

## USF Health - Morsani College of Medicine GME POLICY & PROCEDURE

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| <b>Title: Evaluation of Resident Policy</b> | GME-206                |
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**Scope:** Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited programs. as appointed through the House Office Contract issued from the USF MCOM Graduate Medical Education Office (“GME Office”).

**Background:** Assessing resident performance, providing useful and timely feedback, and conducting and documenting meaningful evaluations are essential elements of graduate medical education. The faculty, program director, and residents all have responsibility for contributing to the consistent delivery of high-quality evaluation and feedback.

**Policy:** All MCOM Graduate Medical Education (“GME”) programs must develop and implement a robust evaluation system that meets the minimum requirements of the ACGME as outlined in the Common Program Requirements and specialty specific requirements, if applicable. The evaluation system must include evaluations of residents, faculty and the program.

All evaluations must be maintained and archived in the resident’s file.

### **A. Evaluation of Residents**

- In order to maximize learning development for residents, regular, timely, and meaningful verbal and written feedback is required.
- All programs are responsible for the regular evaluation of each resident’s progress. The evaluation system must consist of both formative and summative evaluations.
- The Program Director must appoint a Clinical Competency Committee (CCC) with the composition and responsibilities as defined in the Common Program Requirements (CPR V.A.3).
- Evaluations of resident performance must be readily accessible for review by the Resident.

#### **1. Formative Evaluation of Residents:**

- Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation.
- Evaluations must be documented in New Innovations at the completion of the assignment and, depending on the length of the assignment, in three-month intervals [CPR V.A.1.b)];

#### **The Program must:**

- Have a mechanism to collect evaluations from multiple evaluators: faculty, peers, patients, self, and other professional staff;
- Develop plans for residents failing to progress, following institutional policies and procedures;

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- Provide each resident with documented semiannual evaluation of performance with feedback and;
  - Annually, complete a summative evaluation, of each resident that includes their readiness to progress to the next year of the program, if applicable.
2. **Final Evaluation:** The Program Director must provide a final summative evaluation for each Resident upon completion of the program. This evaluation must:
- Use the specialty-specific Milestones, and when applicable Case Logs, as tools to verify residents are able to engage in autonomous practice upon completion of the program and;
  - Be shared with the resident upon completion of the program.
- B. Evaluation of Faculty:** At least annually, each program must evaluate faculty performance as it relates to the educational program. Evaluations must include:
- Confidential summarized written evaluation by residents and;
  - Review of the faculty's: clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and Scholarly activities.
- C. Resident and Faculty Evaluation of Program:** At least annually, residents and faculty must have the opportunity to evaluate the program confidentially and in writing.  
Program must use these resident assessments to evaluate the educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process.
- D. Program Evaluation and Improvement:** Programs must appoint a Program Evaluation Committee (PEC) with composition and responsibilities as defined in the Common Program Requirements (CPR V.C.1). The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, APE using the standard institutional APE template (CPR V.C.2).

APPROVED:




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| Date of Origin | Effective | Revision/GMEC Approval: | Originally Policy # |
| 06/2017        | 06/2017   | 04/2020                 | GME-206-A           |