

XIV. Policy on Evaluation and Promotion

Revised 6/8/2022

I. References

In accordance with Section IV.D of the ACGME Institutional Requirements, the Sponsoring Institution shall have a policy that requires each of its ACGME-accredited graduate medical education programs to determine the criteria for promotion and/or renewal of resident appointments.

II. Evaluation of Residents, General Requirements

1. *General.* It is the responsibility of the Program Director, and the associated faculty, to ensure that residents receive timely, accurate and meaningful evaluations of their performance in each of the ACGME Core Competencies (as further described in the School of Medicine's GME policy on *Core Curriculum and the Core Competencies*) specialty-specific Milestones. Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.
2. *Clinical Competency Committee.* The Program Director must appoint a Clinical Competency Committee (CCC) for the residency program as further detailed in School of Medicine's GME policy on *Program Evaluation, Improvement & Annual Program Reporting*. At a minimum, the CCC must be composed of three members of the program faculty and at least one faculty member must be considered a core faculty member. The Program Director may appoint additional members of the CCC in accordance with ACGME Common Program and specialty-specific requirements. Members of the CCC should be instrumental to the operation of the residency program. The Program Director has final responsibility for evaluation and promotion decisions.
3. *Multiple Evaluators.* Residency programs must provide objective performative evaluations using multiple evaluators (e.g., faculty members, peers, patients, self and other professional staff members, as further set forth herein) and provide these evaluations to the CCC for its review of a resident's performance and improvement towards unsupervised practice.
4. *End of Rotation/Assignment.* In accordance with the ACGME's Common Program Requirements, programs are responsible for ensuring that resident evaluations are documented at the completion of each assignment. In accordance with Section III.A. of this Policy, faculty will complete an evaluation of the resident at the midpoint of the rotation or assignment or every two months, whichever period is shorter, if a resident's rotation or assignment is greater than one month. For block rotations of greater than three months in duration, evaluations must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinic responsibilities, must be evaluated at least every three months and at the completion of the rotation.

5. *Semi-Annual.* Residents must receive a written semi-annual evaluation consistent with ACGME Common Program Requirements. The semi-annual evaluation must contain a description of the resident's progress along each of the program's specialty-specific ACGME Milestones. Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.
 - a. A program's CCC shall meet prior to resident semi-annual evaluation meetings between the Program Director and program residents to review all resident evaluations, determine each resident's progress on achievement of specialty-specific Milestones and advise the Program Director regarding each resident's progress.
 - b. The Program Director, or the Program's Directors designee, with input from the CCC, shall meet with each program resident to review the resident's semi-annual evaluation of performance, assist residents in developing individualized learning plans and develop plans for residents failing to progress in compliance with School of Medicine policies and procedures.
 - c. In residency programs that require residents to perform a minimum number of procedures to qualify for promotion, graduation or to be eligible for certifying examinations (i.e., board licensure), a case log must be compiled and updated on a semi-annual basis, or more frequently if specified by Specialty/Subspecialty Requirements. The Program Director should review the case log with the resident at their semi-annual meeting.
6. *End of Year and Final.* At least annually, residents must receive a summative evaluation that includes their readiness to progress to the next year of the residency program, if applicable. The Program Director must provide a final evaluation for each resident upon completion of the residency program, as further set forth in Section VI of this Policy.
7. *Program Specific.* Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.

III. Evaluations of Residents; Evaluation Types

A. Faculty Evaluations of Residents

1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
2. Faculty evaluations of residents must be conducted and documented at the completion of an educational assignment. For assignments or rotations greater than one month, the evaluation must be conducted at the conclusion of the rotation, as well as at the

midpoint of the rotation or every two months, whichever period is shorter.

3. The evaluation should evaluate the resident on each of the ACGME Core Competencies and additional components required for the resident's level of training.
4. The evaluation should be conducted electronically in MedHub such that residents have immediate and 24-hour access to reviewing the evaluation.
5. The evaluation should be discussed in person with the resident prior to the conclusion of the rotation.
6. The Program Director and CCC will use data from faculty evaluations in evaluating a resident's progress for promotion or graduation.

