

SUBJECT Evaluation Policy	POLICY NUMBER 100.008	PAGE 1 of 3
SOURCE Academic Affairs – Administration	ORIGINATION OR LAST REVISION DATE 11/08/07	EFFECTIVE DATE 12/11/07

POLICY

I. POLICY:

It is the policy of St. Joseph's Hospital and Medical Center (SJHMC) Academic Affairs that each Graduate Medical Education training program conducts regular evaluations of resident, faculty and program performance in compliance with the Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC) requirements.

Non-ACGME accredited fellowships approved by the GMEC are subject to this same policy.

II. PROCEDURE/RESPONSIBILITY:

A. Resident Progress Evaluations

1. Faculty must evaluate in a timely manner the residents and fellows whom they supervise based on the ACGME Core Competencies.
2. The residency or fellowship program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program and for utilizing the results to improve resident performance.
3. The resident evaluations must be related to the goals and objectives for each program assignment and utilize generally accepted evaluation tools of quantitative and qualitative parameters.
4. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
5. Assessment should include regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is



accessible to each resident, their faculty advisor and the program director.

6. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self and other professional staff to achieve progressive improvements in resident's competence and performance.
7. Residents and Program Directors are to acknowledge by signature that the evaluation, areas of commendation as well as areas of needed performance improvement was discussed.
8. Residents will have access to their evaluations at any time under Program Director, Faculty or Faculty advisor supervision.

B. Resident Final Evaluation:

1. The program director must provide a final 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 final evaluation must be part of the resident's permanent record.

C. Faculty Evaluation:

1. The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit.
2. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge and scholarly activities.
3. This evaluation must include annual written confidential evaluations by residents.

D. Program Evaluation:

1. The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
2. Representative program personnel (including program director, 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.
3. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC, and the residents' confidential written evaluations.



4. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
5. This evaluation is to be submitted annually for review by the GMEC.

E. Oversight:

1. All evaluations are subject to confidential review during the program's Internal Review by the GMEC, accreditation site visits or the reviews authorized by the GMEC or DIO.
2. All evaluation and notes are subject to confidential review by the Designated Institutional Official (DIO) and Chief Medical Officer (CMO).

REVIEWED AND IN COMPLIANCE WITH:	DATE
ACGME	11/08/07
CHW	11/08/07
JCAHO	11/08/07
RISK/LEGAL	11/08/07
HUMAN RESOURCES	11/08/07
REVISED & APPROVED BY	
Policy/Procedure Committee	11/08/07
Organized Medical Staff	11/08/07
GMEC	12/11/07