USF Health-Morsani College of Medicine
Evaluation Policy

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<th>Title: Evaluation Policy</th>
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Policy Statement

All University Of South Florida Morsani College Of Medicine (hereinafter “USF”) Graduate Medical Education (hereinafter “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 as well as USF’s expectations for 1) Formative Evaluation of Residents and Fellow (hereinafter: Resident) 2) Summative Evaluation 3) Evaluation of Faculty and Program 4) Program Evaluation and Improvement

Formative Resident Rotation Evaluations, Summative Evaluations, Faculty (by Resident) Evaluations and Program Evaluations must be submitted and managed in New Innovations in all training programs. Use of paper evaluation forms are not permitted.

Assessment of Resident Learning

Each Training program must utilize measures to assess Residents competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. All programs must use the Resident Management System, New Innovations, to map and distribute evaluations to these core competencies.

In addition, the Program Director must appoint a Clinical Competency Committee (CCC) with composition as defined by the Common Program Requirements (V.A.1.).

1. Formative Evaluation of Residents
The faculty must evaluate Resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment. “Timely’ as defined by the ACGME as no more than 14 days after the completion of a rotation. Programs must:
   a. Provide objective assessments of competence of 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;
   b. Use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff);
   c. Document progressive resident performance improvement appropriate to educational level; and,
   d. Provide each resident with written documented semi-annual evaluation of performance with feedback.

Evaluations of resident performance must be readily accessible for review by the resident.

2. Summative Evaluation
The 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.

The Program Director must:

- Provide a summative evaluation for each resident upon completion of the program which becomes part of the resident’s permanent record maintained by the institution that must be accessible for review by the resident in accordance with institutional policy;
- Document the resident’s performance during the final period of education; and,
- Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

(See Resident Promotion GME Policy GME-206)

3. Evaluation of Faculty and Program

Per the ACGME Common Program Requirements the following evaluation must remain confidential:

- Resident Evaluation of Faculty
  - At least annually, each program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. Evaluations of faculty performance must be accessible for review by the faculty.

- Resident and Faculty Evaluation of Program

At least annually, residents and faculty must have the opportunity to evaluate the program confidentially and in writing. Each training program must use these resident assessments, combined with confidential faculty input, to evaluate the educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process.

4. Program Evaluation and Improvement

Programs must appoint a Program Evaluation Committee (PEC) with composition and responsibilities as defined in the Common Program Requirements (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 (V.C.2).

APPROVED:

Vice Dean, Graduate Medical Education