



Policies and Procedures

Policy MFMR11	Evaluation of Residents, Faculty, and Program Policy
Effective Date:	10/26/2022
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References:	

Purpose

The purpose of this policy is to ensure that the quality of Graduate Medical Education program at Methodist Medical Center of Oak Ridge ensures that MMC GME residents, fellows, faculty, and training programs are evaluated as required in the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, and Family Medicine Residency Program Requirements.

Scope

All MMC administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both the Graduate Medical Education program and resident appointments at Methodist Medical Center Residency.

Faculty evaluation and feedback of residents

1. Faculty members must directly observe, evaluate, and provide frequent feedback on resident performance during each rotation or similar educational assignment.
2. Evaluation must be documented at the completion of the assignment.
 - a. Continuity clinic and other longitudinal experiences, in the context of other clinical responsibilities, must be evaluated using shift cards for an on-demand evaluation.
3. Clinical Competency Committee (CCC)
 - a. A Clinical Competency Committee must be appointed by the program director.
 - b. At a minimum, the Clinical Competency Committee must include three (3) members of the program faculty, at least one (1) of whom is a core faculty member.
 - c. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
4. The Clinical Competency Committee must:
 - a. Review all resident evaluations at least semi-annually;
 - b. Determine each residents progress on achievement of the Family Medicine Milestones; and
 - c. Meet prior to the resident semi-annual evaluations and advise the program director regarding each residents progress.

Resident Evaluation

1. Evaluation concerning performance and progression in the residency shall be provided to the resident throughout the duration of the program.
2. Assessments and evaluations will measure performance against curricular standards.
3. A primary activity within a residency program is to identify deficiencies in a resident's academic performance.
 - a. The purpose of this requirement is to provide the resident with notice of deficiencies and the opportunity to cure.
 - b. This requires ongoing monitoring for early detection, before serious problems arise.
4. The resident will be provided with a variety of supervisors, including clinical supervisors, resident trainers, and faculty advisors, with whom to discuss professional and personal concerns.
5. In addition to personal discussions, the resident will receive routine verbal feedback and periodic written evaluations on his or her performance and progress in the program. These measurements should highlight both positive performance and deficiencies.
6. The resident must have the opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.
7. At the end of each rotation, the resident will have an ACGME, competency-based, global assessment of performance for the period of assignment.
 - a. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation within 7 days of completion of the rotation or assignment.
 - b. Evaluations must be immediately available for review by the resident. Resident notification of completed evaluations should be set up in New Innovations by requiring that residents sign off electronically on the evaluation.
8. In addition to the global assessment evaluation by faculty members, multisource methods and evaluators will be used to provide an overall assessment of the resident's competence and professionalism.
9. The program must provide an objective performance evaluation based on the Competencies and the Family Medicine Milestones.
 - a. This performance evaluation must use multiple methods and evaluators including:
 - i. Narrative evaluations by faculty members and non-faculty evaluators
 - ii. Evaluations from other professional staff members
 - iii. Clinical competency examinations
 - iv. In-service examinations
 - v. Medical record reviews
 - vi. Peer evaluations
 - vii. Resident self-assessments
 - viii. Patient satisfaction surveys
 - ix. Direct observation evaluation
 - b. This information must be provided to the CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice data.

10. Non-cognitive skills and behaviors are observed and measured as an integral part of the evaluation process. Professionalism must be demonstrated, including the incorporation of a positive attitude and behavior along with moral and ethical qualities that can be objectively measured in an academic/clinical environment.
11. Residents will be evaluated on both clinical and didactic performance by faculty, other residents.
12. Semi-Annual Evaluation
 - a. At least twice in each Post-Graduate Year, the residency director, or their designee, with input from the Clinical Competency Committee, must:
 - i. Meet with each resident and fellow to review his or her documented semiannual evaluation of performance.
 1. This must include progress along the Family Medicine Milestones.
 2. The resident must be provided a copy of the evaluation.
 - ii. Assist residents in developing individualized learning plans to capitalize on their strengths and to identify areas for growth; and
 - iii. Develop plans for residents failing to progress, following institutional policies and procedures.
13. Resident Progression Evaluation
 - a. At least annually, each resident must be given a summative evaluation that includes her or his readiness to progress to the next year of the program.
 - b. Documentation of these meetings, supervisory conferences, results of all resident evaluations, and examinations will remain in the resident permanent educational file and be accessible for review by the resident.
14. Final Evaluation
 - a. At the end of a residency, upon completion of the program, the program director must provide a final evaluation for each resident.
 - b. Family Medicine Milestones, and, when applicable, the specialty-specific case logs, must be used as tools to ensure that residents are able to engage in autonomous practice upon completion of the program.
 - c. The final evaluation must:
 - i. Become part of the resident permanent record maintained by the program with oversight of the Institution, 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 CCC; and
 - iv. Be shared with the resident upon completion of the program.

Faculty Evaluation

1. Faculty evaluations are performed annually by department chairs, in accordance with the ACGME requirements.
2. The program director must establish and use a process to evaluate each faculty member's performance as it relates to the educational program.
 - a. This evaluation must occur at least annually.
 - b. The 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.

- c. This evaluation must include written, anonymous, and confidential evaluations by the residents.
3. These faculty evaluations must be aggregated, made anonymous, and provided to faculty members annually in a summary report.
 - a. This summary may be released as necessary, with program director review and approval, in instances where evaluations are required for faculty promotions.
 - b. Programs must not allow faculty members to view individual evaluations by residents.
4. Program directors must maintain continuous and ongoing monitoring of faculty performance. This may include:
 - a. Automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents,
 - b. Regular surveillance of end-of-rotation evaluations, and
 - c. Regular verbal communication with residents regarding their experiences.
5. The program director should notify the appropriate department chair(s) when a faculty member receives unsatisfactory evaluation scores.
6. Faculty performance must be reviewed and discussed during the annual faculty evaluation review process conducted by the chair or division.
7. Faculty members must receive feedback on their evaluations at least annually.
8. Results of the faculty educational evaluations should be incorporated into program wide faculty development plans.

Program Evaluation and Improvement

1. The PEC should consider the following elements in its assessment of the program:
 - a. Curriculum
 - b. Outcomes from prior APEs
 - c. ACGME LONs including citations, areas for improvement, and comments
 - d. Quality and safety of patient care
 - e. Aggregate resident and faculty:
 - i. Well-being
 - ii. Recruitment and retention
 - iii. Workforce diversity
 - iv. Engagement in PS/QI
 - v. Scholarly activity
 - vi. ACGME Resident and Faculty Surveys
 - vii. Written evaluations of the program (annual GME survey)
 - f. Aggregate resident:
 - i. Achievement of the Milestones
 - ii. In-training examinations
 - iii. Board pass and certification rates
 - iv. Graduate performance
 - g. Aggregate faculty:
 - i. Evaluation
 - ii. Professional development
2. The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must:
 - a. Be distributed to and discussed with the members of the teaching faculty and the residents; and

- b. Be submitted to the DIO.
- 3. The program must complete a self-study prior to its 10-year accreditation site visit, a summary of which must be submitted to the DIO.