

Medical Education Policy: Resident Evaluation and Advancement - ACGME

Facility: CMC

Origin Date: 1992

Revision Date: April 2020

Sponsor: GMEC

I. PURPOSE:

Residents must be provided with timely and appropriate ongoing feedback and evaluation about performance and clinical competence relative to the competency-based educational goals and objectives of the program. Programs must be able to communicate the criteria and process of advancement to residents.

II. SCOPE:

This policy applies to only Accreditation Council for Graduate Medical Education (ACGME) accredited post-graduate training programs sponsored by Carilion Medical Center (CMC). Programs may have additional processes and requirements beyond the minimal requirements identified in this policy.

III. DEFINITIONS:

Core Competencies are the six domains delineated by the ACGME to define and evaluate outcome measures of resident education (patient care, medical knowledge, professionalism, systems-based practice, practice-based learning and improvement, and interpersonal and communication skills).

Feedback is an interactive process when faculty and others working with residents in patient care and educational settings (including patients) dialogue about observable resident behaviors with the intent of improving performance. Feedback should be based on learning objectives and goals set by the resident's attending faculty and the individual programs. Feedback should be timely (delivered as close to the occurrence of an event or activity as possible) and ongoing.

Evaluation can be both formative and summative. Formative evaluation is monitoring resident learning and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. Formative evaluation occurs at the end of each clinical rotation and is usually completed in MedHub. Summative evaluation is evaluating a resident's learning by comparing the residents against the goals and objectives of the rotation and program. 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.

Advancement is the process of resident progression through the educational program. Advancement occurs as residents acquire increasing levels of accomplishment in the Competencies and specialty-specific Milestones. Advancement decisions are usually made at the end of each academic year and are based on a summative evaluation process that reviews multiple sources of evaluation data collected throughout the year.

ACGME is the Accreditation Council for Graduate Medical Education. The ACGME provides accreditation to Graduate Medical Education (GME) programs.

Clinical Competence Committee (CCC) is a committee required in each ACGME accredited training program that is composed of at least three program faculty and is responsible for reporting Milestones to the ACGME. The CCC advises the Program Director regarding residents' progress, promotion, remediation and dismissal.

Graduate Medical Education Committee (GMEC) is the committee authorized by the Board of Directors and administration of Carilion Clinic and Carilion Medical Center to advise, monitor and evaluate all aspects of residency education. Membership is determined by GMEC policy.

Milestones: An evaluation paradigm used to evaluate residents' skills, knowledge and attitudes in the six core competencies along a developmental trajectory. Milestones only apply to ACGME accredited programs.

Program Director is the lead physician appointed by CMC and registered with the appropriate ACGME Residency Review Committee to provide academic and administrative oversight of the residency program and to ensure that residents progress through the program in an appropriate fashion.

Resident refers to all interns, residents, and fellows participating in CMC post-graduate training programs.

Residency Program refers to post-graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

IV. PROCEDURE:

A. Feedback:

1. Each program must have a process in place to ensure that residents receive appropriate and timely feedback throughout each educational rotation.
2. Feedback should be based on learning objectives and goals set by the residents and programs.
3. Feedback must be based on observable behaviors and must be given with the intent of improving performance.

B. Clinical Competence Committee (CCC):

1. Each program will have a CCC. The CCC must be appointed by the Program Director.

A. Membership:

1. At a minimum the CCC must include three members of the program faculty, at least one of whom is core faculty.
2. Additional member must be faculty members from the same program or other programs, other health professionals who have extensive contact and experience with the program's residents.

B. The CCC must:

1. Review all resident evaluations at least semi-annually
2. Determine each resident's progress on achievement of the specialty-specific Milestones
3. Meet prior to the resident's semi-annual evaluations and advise the program director regarding each residents' progress.

- C. The program director has final responsibility for the evaluation and promotion decisions involving residents.

C. Formative Evaluation:

1. Each program must provide residents with ongoing formative evaluation.
2. The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones.
3. Programs must use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff) to evaluate residents.
4. Programs must provide this information to the Clinical Competency Committee (CCC) for its synthesis of progressive resident performance and improvement toward unsupervised practice.
5. At a minimum, formative evaluation must occur after each clinical rotation. If a clinical rotation lasts greater than three months, the evaluation must be documented at least every three months.

6. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
7. Each program will define the evaluation forms to be utilized by faculty when completing formative evaluations. These forms must be available on MedHub unless an extenuating circumstance prevents the use of MedHub.
8. A copy of all completed evaluation forms must be kept in the residents' educational files.
9. Residents must have the opportunity to review all completed evaluations forms in a timely fashion. Programs should encourage direct communication of formative evaluations by the faculty to the residents.
10. All decisions to fail a resident on an educational rotation must be verbally communicated to the resident in a timely fashion, preferably no later than two weeks after completing the rotation and/or the determination to fail the resident.
11. Residents may utilize the Redress of Grievances Policy if they disagree with a completed evaluation.

D. Semi-Annual Evaluations:

1. The program director or a designee, with input from the CCC must:
 - A. Meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones.
 - B. Assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
 - C. Develop plans for resident failing to progress, following institutional policies and procedures.
 - D. Semi-annually report to the ACGME the specialty-specific Milestones for each resident via the Accreditation Data System (ADS).

E. Summative Evaluation and Advancement Decisions:

1. Programs must complete an annual summative evaluation of each resident that includes their readiness to progress to the next year of the program. These evaluations must be accessible for review by the resident.

2. Programs should identify outcome measures to guide advancement decisions. Outcome measures should be communicated to residents.
3. Advancement decisions are made by the Program Director with input from the CCC.
4. Residents who fail to achieve increasing levels of competency in the core competency based programmatic goals and objectives and Milestones may be required to repeat all or part of an academic year and to extend their training program. Residents who fail to be advanced may be subjected to disciplinary actions as defined in the Academic Behavioral Discipline policy.
5. Residents who fail to advance in the program may be subjected to non-renewal of their contract as described in the Reappointment of Residents policy.
6. Residents may utilize the Redress of Grievances Policy if they disagree with a decision to not be advanced in the program.

F. Final Evaluation:

1. The Program Director must provide a final evaluation for each resident upon completion of the program.
2. 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.
3. The Final Evaluation must:
 - A. Become part of the resident's permanent record which is maintained by the institution.
 - B. Must be accessible for review by the resident.
 - C. Verify the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice.
 - D. Consider recommendations from the CCC
 - E. Be shared with the resident upon completion of the program.

USMLE Step 3 / COMLEX Level 3 and Advancement Decisions: See USMLE Step 3/COMLEX level 3 Policy.

Name	Title	Dept./Committee	Date
Daniel Harrington, MD	DIO	GMEC	February 19, 2008
Daniel Harrington, MD	DIO	GMEC	January 1, 2011
Donald W. Kees, MD	DIO	GMEC	February 25, 2014
Donald W. Kees, MD	DIO	GMEC	August 15, 2017
Donald W. Kees, MD	DIO	GMEC	April 21, 2020