

Medical Education Policy: Evaluation and Advancement – Podiatry Residency

Facility: CMC

Origin Date: 1992

Revision Date: September 2020

Sponsor: GMEC

I. PURPOSE:

Residents must be provided with timely and appropriate ongoing feedback and evaluation about their 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 for advancement to residents.

II. SCOPE:

This policy applies to all Council of Podiatric Medical Education (CPME) accredited Podiatric Medicine and Surgery post-graduate training programs sponsored by Carilion Medical Center (CMC). The program may have additional processes and requirements beyond the minimal requirements identified in this policy.

III. DEFINITIONS:

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

Feedback is an interactive process where faculty and others (including patients) working with residents in patient care and educational settings communicate 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 program. Feedback should be timely (delivered as close to the occurrence of an event or activity as possible) and ongoing.

Evaluation is a process whereby faculty or others involved in resident education and patient care provide written and oral summaries of a resident's performance judged against expected levels of achievement for a particular stage of resident training. Evaluation can be both formative and summative.

1. Formative evaluation – Assessment of a resident with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors

that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score

2. Summative evaluation – Assessment with the primary purpose of establishing whether or not performance measured at a single defined point in time meets established performance standards which is permanently recorded in the form of a grade or score.

Advancement is the process of resident progression through the educational program. Advancement occurs as residents acquire increasing levels of accomplishment in the core-competency based programmatic goals and objectives. 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 that year.

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

Program Director is the podiatrist appointed by the institution and registered with CPME 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 podiatric medical education program accredited by CPME

APMLE Step 3 (American Podiatric Medical Licensing Examination) is the final step in the examination process used by the National Podiatric Board of Medical Examiners to assess a podiatrist's ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective patient care. State licensing boards may utilize the results of the APMLE examinations in their decision to grant a license to practice podiatric medicine independently.

IV. PROCEDURE:

A. Feedback:

1. The 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 faculty and program.

3. Feedback must be based on observable behaviors and must be given with the intent of improving performance.

B. Formative Evaluation:

1. The program must provide residents with ongoing formative evaluation.
2. Formative evaluation must occur, at a minimum, after each clinical service. If a clinical service lasts greater than two months, then formative evaluation must occur every two months as well as at the conclusion of the service.
3. The 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.
4. A copy of all completed evaluation forms must be kept in the residents' educational files.
5. Residents must have the opportunity to review all completed evaluation forms in a timely fashion. The program encourages direct communication of formative evaluations by the faculty to the residents.
6. 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 the later of completing of the rotation and/or the determination to fail the resident.
7. Residents may utilize the Redress of Grievances Policy if they disagree with a completed evaluation.

C. Quarterly Evaluations:

1. The program should provide quarterly evaluations on all residents unless program specific standards require a more frequent interval.
2. The quarterly evaluation process should summarize evaluations completed during the current academic year to the date of the evaluation.
3. Quarterly evaluations should be reviewed by and preferably with the resident. Copies should be maintained in the resident's file.
4. Residents may utilize the Redress of Grievances Policy if they disagree with a completed semiannual evaluation.

D. Summative Evaluation and Advancement Decisions:

1. Programs must complete an annual evaluation and assessment of progression on all residents in accordance with the residency specific guidelines defined by the CPME.
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 program faculty.
4. Residents who fail to achieve increasing levels of competency in the core-competency based programmatic goals and objectives may be required to repeat all or part of an academic year and to extend their training program.
5. Residents who fail to be advanced may be subjected to disciplinary actions as defined in the Academic Behavioral Discipline policy.
6. 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.
7. Residents may utilize the Redress of Grievances Policy if they disagree with a decision to not be advanced in the program.

Name	Title	Dept./Committee	Date
Donald W. Kees, MD	DIO	GMEC	February, 2014
Donald W. Kees, MD	DIO	GMEC	September 19, 2017
Donald W. Kees, MD	DIO	GMEC	September 15, 2020