

<b>Hospital-wide Policy</b>	<b>Title:</b> Evaluation Standards (includes CCC and PEC)
<b>Issuing Department:</b> Educational Office	<b>Effective Date:</b> September, 2019
IMPORTANT NOTICE: The official version of this policy is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.	

**I. Purpose**

Tufts Medical Center must ensure that resident, faculty and program performance is continually monitored and assessed. A variety of evaluation methods are necessary for trainees and faculty to develop appropriate individualized goals and learning objectives, judge milestone achievement, and make decisions regarding promotion, academic or professional enhancement, probation, suspension, non-promotion, non-renewal, or dismissal.

Successful completion of an accredited training program should prepare residents to pass applicable board certification examinations and indicate sufficient competence to enter practice without direct supervision.

**II. Scope**

All Tufts Medical Center residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME).

**III. Policy**

Resident and fellow education constitutes a progressive learning experience within a complex patient care environment. In order for the residents/fellows to develop mature clinical judgment and acquire the procedural skills necessary to perform in a safe and efficient manner, there must be ongoing assessment and feedback involving all elements of the system (residents, faculty and program). Each Tufts MC-sponsored ACGME-accredited program shall develop and maintain regular, incremental evaluation of residents, faculty, and the program.

**IV. Procedure**

Evaluations shall be completed and monitored according to ACGME common and program requirements as well as institutional norms.

**Confidentiality:**

Faculty evaluators should be aware that evaluations of resident/fellow performance must be accessible for review by the trainee so they have an opportunity to discuss a poor evaluation, and identify areas of deficient performance for resolution with the faculty who provided the evaluation.

Evaluations by non-faculty evaluators (nurses, PA's, peers, etc.) are confidential and the trainee is not provided information as to who provided the evaluation.

In New Innovations there is an option that can be added to Evaluation Forms for the evaluator to send confidential comments to the Program Director. These comments can only be seen by the Program Director and by no one else.

Each program maintains a trainee file that must include, at a minimum, the semi-annual reviews and a final summative evaluation. In addition, any disciplinary or remediation materials should also be retained. The remainder of a trainee's information can be stored in NI if the program chooses. All programs maintain physical files; electronic evaluations are maintained in New Innovations into perpetuity.

Results of evaluations provided now may be accessible into the future, as may be required by credentialing verification procedures throughout the trainee's career.

**Clinical Competency Committee:**

The program director must appoint a Clinical Competency Committee.

At a minimum, the Clinical Competency Committee must be composed of three members of the program faculty. Other eligible participants on the CCC include faculty from other programs and non-physician members of the health care team.

There must be a written description of the responsibilities of the CCC and the committee should provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice using specialty-specific milestones and document progressive resident performance improvement appropriate to the educational level of the resident at least semi-annually.

The CCC must also prepare and assure the reporting of Milestones evaluations of each resident semi-annually to the ACGME and advise the program director regarding resident progress, including promotion, remediation and dismissal.<sup>1</sup>

## **Resident Performance Evaluation:**

Evaluation of resident performance includes the following activities:

1. **Formative Evaluations of Residents by Faculty:**

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational experience and document this evaluation within two weeks of completion of the assignment. The faculty evaluation of the resident should indicate if the trainee successfully completed the rotation or learning experience. Faculty must provide written and verbal feedback. At a minimum, performance should be evaluated in writing, at least quarterly, so that potential learning deficiencies do not go unrecognized. Most programs do this already, using the rotation evaluations as the source of the written feedback. Other programs use 360 evaluations and incorporate the findings into New Innovations or find some other mechanism to provide the feedback to the resident. Such formative evaluations do not require a one to one meeting with the resident and program director, such as is outlined in the requirements for a semi-annual evaluation (#2 below).

Resident notification of completed evaluations should be set up in New Innovations by requiring residents to sign off on the evaluation. The evaluations must indicate the name of the evaluating faculty so the resident has an opportunity to follow up with that faculty and rectify any concerns or deficiencies identified in the evaluation.

2. **Semi-Annual Evaluations:** Program director must provide each resident with a one to one documented performance evaluation summary at least semi-annually, incorporating input from the Clinical Competency Committee.

