

University of Colorado School of Medicine

Graduate Medical Education

Policy: Evaluation & Promotion Policy (Resident, Faculty, and Program)		
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In this document, “Resident” refers to both specialty Residents and subspecialty Fellows.

Policy:

All CUSOM Graduate Medical Education training programs, including those not accredited by ACGME, are required to utilize the MedHub data system to create evaluation forms to assess Resident and Faculty performance. As part of the Common Program Requirements (V.), supervising Faculty must evaluate the Resident’s performance in a timely manner during each rotation or similar educational experience or assignment, and document the evaluation at the completion of the assignment.¹ The Resident’s performance evaluation must include an objective assessment of competence in the ACGME competencies based on the specialty-specific Milestones, use evaluations by multiple evaluators, and document progressive Resident performance improvement appropriate to educational level.

The program must evaluate Faculty performance as it relates to educational program at least annually. The Faculty performance evaluation must include at least annual written confidential evaluations by the Residents.

The Residents and Faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

Resident Performance Evaluation:

The Program Director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must include three members of the program Faculty, at least one of whom is a core faculty member. Additional members of the CCC 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.² Inclusivity should be an important consideration in the appointment of Clinical Competency Committee members, allowing for diverse participation to ensure fair evaluation.³

The CCC must⁴:

1. Review all Resident evaluations at least semi-annually,

¹ ACGME Common Program Requirements V.A.

² ACGME Common Program Requirements V.A.3.

³ ACGME Common Program Requirements Background and Intent V.A.3.a).(1)

⁴ ACGME Common Program Requirements V.A.3.b

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2. Determine each Resident's progress on achievement of the specialty-specific Milestones, and
3. Meet prior to the resident's semi-annual evaluations and advise the Program Director regarding each Resident's progress

Formative evaluation of Resident performance includes the following activities:

1. Faculty evaluation of Residents must be completed within 2 weeks following each rotation or educational experience (no less than quarterly) and must be available for review by the Resident. Resident notification of completed evaluations should be set up in MedHub by requiring that the Residents sign off on the evaluation.
2. 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 based on the specialty-specific Milestones.
3. Multiple Evaluators - Program Directors must obtain and incorporate evaluative input from multiple sources, as appropriate/available for the specialty or service, such as peers, patients/families, self-assessment, other medical professionals, administrative and support staff, and students.
4. Program Directors must provide each Resident with a documented performance evaluation summary at least semi-annually, incorporating input from the Clinical Competency Committee.
5. Evaluations of performance must be accessible for review by the Residents.
6. Summative Evaluation (Promotion): Each program must determine the criteria for promotion. Residents' advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement and is not automatic. Reappointment and promotion are contingent on mutual agreement, and an annual, summative review of satisfactory or better performance by the Program Director and Clinical Competency Committee. Residents may be reappointed for a period of not more than one (1) year.
7. Final Evaluation: The Program Director must provide a Final Evaluation for each Resident upon completing/leaving the program. Specialty-specific Milestones must be used as one of the tools to ensure Residents are able to practice core professional activities without supervision upon completion of the program. This evaluation must:⁵
 - a. Become part of the Resident's permanent record maintained by the institution, and must be accessible for review by the Resident
 - b. Verify that the Resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice
 - c. Be shared with the Resident upon completion of the program

Non-Standard (non-ACGME) Training (NST) Programs:⁶ The following are the only resident assessment requirements for programs with NST trainees.

1. No later than three months from the NST trainee's starting date in the NST program, each NST program director must complete an initial competence assessment of each NST trainee in the NST program, including an ACGME Milestones assessment from the most

⁵ ACGME Common Program Requirements V.A.2.a.2

⁶ ACGME Requirement for SIs with Non-Standard Training Programs for J-1 Visa Sponsorship II.C.1.a), II.C.1.c), II.C.2.

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closely related ACGME-accredited specialty or subspecialty. At this time the NST program director or the NST program director's designee must develop an individualized learning plan with the resident, using the Milestones assessment to help direct resident goals⁷.

2. Faculty must complete written evaluations of trainees in a timely manner following each rotation or educational experience, and not less than quarterly. During the first 3 months of the program, faculty should provide evaluations of trainees on a monthly basis.
3. For the first year of the program, the program should convene a Clinical Competency Committee quarterly with at least 1 faculty member and program leadership to review the trainee's evaluations.
4. For each NST trainee appointed to an NST program, the NST program director or the NST program director's designee must meet with the NST trainee to review a semi-annual evaluation of the NST trainee's performance, which includes written evaluations of the trainee by faculty, and update the resident's individualized learning plan.
5. Each NST program director must provide a summative evaluation for each NST trainee upon the NST trainee's completion of, or separation from, the NST program.

Faculty Performance Evaluation:

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. This evaluation must include written, anonymous, and confidential evaluations by the residents. Results of the faculty performance evaluations should be incorporated into program-wide faculty development plans.⁸

1. Resident evaluation of Faculty – Residents must be given the opportunity to submit written, anonymous, and confidential evaluations of Faculty members at least annually. Programs must not allow Faculty to view these individual evaluations by Residents. Resident evaluations of Faculty must be aggregated and made anonymous. The Program Director must review the aggregated evaluation report prior to release to Faculty members for their annual review. This summary may be released as necessary with Program Director review and approval in instances where evaluations are required for Faculty promotions.
 - a. In order to maintain confidentiality of Faculty performance evaluations, small programs with four or fewer Residents may use one of the following:
 - i. Aggregate the Faculty evaluations for the subspecialty and core residency programs to increase anonymity. Generalize and group Residents' comments to avoid identifying specific Resident feedback.
 - ii. Aggregate Faculty performance evaluations across multiple academic years.
 - iii. For one year training programs, review Resident feedback after the Resident completes the program.
2. Program Directors must maintain continuous and ongoing monitoring of Faculty performance. This may include automated alerts regarding low evaluation scores on evaluations by Residents, regular surveillance of evaluations, and regular verbal communication with Residents regarding their experiences.

⁷ V.A.1.d).(2) ACGME Common Program Requirements

⁸ V.B.1 ACGME Common Program Requirements

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3. Division Chiefs and/or Department Chairs should be notified by the Program Director when Faculty receive unsatisfactory evaluation scores. Faculty performance must be reviewed and discussed during the annual Faculty evaluation review process conducted by the Chair or Division Chief.

Program Evaluation and Improvement:

Program Directors must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC 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. The PEC responsibilities must include:

1. Acting as an advisor to the Program Director, through program oversight
2. Review of the program's self-determined goals and progress toward meeting them
3. Guiding ongoing program improvement, including development of new goals, based upon outcomes
4. Review of the current operation environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims

The Program Evaluation Committee should consider the following elements in its assessment of the program:

1. Curriculum
2. ACGME Letters of Notifications, including citations, Areas for Improvement, and comments
3. Quality and safety of patient care
4. Aggregate Resident and Faculty:
 - a. well-being,
 - b. recruitment and retention,
 - c. workforce diversity,
 - d. engagement in quality improvement and patient safety,
 - e. scholarly activity,
 - f. ACGME Resident & Faculty Surveys
 - g. Aggregate Resident Milestones evaluations, and achievement on in-training examinations (where applicable), board pass and certification rates and graduate performance
 - h. 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 Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO.
6. The program must complete a Self-Study and submit it to the DIO.