

**Policy and Procedure Manual**  
**Administrative Manual – Section 09**  
**Administrative Institutional**  
**Department: Graduate Medical Education (GME) and Clinical**  
**Training**



Written: 11/11/14  
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Revised:  
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**Evaluation and  
Promotion (GME)**

**APPROVALS:**

GMEC: 03/11/15; SLT: 04/22/15; MEC: 05/04/15; BOD: 2Q-15

Scope:  X  Medical Center

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**I. PURPOSE / BACKGROUND**

The purpose of this policy is to ensure that City of Hope National Medical Center (“COHNMC”) is in compliance with the accreditation agencies, and institutional, state, and federal guidelines for the specialty and subspecialty training programs, and ensure that each training program establishes and implements formal written criteria and processes for the assessment and evaluation of Residents and Fellows, referred to as “Trainees” or “Graduate Medical Education (GME) Trainees,” faculty, and program.

**II. POLICY**

All training programs sponsored or overseen by the COHNMC GME Committee (GMEC), including those not accredited by the Accreditation Council for Graduate Medical Education (ACGME), are required to utilize the New Innovations (NI) Trainee Management System to create evaluation forms to assess Trainees, Faculty and Program performance.

The Trainee’s semi-annual performance evaluation must include an objective assessment of competence in the ACGME competencies based on the specialty-specific Milestones, use evaluations by multiple evaluators, and document progressive Trainee performance improvement appropriate to educational level.

All programs must evaluate faculty performance as it relates to the educational program at least annually. The Faculty performance evaluation must include at least annual written confidential evaluations by the Trainees using the NI system.

All Trainees and Faculty must have the opportunity to evaluate the program confidentially and in writing at least annually using the NI system.

To ensure Trainee confidentiality and encourage honest feedback, all evaluations by Trainees must be suppressed until a minimum of three (3) evaluations are completed and submitted about an individual faculty, rotation, program, etc. For example, if a rotation only has one Trainee per month, those teaching faculty may not see their evaluations until the fourth Trainee has completed and submitted evaluations. Therefore, Trainees must complete evaluations in a timely manner to ensure adequate feedback for program improvement.

All programs must provide a Trainee with a written notice of intent when that Trainee’s agreement will not be renewed, when that Trainee will not be promoted to the next level of training, or when that Trainee will be dismissed. A Trainee is afforded due process relating to the following actions

regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. See COH policy, *ACGME Trainee Grievance and Due Process*.

#### **A. Program Evaluation and Improvement:**

The ACGME Program Director must appoint the Program Evaluation Committee (PEC) to be composed of at least two program Faculty members and should include at least one Trainee. Each ACGME program must use the COH GME template available online or by contacting the GME Office. The PEC responsibilities must include:

1. Planning, developing, implementing, and evaluating educational activities of the program
2. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
3. Addressing areas of non-compliance with ACGME standards
4. Reviewing the program at least annually using evaluations of Faculty, Trainees, and others as specified below

The program, through the PEC, must annually document formal, systematic evaluation of the curriculum and render an Annual Program Evaluation (APE) report through the NI system that is reviewed by the GMEC. The program must monitor and track:

1. Trainee Performance
2. Faculty Development
3. Graduate performance, including board certification examination results
4. Program Quality; and the program must:
  - a. Offer Faculty and Trainees annual opportunities to provide confidential written evaluative input
  - b. Use the results of Trainees' and Faculty members' assessments of the program together with other program evaluation results to improve the program
5. Progress on the previous year's action plan(s)
6. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored.
  - a. The action plan should be reviewed and approved by the teaching Faculty and documented in the meeting minutes.

#### **B. Faculty Performance Evaluation:**

All Program Directors must evaluate Faculty performance as it relates to the educational program at least annually and include a review of the Faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

1. Trainee evaluation of Faculty – Trainees must be given the opportunity to submit confidential evaluations of Faculty at the end of every rotation. Programs must not allow Faculty to view these individual evaluations by Trainees. Trainee evaluations of Faculty must be aggregated and made anonymous and provided to Faculty annually in a summary report. This summary may be released as necessary, with Program Director review and approval in instances where evaluations are required for Faculty promotions or protected time.
  - a. In order to maintain confidentiality of Faculty performance evaluations, small programs with four or fewer Trainees may use one of the following:
    - 1) Aggregate the Faculty evaluations for the subspecialty and core residency

programs to increase anonymity. Generalize and group Trainees' comments to avoid identifying specific Trainee feedback.

- 2) Aggregate Faculty performance evaluations across multiple academic years.
  - 3) For one year training programs, review Trainee feedback after the Trainee completes the program.
2. Program Directors must maintain continuous and ongoing monitoring of Faculty performance. This may include NI automated alerts regarding low evaluation scores on end-of-rotation evaluations by Trainees, regular surveillance of end-of-rotation evaluations, and regular verbal communication with Trainees regarding their experiences.
  3. Division Chiefs and/or Department Chairs should be notified by the Program Director when Faculty receives unsatisfactory evaluation scores. Faculty performance must be reviewed and discussed during the annual Faculty evaluation review process conducted by the Chair, Division Chief, and PEC (if an ACGME Program).

### **C. Trainee Performance Evaluation:**

The ACGME Program Director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the program Faculty. Others eligible for appointment to the committee include Faculty from other programs, and non-physician members of the health care team.

