Resident and Fellow Evaluation Policy

Scope: All UW residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine.

Purpose: Establish UW GME expectations and highlight relevant ACGME Common Program Requirements (CPRs) required for robust program evaluation systems.

Policy: UW GME ACGME accredited programs must develop and implement a robust evaluation system for residents and fellows that meets the requirements of the ACGME as outlined in the Common Program Requirements (CPRs). Residents and fellows should be active agents in this system, and guided self-directed assessment behaviors by the resident or fellow should be strongly encouraged throughout.

Resident and fellow performance evaluation must include:
- Formative Evaluation, or assessment for learning, and
- Summative Evaluation, or assessment of learning.

Formative Evaluation:
"Faculty must evaluate trainee performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment." [CPR V.A.2.a] Faculty are expected to directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.

For programs that do not have defined rotations or have rotations that are longer than two months, formative written evaluations by faculty must be documented and provided to trainees at least every three months. Evaluations must be completed using the MedHub Residency Management System. If it is necessary to transport evaluations electronically, programs must use one of the UW Medicine approved cloud-based applications. [See UW Medicine cloud computing guidance at https://depts.washington.edu/uwmedsec/restricted/guidance/cloud-computing/]

The formative evaluation process must be structured such that the program can provide objective performance evaluation based on the ACGME Competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice), and on the specialty-specific Milestones [CPR V.A.2.b]. The program also "must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). [CPR V.A.2.b] Additionally, the evaluations of resident and fellow performance must be accessible for review by the resident or fellow. [CPR V.A.2.c]

The program must use this formative evaluation to "document progressive resident/fellow performance improvement appropriate to the educational level." [CPR V.A.2.b] In addition, the program must "provide each trainee with documented semiannual evaluation of performance with feedback." [CPR V.A.2.b] The semiannual evaluation may be conducted by the program director or designee, and must be considered as a part of the advancement process in accordance with the program’s established advancement and promotion criteria.

Throughout training, residents and fellows must "demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to
continuously improve patient care based on constant self-evaluation and life-long learning.” They are expected to “identify strengths, deficiencies, and limits in one’s knowledge and expertise; set learning and improvement goals; identify and perform appropriate learning activities; systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and incorporate formative evaluation feedback into daily practice.” [CPR IV.A.5.c).(1)(2)(3)(4)(5)]

Summative Evaluation:
“The program director must provide a summative evaluation for each resident upon completion of the program.” [CPR V.A.3.b)]. As part of the summative evaluation, “the specialty-specific Milestones must be used as one of the tools to ensure trainees are able to practice core professional activities without supervision upon completion of the program” [CPR V.A.2.a)] and to ensure they are able to engage in autonomous practice.

“This evaluation must become part of the trainee’s permanent record maintained by the institution, and must be accessible for review by the trainee in accordance with institutional policy.” [CPR V.A.2.b) (1)] [For UW GME institutional policy, see “Resident and Fellow Files Policy” at http://www.uwmedicine.org/education/gme/policies-and-procedures.] The final summative evaluation must consider recommendations from the Clinical Competency Committee and be shared with the resident or fellow upon completion of the program.

Clinical Competency Committee
The program director must appoint a Clinical Competency Committee (CCC). This committee is responsible for reviewing all resident/fellow evaluations semiannually, preparing and assuring the reporting of Milestone data to the ACGME on a semiannual basis, and advising the program director of resident/fellow progress, prior to the resident or fellow’s semiannual evaluation, on educational matters including promotion, remediation and dismissal. [CPR V.A.1.b).(1).(a),(b),(c)] [See ACGME Guidebooks below.]

Guidebooks
The following guidebooks and guidelines provide information and specific suggestions for implementing the expectations articulated in this policy:

- “ACGME Milestones Guidebook for Residents and Fellows” June 2017. This document should be distributed to each incoming resident and fellow during program orientation sessions every year.

Access all three resources on the ACGME.org website: http://www.acgme.org/What-We-Do/Accreditation/Milestones/Resources


References: