

POLICY MANUAL

Date of Issue: 10/94	Policy #: GME-8242-027
Revisions: 1/98, 5/00, 12/01, 8/03, 2/08	Department of Primary Responsibility: Graduate Medical Education
Subject: Resident, Faculty, Program Evaluation	Distribution: GMEC Committee, Program Directors, Program Managers and Coordinators, Residents, Department Chairs

Policy:

In accordance with Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, all Ochsner-sponsored residency and fellowship programs must follow the evaluation criteria outlined below.

Definition(s):

The term resident used throughout this document refers to all interns, residents and subspecialty residents (fellows) enrolled in an Ochsner Clinic Foundation sponsored postgraduate training program.

Resident Formative and Summative Evaluation:

Resident competence in patient care, medical knowledge, practice-based learning and improvement, attitudes, interpersonal relationships and communication skills, professionalism and systems-based practice must be evaluated.

Multiple evaluators (i.e. faculty, peers, patients, self, other professional staff) must be used.

Teaching staff evaluations must be done timely, consistently, and progressively during each rotation or similar educational assignment and documented to assure appropriate effective performance review and feedback commensurate with a resident's level of education and experience.

Ochsner Graduate Medical Education provides an on-line electronic evaluation instrument (MyEvaluation) to assist programs in managing the evaluation process.

Resident progress reviews must be conducted semi-annually by the program director (or their designee). Semi-annual evaluations must be documented in writing, signed by the program director (or designee) and the resident and filed in the permanent academic file in Graduate Medical Education.

Written evaluations must be available to the residents/fellows to enable them to assess their progress and improve performance.

Residents who make satisfactory progress as determined by the program director will be promoted and given increased graded responsibilities (Reference: Promotion, Dismissal Non-Renewal of Contract Policy).

Final Summative Evaluation:

The program director must provide a final, signed evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The original, signed, final evaluation must be part of the resident's permanent record maintained in the Office of Graduate Medical Education.

Faculty Evaluation

The program must evaluate faculty performance as it relates to the educational program at least annually. This evaluation must include annual written confidential evaluations by the residents. Faculty evaluations should include a review of clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism and scholarly activities.

Program Evaluation:

The program must document formal, systematic evaluation of the curriculum at least annually; the program must monitor and track each of the following areas:

- Resident performance;
- Faculty development;
- Graduate performance, including performance of program graduates on the certification examination and;
- Program quality.

Specifically, residents and faculty must have the opportunity to evaluate the program confidentially and in written at least annually and; the program must use the results of the residents' assessments of the program together with other program evaluation results to improve the program.

Representative program personnel (i.e., at least the program director, representative faculty, and residents) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose.

If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed. The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.

Responsibility:

Resident, faculty and program evaluation compliance in accordance with ACGME Institutional, Common and Residency Review Committee (RRC) guidelines must be monitored by the program director through periodic review, and with institutional oversight through the GMEC internal review process.

Policy Enforcement:

The GMEC is responsible for enforcing this policy throughout the Ochsner Health System for all Ochsner-Sponsored graduate medical education-training programs. Individual program directors are responsible for the consistent application of this policy within a given training program.

Exceptions:

Exceptions to this policy require the approval of the Executive Vice-President for System Medical Affairs/Chief Academic Officer/DIO prior to any action-taking place.

Hector O. Ventura, M.D., Chairman
Graduate Medical Education Committee

Date

William W. Pinsky, M.D., Executive Vice-President
for System Medical Affairs
Chief Academic Officer/DIO

Date

Policy History:

GME-8242-001 Selection, Evaluation, Promotion dismissal, Non-Renewal, and Supervision of Resident Policy