

**POLICY: Evaluations (Resident, Fellow, Faculty and Program)**

**PURPOSE:** To provide a policy for evaluation of residents, fellows, faculty and residency/fellowship training programs at UCSF Fresno which adheres to the ACGME requirements. This policy must be followed by all programs including those that are non-ACGME programs for residency/fellowship training at UCSF Fresno. Each GME program must develop and maintain academic program standards which adhere to specialty and subspecialty requirements, including use of milestones as they are identified and implemented for the educational development of the residents/fellows in each program. In order to progress academically in the program, the resident/fellow must meet those academic requirements and be evaluated by them.

**Policy:**

Feedback and Evaluation of Resident/Fellow

Each program must have a Clinical Competency Committee (CCC) appointed by the program director. At a minimum the Clinical Competency Committee must include three members of the program's faculty, at least one of whom is a core faculty member. 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 trainees. The CCC must:

- a. Review all trainee evaluations at least semi-annually;
- b. Determine each trainee's progress on achievement of the specialty-specific Milestones; and,
- c. Meet prior to the trainee's semi-annual evaluation and advise the program director regarding each trainee's progress.

Faculty must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Evaluations must be completed in electronic format (via MedHub) or in a format as noted within evaluation policies for each program at the completion of the assignment. For rotations greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.

UCSF Fresno medical education training programs must be organized to provide and objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must:

Use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,

Provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. Supervisory faculty will submit evaluations of each trainee electronically after each rotation within three weeks of the completion of the rotation or as specified by the program's evaluation policy.

The program director or their designee, with input from the Clinical Competency Committee, must:

Meet with and review with each resident/fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;

Assist residents/fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,

Develop plans for residents/fellows failing to progress, following institutional policies and procedures.

At least annually, there must be a summative evaluation of each resident's and fellow's readiness to progress to the next year of the program. The evaluations of resident and fellow performance must be accessible for review by the resident or fellow.

#### Final Evaluation of Resident/Fellow

The program director must provide a final evaluation for each resident/fellow upon completion of the program. 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. For the final evaluation document, please refer to the Final Evaluation of House Staff Policy (available on the House Staff Portal). The final evaluation must:

Become part of the trainee's permanent record maintained by the GME office, and must be accessible for review by the resident/fellow in accordance with House staff Academic File and Applicant Retention Policy (available on the HouseStaff Portal).

Verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;

Consider recommendations from the Clinical Competency Committee; and,

Be shared with the trainee upon completion of the program.

#### Evaluation of Faculty

At least annually, the program must evaluate each faculty member's performance as it relates to the educational program. 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 skills as an educator, clinical performance, professionalism, and scholarly activities. This evaluation must include written, anonymous, and confidential evaluations by the residents. Faculty members must receive feedback on their evaluations at least annually. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. Approved and continued participation of program faculty should be based on evaluations. If program chiefs are conducting the faculty evaluations, program directors must have input into those evaluations. If the program director and/or chief is also a teaching faculty in the program, the program director and/or chief must not see the un-aggregated evaluations completed about him/her by the trainees.

#### Program Evaluation and Improvement

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

Acting as an advisor to the program director, through program oversight;

Review of the program's self-determined goals and progress toward meeting them;

Guiding ongoing program improvement, including development of new goals, based upon outcomes; and,

Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The PEC should consider the following elements in its assessment of the program:

Curriculum;

Outcomes from prior Annual Program Evaluation(s)

ACGME letters of notification, including citations, Areas for Improvement, and comments;

Quality and safety of patient care;

Aggregate resident and faculty:

- Well-being
- Recruitment and retention;
- Workforce diversity;

- Engagement in quality improvement and patient safety;
- Scholarly activity;
- ACGME Resident/Fellow and Faculty Surveys; and,
- Written evaluations of the program.

Aggregate trainee:

- Achievement of Milestones;
- In-training examinations (where applicable);
- Board pass and certification rates; and,
- Graduate clinical performance.

Aggregate faculty:

- Evaluation; and,
- Professional development.

The PEC 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 trainees; and, be submitted to the DIO

Residency programs must complete a Self-Study prior to its 10-year accreditation site visit and Fellowship programs must participate in a Self-Study prior to its 10-year accreditation site visit. A summary of the Self-Study must be submitted to the DIO. Included with this policy is a suggested checklist for the final APE report, including suggestions for data to be considered in the review.

*(Original signed Policy is available in the UCSF Fresno Graduate Medical Education Office)*

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## APE (Annual Program Evaluation) Checklist

<i>Present</i>	<i>Report Title</i>	<i>Measures</i>	<i>Data/Evidence</i>
	Trended Resident Feedback	Resident Opinion Didactics Evaluation Tools/Methods Issues on ACGME online survey that need more investigation Feedback/information mechanisms	MedHub or other Resident Survey
	Trended Faculty Feedback	Faculty Opinion Didactics Evaluation Tools/Methods Issues on ACGME online survey that need more investigation Feedback/information mechanisms	MedHub or other Faculty Survey
	Milestone Summary Reports	Specific core competency outcome data	6-month reports submitted to ACGME
	ACGME Online Surveys	Resident Opinion Faculty Opinion	ACGME Online Survey for current year and national trends
	Faculty Development Report	Program's support of faculty development as clinical educators	List of activities that demonstrate individual faculty members are pursuing knowledge in their field and/or knowledge as clinical educators. List of activities the department has been involved with that have developed the faculty as a whole in domain of teaching/supervision.
	Educational Quality Report	Overall effectiveness of rotations for the entire residency program	MedHub database NOTE: Generated by combining all the rotation evaluations to create a summary evaluation; this review also allows a review of the questions about sites following procedures/duty hours
	Examination results	Educational effectiveness	Ultimate pass rate ( <i>see sections V.C.3.-V.C.3.f of the ACGME Common Program Requirements for more info</i> )
	Clinical Experience and Educational Work Hours (formerly Duty Hours) Violation Report	Trends in work hour violations	MedHub database; work hour subcommittee reports
	Last year's action plans	Effectiveness of the Program to improve	Minutes from PEC meetings and/or PEC tracking document for improvement activities