Each ACGME program must use the COH GME template describing the details of their CCC. This template is available online or by contacting the GME Office. The GMEC reviews and approves each ACGME program's CCC. The CCC responsibilities must include:

1. Reviewing all Trainee evaluations semi-annually,
2. Preparing and assuring the reporting of Milestones evaluation of each Trainee semiannually to the ACGME, and
3. Advising the Program Director regarding Trainee progress, including promotion, remediation, and dismissal.

Evaluation of Trainee performance includes the following activities:

1. Faculty evaluation of Trainees must be completed in NI within 2 weeks following each rotation or educational experience (no less than quarterly) and must be immediately available for review by the Trainee. Trainee notification of completed evaluations should be set up in NI by requiring that the Trainees sign off on the evaluation.
2. Objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
3. Multiple Evaluators: Program Directors must obtain and incorporate evaluative input from multiple sources, as appropriate/available for the specialty or service, such as peers, patients/families, self-assessment, other medical professionals, administrative and support staff.
4. Program Directors must provide each Trainee with a documented performance evaluation summary at least semi-annually, by collating performance evaluations from the prior six months, and should include input from the CCC if applicable. This semi-annual evaluation should be reviewed in person with the Trainee if possible.
5. Remediation: Any Trainee whose performance is assessed to be less than satisfactory by the Program Director or CCC may be placed on remedial training status for a specific

- period of time. The Program Director shall inform the Trainee in writing of the deficiencies noted in academic, clinical and professional performance, and shall outline a program of remediation, including criteria for successful completion. Documentation of the remedial training program and outcome shall be maintained in the Trainee's file.
6. Evaluations of performance must be accessible for review by the Trainee.
  7. Promotion: Each program must determine the criteria for promotion. Trainees' advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement and is not automatic. Reappointment and promotion are contingent on mutual agreement, and an annual review of satisfactory or better performance. Trainees may be reappointed for a period of not more than one (1) year and annual reappointments and promotions should be submitted to the GME Office using the COH GME Annual Reappointment form no later than March 15. The effect of a leave of absence, for any reason, may impact a Trainee's promotion or satisfaction of the completion criteria of the Program and specialty board eligibility/certification (see COH policy, *ACGME Trainee Leave*).
  8. The Program Director must provide a Summative Evaluation for each Trainee upon completing/leaving the program. The evaluation must document the Trainee's performance using specialty-specific Milestones, if available, during the final period of education and verify that the Trainee has demonstrated sufficient competence to enter practice without direct supervision. This summative evaluation should be completed prior to the Trainee's departure from the Program and should be reviewed in person with the Trainee if possible. This summative evaluation may only be released directly to another program which the Trainee is transferring to or to outside parties upon receipt of permission by the Trainee to do so. It is expected that this final summative evaluation will be the primary basis for the initial response to any other program or third party requester such as credentialing or licensing authorities. This evaluation must:
    - a. Become part of the Trainee's permanent record maintained by the institution, and must be accessible for review by the Trainee
    - b. Document performance during the final education period
    - c. Verify that the Trainee has demonstrated sufficient competence to enter practice without direct supervision
    - d. Be sent to the GME Office and uploaded in New Innovations by July 1.

Owner: GME Institutional Coordinator

Collaborating Sponsors: Director, GME and Clinical Training; GMEC

Sponsor: Chief Medical Officer, Designated Institutional Official

#### **Related Policies:**

1. ACGME Trainee Grievance and Due Process
2. ACGME Trainee Leave

#### **Appendix One - Acronyms, Terms and Definitions Applicable to this Policy:**

1. **Accreditation Counsel for Graduate Medical Education (ACGME):** The ACGME is responsible for the accreditation of specialty and sub-specialty medical training programs within the United States.
2. **City of Hope ("COH"):** City of Hope National Medical Center also referred to as City of Hope ("COH").
3. **Designated Institutional Official (DIO):** The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.
4. **Feedback:** The process by which the instructor provides Trainees with information about their performance for the purposes of improvement. This is provided throughout a rotation or assignment and can be used to enhance the Formative Evaluation.
5. **Formative Evaluation:** Assessment of a Trainee's performance during a rotation or assignment with the primary purpose

of providing information for improvement as well as to reinforce skills and behaviors that meet established criteria and standards.

6. **Graduate Medical Education Committee (GMEC):** Graduate Medical Education Committee at City of Hope.
7. **Medical Center:** Refers to all facilities covered by City of Hope National Medical Center's hospital license.
8. **New Innovations (NI):** An online Trainee management system designed to assist with managing postgraduate and medical training including tools for scheduling, case logging, evaluations, monitoring conference attendance, monitor duty hours and general personnel tracking.
9. **Program:** The unit of specialty or subspecialty education, comprising a series of graduated learning experiences in graduate medical education, designed to conform to the ACGME Program Requirements of a particular specialty or other accrediting body.
10. **Program Director:** The designated person accountable for the Program; this person must be selected by the Designated Institutional Official and possess qualifications acceptable to the appropriate Residency Review Committee (RRC) of the ACGME or other accrediting body.
11. **Sponsoring Institution:** The institution that assumes the ultimate responsibility for a GME Program.
12. **Summative Evaluation:** Assessment of a Trainee's performance with the primary purpose of establishing whether or not performance measured during the final period of education meets established performance standards. This is permanently recorded in the form of a grade or score and maintained by the Institution.