RESIDENT EVALUATION

Each accredited program is responsible for utilizing appropriate methods of performance evaluation of residents consistent with ACGME common program requirements and the requirements of its Residency Review Committee (RRC). Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. Each residency program’s evaluation policies and procedures must be in writing.

Residents will be evaluated on their competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Additionally, all residents are expected to be in compliance with GMEC and University of Tennessee Health Science Center policies which include but are not limited to the following:

- University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. Each program’s QIC/CCC should review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program’s QIC/CCC are protected from discovery, subpoena or admission in a judicial or administrative proceeding.

1. Procedure
   a. The Program Director must appoint the members of the QIC/CCC.
      i. The QIC/CCC must be composed of at least 3 members of the program’s faculty.
      ii. Others eligible for appointment to the QIC/CCC include faculty from other programs and non-physician members of the healthcare team.
      iii. All members should work directly with the program’s residents on a regular basis.

1 Residents in the University of Tennessee Graduate Medical Education Program are subject to the University’s Personnel Policies and Procedures and University work rules. Copies of all applicable policies, procedures and work rules are available from each Department Chair, the University’s Human Resources Office located at 910 Madison Ave., Suite 722 (448-5600); or each department’s business manager. Policies and procedures can also be located at the following websites: http://www.uthsc.edu/policies as well as the University of Tennessee System website http://humanresources.tennessee.edu/
b. Responsibilities of the QIC/CCC include:
   i. Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
   ii. The Committee will select a Committee Chair.
   iii. Review all resident evaluations semi-annually.
   iv. Complete the standard specialty Milestone reporting form; ensuring reporting of Milestone evaluations of each resident semi-annually to ACGME through direct entry into ADS, or other methods as directed by ACGME policy.
   v. Make recommendations to the Program Director regarding resident progress, including promotion, remediation and dismissal.
   vi. Make recommendations to the Program Director for additional or revised formative evaluations needed to assess resident’s performance in the Milestone sub-competency levels.

Formative Evaluation

1. Faculty must evaluate residents in a timely manner during and after each rotation/educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form. Faculty attending will complete this online evaluation to document resident performance at the end of each rotation/educational assignment or quarterly, whichever is more frequent.

2. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation; e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.

3. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.

4. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident’s competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.

5. Using input from peer review of these multiple evaluation tools by the Quality Improvement Committee, the program director will prepare a written summary evaluation of the resident at least semi-annually. The program director or faculty designee will meet with the resident at the end of each six month period of training to review the overall evaluation and discuss the resident’s strengths as well as plans for improvement. The program director (or designee) and resident are required to sign the written summary that will then be placed in the resident’s confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
6. If adequate progress is not being made, the resident should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:

- Competency-based deficiencies;
- The improvements that must be made;
- The length of time the resident has to correct the deficiencies; and
- The consequences of not following the improvement plan.

Improvement plans must be in writing and signed by both the program director and resident.

7. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide at least four (4) months notification to the resident (March 1 for most residents) if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs during the last four months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the contract.

**Summative Evaluation**

1. At the end of each residency year, the program director will provide a summative evaluation for each resident documenting progression or promotion to the next year. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program’s QIC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident will be placed in the confidential resident file.

2. The program director will also provide a summative evaluation upon completion of the program. This evaluation will become part of the resident’s permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program summative evaluation will include:

- Documentation of the resident’s performance during the final period of education, and
- Verification that the resident has **demonstrated sufficient competence to enter practice without direct supervision.**