3. **Source of Evaluation Input:** Program directors must obtain and incorporate evaluative input from multiple sources as appropriate/available for the specialty or service. Examples of potential sources include peers, patients/families, self-assessment, nurses, administrative or support staff, students, other medical professionals, in-training exam results, and records of direct observations. Certain RRCs may specify types of non-attending evaluators. In certain cases, some evaluations by non-physician staff or by peers may be withheld from the resident and only released in a summative form or combined with other evaluations during the semi-annual reviews.

4. **Summative Evaluations:** The Program director must provide each resident with a documented final summative evaluation report on completion of the program or if the resident is dismissed or transfers to another program. The evaluation must be competency based and indicate if the trainee is competent to enter practice without direct supervision, incorporating input from the Clinical Competency Committee.

5. Other Resident Evaluation Types: Program RRC's may require other types of evaluations, such as for continuity clinic or mini-CEX.

### **Faculty Performance Evaluation:**

1. Resident Evaluation of Faculty: Residents must be given the opportunity to submit written confidential evaluations of the faculty at the end of every rotation for larger programs or at least quarterly.
2. Confidentiality: Resident evaluator names are not included in evaluations released to the faculty. Programs maintain confidentiality by holding completed evaluations until a sufficient number to ensure anonymity is attained or by aggregating evaluations and providing them to faculty in an annual summary report.
3. Ongoing Monitoring of Faculty Performance: The 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. Program directors monitor faculty performance on an ongoing basis. Monitoring systems may include automated alerts set up to flag low evaluation scores on resident end-of-rotation evaluations, by ongoing surveillance of end-of-rotation evaluations, or by regular verbal communication between program directors and residents regarding learning and training experiences with the faculty.
4. Notification of Faculty Performance: Division Chiefs and/or Department Chairs shall be provided reports of faculty performance at least annually or within one month of an unsatisfactory evaluation score from more than one resident. Faculty members must receive feedback on their evaluations at least annually.
5. Other Uses of Faculty Evaluations: The Program Director may release the summary report to the Department Chair in Departments where faculty evaluations are used as part of ongoing professional practice evaluation activities for reappointment or in Departments where faculty evaluations by trainees are used for faculty promotions.

### **Program Evaluation and Improvement:**

1. Requirement for Annual Program Evaluation: Programs must offer faculty and residents an annual opportunity to provide anonymous *written* feedback. The program evaluations may be conducted through New Innovations. Handwritten evaluations do not meet the requirement for anonymity.
2. Confidentiality of Program Evaluations: To maintain the anonymity of evaluators, Program Directors may choose to use the *Program Evaluation* section of the New Innovations evaluation module or allow faculty and residents to provide written

evaluations either through questionnaire or narrative evaluations. In one year training programs, Program Directors should wait until after the resident has completed the program to review that residents' evaluation of the program.

### **Program Evaluation Committee:**

The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.

At a minimum, the Program Evaluation Committee must be composed of at least two program faculty members and one resident.

There must be a written description of the responsibilities of the PEC. (Please refer to the written description template provided by the GME Office for responsibilities and oversight of the PEC.

### **Rotation Evaluations:**

Programs must offer residents opportunities to provide confidential written evaluative input on their rotations at least annually. In order to maintain confidentiality of residents programs have the following options:

1. Resident evaluation of Rotation - Residents must be given the opportunity to submit confidential evaluations of rotations at least annually.
2. Maintaining Confidentiality: In small programs with four or fewer residents, Program may choose to maintain confidentiality by either holding completed evaluations until a sufficient number is reached and then releasing the evaluations, or by making evaluations aggregated and provided to the program director annually in a summary report.

### **Compliance and Reporting:**

The GME Office monitors completion rates for various evaluation types and periodically, but at least annually, provides reports of its monitoring activities to the GMEC. Faculty compliance with resident evaluation requirements and an evaluation of faculty performance by the residents are measures of faculty professionalism that Department Chairs or Division Chiefs may decide to incorporate into the Department's ongoing professional practice evaluation of faculty.

### **Reappointment or Promotion:**

Residents' advancement to a position of higher responsibility is made on the basis of an evaluation of their readiness for advancement and is not automatic. Reappointment and promotion are contingent upon mutual agreement and review of

performance. Residents are reappointed for a period of not more than one (1) year per cycle.

See “Promotion and Advancement Policy”

**Performance Feedback to Faculty:**

Faculty performance should be discussed during any faculty review process conducted by the Department Chair or Division Chief or at least annually. The faculty member’s continued participation in the training programs should be mutually agreed upon with feedback and input from the Program Director.

**V. References**

ACGME Common Program Requirements effective July 1, 2019.