Departmental Policy Title	Evaluation Policy - GME	Policy ID	11305
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Department	Graduate Medical Education (GME)		

I. Purpose of Policy

The purpose of this policy is to define the evaluation standards for Residents in Accreditation Council for Graduate Medical Education (ACGME)-accredited programs at Dartmouth Hitchcock (DH).

II. Policy Scope

This policy applies to Residents, Program Directors, faculty, and staff in ACGME-accredited residency and fellowship programs at DH.

III. Definitions

Clinical Competency Committee (CCC): A required body comprising three (3) or more members of the active teaching faculty that is advisory to the Program Director and reviews the progress of all Residents in the program.

Resident: Any physician in an ACGME-accredited graduate medical education program including Residents and Fellows.

Residency Management System (RMS): A software system designed to manage academic and administrative records for Residents in graduate medical education (GME) programs. GME exclusively uses MedHub as the RMS at DH.

IV. Policy Statement

All training programs must manage evaluations through the RMS.

A. Evaluation of Residents

- GME programs are responsible for the regular evaluation of each Resident's progress.
- Evaluations of Resident performance must be readily accessible for review by the Resident.

1. Formative Evaluation of Residents

The faculty must directly observe, evaluate, and frequently provide feedback on Resident performance, via the RMS, in a timely manner, during each rotation or similar educational assignment.

- Programs with block/rotation schedules: Evaluations must be documented at the completion of each block/rotation.
    - For block rotations of greater than three (3) months in duration, evaluations must be documented at least every three (3) months.
- Programs with longitudinal schedules (such as continuity clinic in the context of other clinical responsibilities): Evaluations must be completed at least every three (3) months.

Programs must:

- Provide objective performance evaluation based on the ACGME competencies and the specialty-specific ACGME Milestones.
- Use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff).
- Provide evaluation information to the CCC for its synthesis of progressive Resident performance and improvement towards independent practice.

2. Summative Evaluation of Residents (End of Year, Final Training Evaluation)

- Mid-Year Evaluation

  The Program Director, or designee, with input from the CCC must:
    - Meet with each Resident mid-academic year and review with them their documented semi-annual (mid-year) evaluation of performance, including progress along the ACGME specialty-specific milestones.
    - Assist Residents in developing individual learning plans to capitalize on strengths and identify areas for growth.
    - Develop a plan for a Resident failing to progress, following institutional policies and procedures.
- End-of-Year:

  Near the end of an academic year there must be a summative end-of-year evaluation of each Resident which includes their readiness to progress to the next year of the training, if applicable.

- End of Training:

  The Program Director must meet with and provide a final summative end-of-training evaluation for each Resident prior to completion of the program. The ACGME specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure a Resident is able to engage in autonomous practice upon completion of the program.

  This final end-of-training evaluation must:

    - Become part of the Resident's permanent record in the RMS and must be accessible for review by the Resident in accordance with institutional policy.
    - Verify that the Resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

- Consider recommendations from the CCC.

B. Evaluation of Faculty

1. At least annually, teaching faculty must be provided with a written evaluation.
    - The evaluation should include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, professionalism, and scholarly activities.
    - This evaluation should include a synopsis of written, anonymous, and confidential evaluations submitted by Residents. These written, confidential evaluations must be delivered through the RMS.
    - Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

C. Evaluations of the Program

Resident and Faculty Evaluation of Program: At least annually, Residents and faculty must have the opportunity to evaluate the program confidentially and in writing.

- Evaluations must be delivered through the RMS.
- GME programs should use these Resident assessments to evaluate the educational effectiveness of the training program as part of the Annual Program Evaluation (APE) process.

V. References

ACGME Institutional Requirement

ACGME Common Program Requirement

Responsible Owner:	Graduate Medical Education (GME)	**Contact(s):**	Karen Miller
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