any documentation from their file.
- F. Summative Evaluation: Each Program Director must provide a final or summative evaluation for each Resident upon completion of the Program. The evaluation must include a review of the Resident's performance during the final period of training. The ACGME specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities and must verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision. The final evaluation must be part of the Resident's file maintained by Houston Methodist and must be accessible for review by the Resident in accordance with institutional policy.
- G. Evaluation of Residents Who Leave the Program Prior to Completion. Each Program Director must provide timely verification of residency education and summative performance evaluations for Residents who leave the program prior to completion. This evaluation must describe the resident's performance in each of the ACGME general competencies and overall. This evaluation should be completed at the time that the Resident leaves the Program. This evaluation must be part of the Resident's file maintained by Houston Methodist and must be accessible for review by the Resident in accordance with institutional policy.
- H. Evaluation of Program and Faculty. An evaluation system must include the process and opportunities for Residents to evaluate Faculty performance and Program effectiveness in writing and confidentially at least annually and for the Faculty to evaluate the Program.
  - a. All Residents must complete evaluations of their Programs and Faculty on the interval scheduled by the Program, which must at least be annually.

- b. All Residents must complete the Annual Survey of Residents' Educational and Clinical Experiences administered by the GME Department.
- c. All Faculty must complete the Annual Survey of Program administered by the GME Department.
- d. The Program must establish a Program Evaluation Committee (PEC) as described in the ACGME Program Requirements. The Program, through the PEC, 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 the following areas:
  - i. resident performance
  - ii. faculty development
  - iii. graduate performance (including performance of program graduates on the certification examination)
  - iv. program quality
  - v. Progress on the previous year's action plan(s)
- e. The Annual Program Evaluation must assess each Program's efforts toward annual improvement in these categories.
- f. 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. If deficiencies are found, the Program should prepare a written plan of action to document initiative to improve performance in the areas listed above (III.H.d.). The action plan should be reviewed and approved by the teaching faculty and documented in the PEC meeting minutes.

#### **IV. COMMITTEES REVIEWING OR APPROVING PROCEDURE:**

1. Graduate Medical Education Committee [14 October 2004] [revised 8 November 2007][14 January 2010] [13 October 2016]

#### **AUTHORITATIVE REFERENCES:**

Accreditation Council for Graduate Medical Education, Institutional Requirements IV.4 and Common Program Requirements V. ([www.acgme.org](http://www.acgme.org))