



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

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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 on ACGME core competencies and specialty milestones 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.

A. Evaluation of Residents

1. In order to maximize learning development for residents, regular, timely, and meaningful verbal and written feedback is required.
2. All programs are responsible for the regular evaluation of each resident’s progress. The evaluation system must consist of both formative and summative evaluations.
3. Evaluations of resident performance must be readily accessible for review by the Resident.
4. Program Directors must follow their specialty board requirements for evaluation of trainee competency. Prior to providing any unsatisfactory or marginal feedback on an evaluation to the specialty board, the program director must have a discussion with the DIO and trainee regarding the evaluation and its potential consequences.

The Program must:

- Have a mechanism to collect evaluations from multiple evaluators: faculty, peers, patients, self, and other professional staff;
- Create a system to ensure faculty’s evaluation of Residents will be completed in a timely manner;
- Evaluations must be documented at the completion of the assignment (CPR V.A.1.b).(1)-(2):
 - For block rotations of 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.
- Develop plans for residents towards progression in ACGME

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competencies and milestones, and follow institutional policies and procedures for corrective action, discipline, and due process per GME Policy 218;

- 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;
- 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).

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;
- Developed with input from the CCC.
- Be shared with the resident upon completion of the program.
- Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy
- Should be reviewed with USF DIO if any competency is marked unsatisfactory prior to the dissemination of the evaluation to the resident

B. Evaluation of Faculty: At least annually, each program must evaluate faculty performance as it relates to the educational program. Evaluations must include:

1. Confidential summarized written evaluation by residents and;
2. 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 PEC conducts and documents the Annual Program Evaluation as part of the program's continuous process improvement to include:

1. review of the program's self-determined goals and progress towards meeting them;
2. ongoing program improvement; including development of new goals, based upon outcomes; and,

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3. review of the strengths, challenges, opportunities, and threats related to program's mission and aims; and
4. outcomes from prior annual program evaluation and other relevant data in its assessment of the program.
5. 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 for approval

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
06/2017	10/2024	04/2020; 12/2023; 10/2024	GME-206-A