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 based on the Competencies and the specialty-specific Milestones. 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[1], 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. A QIC/CCC must be appointed by the program director.
        i. At a minimum, the QIC/CCC must include 3 members of the program's faculty, at least one of whom is a core faculty member.
        ii. Others eligible for appointment to the QIC/CCC include faculty from the same and other programs, or other health professionals who have extensive contact and experience with the program's residents.
        iii. All members should work directly with the program's residents on a regular basis.
    b. Responsibilities of the QIC/CCC include:

[1] [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/

i. Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
ii. The Committee will select a Committee Chair, which cannot be the program director.
iii. Review all resident evaluations at least semi-annually.
iv. Determine each resident's progress on achievement of the specialty-specific Milestones.
v. Meet prior to the residents' semi-annual evaluation.
vi. Advise the Program Director regarding each resident's progress.
vii. 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 members must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar 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.
    a. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
    b. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
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. The program must provide assessment information to the QIC/CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
6. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The program director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the

specialty-specific Milestones and 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.

7. 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.
8. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide a written notice of intent to the resident at least 30 days prior to the end of the resident's current 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 within the last 30 days of the contract period, the residency program must give the resident as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each resident documenting their readiness to progress to the next year of the program, if applicable. 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/CCC. 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 final 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 final evaluation must:

- Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure residents are able to engage in autonomous practice upon completion of the program.
- Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
- Consider recommendations from the QIC/CCC.