

**Title:** Resident and Faculty Evaluation**Reference(s):** [ACGME Common Program Requirements](#) (focused revision effective July 1, 2023), [ACGME Institutional Requirements](#) (July 1, 2022)

## I. Purpose

- A. The purpose of this policy is to define the evaluation standards for residents and fellows ("Residents") in Accreditation Council for Graduate Medical Education (ACGME)-accredited programs at the University of Texas Rio Grande Valley (UTRGV) School of Medicine (SOM). Assessing resident performance, providing useful feedback in a timely manner, and conducting and documenting meaningful evaluations are essential elements of graduate medical education (GME).
- B. All UTRGV GME programs must develop and implement an evaluation system that meets the minimum requirements of the ACGME as outlined in the Common Program Requirements and Specialty Specific Requirements, if applicable. The evaluation system must include evaluations of residents, faculty, and programs.

## II. Definitions

- A. Resident: Any physician in an ACGME-accredited graduate medical education program, including residents and fellows.
- B. Summative Evaluation: *Evaluating a resident's learning* by comparing the residents against the goals and objectives of the rotation and program. Summative evaluations is utilized to make decisions about promotion to the next level of training, or program completion. [CPR: V.A.]
- C. Formative Evaluation: *Monitoring resident learning* and providing ongoing feedback that can be used by residents to improve their learning in the context of provision for patient care or other educational opportunities. [CPR: V.A.]
- D. Final Evaluation: The required overall evaluation to be completed by the program director to be completed for each resident or fellow upon completion of program. [CPR: V.A.2.]

## III. Policy

All training programs must manage evaluations through the Sponsoring Institution's Residency Management Suite (RMS), New Innovations (Ni).

### A. Evaluation of Residents

- a. In order to maximize learning development for residents regular, timely, and meaningful verbal and written feedback is required.
- b. All programs are responsible for the regular evaluation of each resident's progress. The evaluation system must consist of both formative and summative evaluations.

- c. The Program Director must appoint a Clinical Competency Committee (CCC) with the composition and responsibilities as defined in the Common Program Requirements [CPR: V.A.3.]
  - d. Evaluations of resident performance must be readily accessible for review by residents.
- 1. Formative Evaluation of Residents:** Formative evaluation is *monitoring* resident learning and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities.
- a. More specifically, formative evaluations help:
    - i. residents identify their strengths and weaknesses and target areas that need work
    - ii. program directors and faculty members recognize where residents are struggling and address problems immediately
  - b. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational experience.
  - c. Evaluations must be documented in New Innovations at completion of the assignment in a timely manner (within 2 weeks). For block rotations of greater than three months in duration, evaluations must be documented at least every three months. Longitudinal experiences must be evaluated every three months and at completion[CPR: V.A.1.b).(1-2)].

**Programs must:**

- Provide objective performance evaluation based on the Competencies and the specialty-specific Milestones;
- Use multiple evaluators (e.g., faculty members, peers, patients, and other professional staff)
- Provide that information to the CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.

- 2. Summative Evaluation of Residents:** Summative evaluation is *evaluating* a resident's learning by comparing the residents against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

**Programs must:**

- Provide each resident with documented semiannual evaluation of performance with feedback and;
- Annually, complete a summative evaluation, of each resident that includes their readiness to progress to the next year of the program, if applicable.

- 3. Final Evaluation of Residents:** The program director must provide a final evaluation for each resident upon completion of the program. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.

The final evaluation must:

- a. become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
- b. verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;

- c. be shared with the Resident upon completion of the program [CPR: V.A.2.].

**B. Resident Evaluation of Peers:** Residents should be evaluated by their peers, through an evaluation administered through New Innovations, at least annually.

**C. Evaluation of Faculty:** The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually, through an evaluation administered through New Innovations [CPR V.B.1.] Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. Evaluations of faculty must 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, clinical performance, professionalism, and scholarly activities and [CPR V.B.1.a.);
- b. Anonymous and confidential written evaluations by the residents [CPR V.B.1.b).].

**D. Evaluations of the Program**

1. **Resident Evaluation of Program:** At least annually, residents must have the opportunity to evaluate the program confidentially and in writing.
  - a. Evaluations must be submitted and managed electronically through New Innovations.
  - b. Programs must use these resident assessments to evaluate to educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process.
2. **Faculty Evaluation of Program:** At least annually, faculty must have the opportunity to evaluate the program confidentially and in writing.
  - a. Evaluations must be submitted and managed electronically through New Innovations.
  - b. Programs must use these resident assessments to evaluate to educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process.