



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean for Graduate
Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: April 15, 2019

RESIDENT, FACULTY, AND PROGRAM EVALUATION

Policy Statement

The Common Program Requirements of the ACGME require each program to monitor the development of its trainees as they strive to meet the educational goals and objectives of the program and achieve competency in the Milestones. Programs are also required to evaluate faculty and program performance to improve teaching, scholarship, professionalism, and quality care and to develop ways to improve its mission to train quality physicians. This policy outlines the requirements for documenting and assessing resident, faculty and program performance.

Who Needs to Know This Policy

This policy applies to all residents and fellows who participate in an ACGME-accredited post graduate medical education (GME) training program sponsored by the George Washington University School of Medicine and Health Sciences (SMHS).

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

APPROVED BY GMEC: November 17, 1997
REVISED AND APPROVED BY GMEC: March 18, 2002, Feb. 24, 2003
REVISED AND APPROVED BY GMEC: December 15, 2008
REVISED AND APPROVED BY GMEC: April 15, 2019

Policy

1. Each residency program must have a written policy governing the program's process for evaluation of the residents by the faculty and evaluation of the faculty and program by the residents.
2. Program policies must be approved by the GME Committee and distributed to residents and faculty.
3. Programs are required to utilize the MedHub data system to create evaluation forms to assess resident and faculty performance.

Requirements

Resident Evaluations:

Each program must have a Clinical Competency Committee (CCC) appointed by the Program Director. Membership on the CCC must be in compliance with Program Requirements. The Clinical Competency Committee must review all resident evaluations at least semi-annually; determine each resident's progress on achievement of the specialty-specific Milestones; and meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

Feedback and Evaluation:

1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
2. Evaluations must be documented at the completion of the assignment.
 - a. For block rotations of greater than three months in duration, evaluations 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.
3. The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones. Evaluations must:
 - a. use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members);
 - b. provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.
4. The program director or their designee, with input from the Clinical Competency Committee, must:
 - a. meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
 - b. assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth;
 - c. develop plans for residents failing to progress, following institutional policies and procedures.

Summative Evaluation:

At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident.

Final Evaluation:

1. The program director must provide a final evaluation for each resident upon completion of the program.
2. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.
3. The final evaluation must:
 - a. become part of the resident's permanent record maintained by the institution;
 - b. must be accessible for review by the resident in accordance with institutional policy;
 - c. verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;
 - d. consider recommendations from the Clinical Competency Committee;
 - e. be shared with the resident upon completion of the program.

Faculty Evaluation:

1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.
2. 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.
3. This evaluation must include written, anonymous, and confidential evaluations by the residents.
4. Faculty members must receive feedback on their evaluations at least annually.
5. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

Program Evaluation and Improvement:

1. 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.
2. The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.
3. Program Evaluation Committee responsibilities must include:
 - a. acting as an advisor to the program director, through program oversight;
 - b. review of the program's self-determined goals and progress toward meeting them;
 - c. guiding ongoing program improvement, including development of new goals, based upon outcomes;
 - d. review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
4. The Program Evaluation Committee should consider the following elements in its assessment of the program:
 - a. curriculum; outcomes from prior Annual Program Evaluations(s); ACGME letters of notification, including citations, areas for improvement, and comments; quality and safety of patient care;
 - b. aggregate resident and faculty – well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and written evaluations of the program.
 - c. aggregate resident – achievement of the Milestones; in-training examinations (where

applicable); board pass and certification rates; and graduate performance.

d. aggregate faculty – evaluation and professional development.

5. The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the residents and be submitted to the DIO.