

**GRADUATE MEDICAL EDUCATION CONSORTIUM OPERATING PRINCIPLES  
DOCUMENT FOR  
WUSM/BJH/SLCH GME CONSORTIUM**

*Section XIII. Evaluation and Promotion of Residents and Clinical Fellows*

**XIII. Evaluation and Promotion of Residents and Clinical Fellows (Inst. Reqs. IV.D – IV.D.1.b)**

**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 RC 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 RC 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 RC 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.

**B. House Staff Transfers**

Throughout the academic year, Program Directors must exercise due diligence when selecting residency or clinical fellowship candidates from other programs, whether they are from within the GME Consortium or from an outside institution. Before accepting a resident/fellow who is interested in transferring, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident Milestone assessment, if applicable. All other eligibility requirements apply. This documentation must remain a part of the resident/fellows permanent file. The information must be used to determine the appointment level of the candidate into the accepting training program.

Program Directors must also provide timely verification of residency/fellowship education and summative Milestone assessments (if applicable), performance evaluations for residents and clinical fellows who have expressed an interest to leave a program prior to completion of training to pursue an opportunity at another institution or program within the GME Consortium.

**C. Promotion**

Promotion of residents/clinical fellows to the next level of the program depends upon the residents/clinical fellow's performance and qualifications. Recommendations about promotion or reappointment of residents/clinical fellows are determined by the CCC with final decisions by the Program Director. If the resident/clinical fellow will not be advancing to the next level of training or graduating, the Program Director will communicate this to the resident/clinical fellow in writing as soon as reasonably practicable under the circumstances and/or should occur at least four months prior to the end of the academic year. Communication between Program Directors and the Hospital GME office, when applicable, will generally occur at least four months in advance of a new appointment year. Each program will develop individual policies detailing standards and specific processes for determining promotion or graduation from the training program.

