

Evaluation and Promotion of Residents and Clinical Fellows

A. Evaluation

Each program will develop written program specific procedures detailing the methods used to evaluate the trainees and the frequency of those evaluations. Training programs sponsored by the GME Consortium will, at a minimum, provide semi-annual formal written evaluations (unless otherwise required by the RRC if applicable) and feedback of residents and clinical fellows performance to determine their competence in the various areas outlined in the relevant program requirements or by the training program for non-accredited programs. Programs must also provide timely feedback following regularly scheduled assignments, as outlined by the RRC program requirements if applicable. A Clinical Competency Committee (CCC) will be used by the training program to document achievement of specialty specific milestones. Programs will report milestone assessments for each resident/fellow to the RRC via the Web Accreditation Data System (WebADS) on a semi-annual basis.

A. The evaluations are based on the following elements:

1. Fund of medical knowledge and the application of this knowledge to patient care.
2. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health.
3. Communication skills and personal character traits displayed through interpersonal skills.
4. Clinical and technical skills.
5. Ability to assume increased responsibility for patient care.
6. Professionalism manifested through a commitment to ethical principles, and sensitivity to diverse patient population.
7. Systems-based practice skills manifested through the ability to effectively utilize the health care system and through cost-effective risk/benefit analyses.
8. Practice-based learning and improvement that involves investigation and evaluation of the following:
 - patient care,
 - appraisal and assimilation of scientific evidence
 - improvements in patient care
 - systematic analyses of practice using QI model
 - review and analyses of personal learning and improvement goals

- B. An evaluation file shall be maintained by the Program Director for each resident/clinical fellow and treated as confidential. The file may be reviewed by the resident/clinical fellow and by departmental faculty and staff with legitimate educational and administrative purposes.

- C. The EMS will review the evaluation plan of a program at the time of Special Review or Monitoring Review. The review team that meets with program faculty and house staff as outlined in section XI of the GME Program Reviews above may ask to review a representative set of resident files.

GME Board Approval September 21, 2016
Revisions Approved by General Counsel and BJH Legal Services _____
GMEC Revised/Approved _____