

PROCEDURE GME12

Subject:
RESIDENT EVALUATION

Effective Date:
OCTOBER 2004

Applies to:
HOUSTON METHODIST HOSPITAL SYSTEM
- GME PROGRAMS

Date Revised/Reviewed:
AUGUST 2022

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

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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 can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help Residents identify their strengths and weaknesses and target areas that need work. Program directors and faculty members recognize where residents are struggling and can address problems immediately.

Summative evaluation is evaluating a resident's learning by comparing the residents against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

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: Each ACGME Program must have a Clinical Competency Committee (CCC) as set forth and described in the Program Requirements. The CCC must a) review all Resident evaluations at least semi-annually; b) determine each resident's progress on achievement of the specialty specific Milestones; and c) meet prior to the residents' semi-annual evaluations and advise the program director regarding each Resident's progress.
- C. Feedback and Evaluation Process: The evaluation system must be communicated to and understood by the Faculty and Residents.
- a. Faculty members must directly observe, evaluate, and frequently provide formative feedback on resident performance during each rotation or similar educational assignment.
 - b. Evaluations must be documented at the completion of the assignment and should be completed in New Innovations within four (4) weeks of completion of the rotation.
 - c. For block rotations of greater than three (3) months duration, an evaluation must be documented at least every three (3) months.
 - d. The Program must provide an objective performance evaluation based on the Competencies and the specialty specific Milestones, and must use multiple evaluators (e.g. faculty, peers, patients, self and other professional staff)
 - e. The Program must provide that information to the CCC for its synthesis of progressive Resident performance toward unsupervised practice.
 - f. The Program Director or designee, with input of the CCC, must
 - i. meet with and review with each Resident their documented semi-annual evaluation of performance (and more frequently with those experiencing difficulties) including progress on achievement of the specialty-specific Milestones
 - ii. assist residents in [developing individualized learning plans](#) to capitalize on their strengths and identify areas for growth; and
 - iii. develop plans for residents failing to progress, following institutional policies and procedures.
 - g. Non-ACGME programs are encouraged to form a CCC and follow the Program Directors of non-ACGME or Non-accredited programs must meet with each Resident at least semiannually (and more frequently with those experiencing difficulties) to discuss their performance.
 - h. At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.
 - i. The evaluations of a resident's performance must be signed by the Program Director and the Resident and 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.
 - j. The evaluations of a resident's performance must be accessible for review by the resident.

- D. Final Evaluation (formerly final summative evaluation). The program director must provide a final evaluation for each resident upon completion of the program.
- a. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final evaluation must:
 - i. become part of the resident's permanent record maintained by Houston Methodist, and must be accessible for review by the resident in accordance with institutional policy;
 - ii. verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;
 - iii. consider recommendations from the Clinical Competency Committee; and,
 - iv. be shared with the resident upon completion of the program.
- E. 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. The program must provide an objective performance evaluation based on competencies and Milestones and must use multiple evaluators including: professional staff, self, patients, faculty members, and peers.
- F. 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.
- G. Evaluation of Residents Who Leave the Program Prior to Completion. Each Program Director must provide timely verification of previous educational experiences and a summative competency-based performance evaluation 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 Faculty. Each program must have a process to evaluate each faculty member's performance as it relates to the educational program, at least annually. This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.
- a. This evaluation must include regular written, anonymous, and confidential evaluations by the residents.

- b. Faculty members must receive feedback on their evaluations at least annually.
- c. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

I. Evaluation of Program

- a. The Program must establish a Program Evaluation Committee (PEC) as described in the ACGME Program Requirements.

- i. The PEC responsibilities must include:

- 1. Acting as an advisor to the Program Director through program oversight;
 - 2. Review of the Program's self-determined goals and progress toward meeting them;
 - 3. Guiding ongoing program improvement including development of new goals, based upon outcomes; and
 - 4. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the Program's mission and aims.

- ii. The PEC should consider the following elements in assessment of the Program:

- 1. Curriculum
 - 2. Outcomes from prior Annual Program Evaluations
 - 3. ACGME letters of notification, including citations, areas for improvement and comments
 - 4. Quality and safety of patient care
 - 5. Aggregate Resident and faculty:
 - a. Well-being
 - b. Recruitment and retention
 - c. Workforce diversity
 - d. Engagement in quality improvement and patient safety
 - e. Scholarly activity
 - f. ACGME Resident and Faculty Surveys
 - i. All Residents and Faculty must complete the Annual ACGME Survey
 - g. Annual GME Resident and Faculty Surveys
 - i. All Residents and Faculty must complete the Annual GME Survey administered by the GME Office
 - h. Written evaluations of the Program.
 - i. All Residents and Faculty must complete evaluations of their Programs on the interval scheduled by the Program, which must at least be annually
 - 6. Aggregate resident performance
 - a. Achievement of Milestones
 - b. In-training exams where applicable
 - c. board pass and certification rates
 - d. graduate performance
 - 7. Aggregate faculty:
 - a. evaluation
 - b. professional development

- b. The PEC must evaluate the Program's mission and aims, strengths, areas for improvement and threats.
- c. The Annual Program Evaluation must use outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

IV. COMMITTEES REVIEWING OR APPROVING PROCEDURE:

- 1. Graduate Medical Education Committee [14 October 2004] [revised 8 November 2007] [14 January 2010] [13 October 2016] [10 September 2020]

AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education, Common Program Requirements (July 2020) Section V. (www.acgme.org)