B. Self-Evaluations by Residents

1. Residents must complete a self-evaluation at least once each academic year.
2. The evaluation should consist of both a numerical score and opportunity for written, self-reflection comments.
3. At a minimum, the evaluation should allow the resident to evaluate the following:
 - a. A self-evaluation in each of the six Core Competency areas;
 - b. The resident's medical errors from the previous six months and comment on how these errors could have been prevented;
 - c. A reflection on the resident's progress in professional/career goals; and
 - d. A reflection on the resident's progress in personal goals.
4. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, which are tied to ACGME Common Program Requirements.

C. Peer, Patient, Resident and Other Professional Staff Member Evaluations of Residents Resident-of-Resident Evaluations

1. With respect to rotations in which residents are routinely supervising other residents (e.g., a more senior resident supervising a PGY-1 resident), the residents should be given the opportunity to evaluate each other.
2. The evaluation should consist of both a numerical score and written comments.
3. The evaluation should include an evaluation of the resident on each of the core

competencies as provided in the *Policy on Core Curriculum and the Core Competencies*.

4. The evaluation should be conducted electronically such that residents have immediate and 24-hour access to reviewing the evaluation.
5. Data from resident evaluations will be considered collectively by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, which are tied to ACGME Common Program Requirements.

D. Student-of-Resident Evaluations

1. With respect to a rotation in which residents are routinely supervising students, students must be given the opportunity to evaluate the resident.
2. The evaluation should include evaluation, at a minimum, of the resident's teaching, communication, interpersonal skills, professionalism and patient care skills.
3. The evaluation should be conducted electronically, such that residents have immediate and 24-hour access to reviewing the evaluation.
4. Data from student evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
5. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

E. Patient-of-Resident Evaluations

1. With respect to rotations in which residents routinely provide patient care, patients must be given the opportunity to evaluate the resident overseeing their care.
2. While not every patient needs to evaluate the resident, at least one patient evaluation should be solicited during each clinical rotation that the Program Director designates as a core clinical rotation for the particular program.
3. The evaluation should include evaluation, at a minimum, of the resident's communication, interpersonal skills, professionalism, and patient care skills.
4. The evaluation may be collected by paper or in person by a supervisor but should eventually be converted to an electronic format such that the resident has immediate

and 24-hour access to reviewing the evaluation.

5. Data from patient evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME Common Program Requirements.

F. Nurse/Allied Health Provider-of-Resident

1. With respect to a rotation in which residents routinely provide patient care, nursing, and ancillary staff (i.e., OR staff, respiratory therapy, etc.) must be given the opportunity to evaluate the resident with whom they have worked during the rotation.
2. Not every staff member needs to evaluate the resident; however, at least one nurse or other professional staff member/allied staff member evaluation should be solicited during each clinical rotation that the Program Director designates as a core clinical rotation for a program, appropriate and feasible for nurse-of-resident evaluations.
3. The evaluation should include, at a minimum, an evaluation of a resident's communication, interpersonal skills, professionalism, and patient care skills.
4. The evaluation may be collected by paper or in person by a supervisor but should eventually be converted to an electronic format such that the resident has immediate and 24-hour access to reviewing the evaluation.
5. Data from nurse/allied health provider evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

IV. Evaluations Provided by Residents

A. Resident Evaluations of Faculty

1. Each residency program is required to have a process to evaluate faculty performance as it relates to the educational program at least annually. The evaluation must include review of the faculty member's effectiveness in teaching, commitment to the educational program, participation in faculty development related to their skills as an educator, clinical knowledge and performance, scholarly activities, and professionalism.

2. The evaluation must include written, anonymous, and confidential evaluations by residents and may include a numerical score.
3. Faculty evaluations should be conducted electronically in MedHub, in a manner that ensures resident anonymity and enables effective evaluations without the fear of reprisal. All programs must use MedHub's lock-out feature to ensure that faculty cannot see resident evaluations until at least five residents have evaluated the faculty member. All comments are aggregated to de-link resident comments from the time period in which the comment was provided.
4. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.
5. The Program Director will provide feedback on evaluations to faculty members at least annually. The results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

B. Resident Evaluations of Rotations

1. Resident evaluations of rotations must be conducted monthly, or, for rotations that are longer than one month, at the conclusion of the rotation, or every three months, whichever is less.
2. At a minimum, the evaluation should include an evaluation of the following components of the rotation:
 - a. The call rooms (if applicable);
 - b. The nurses and ancillary staff involved in the clinical rotation;
 - c. The safety of the rotation (e.g., parking, secure place for personal belongings, etc.);
 - d. The communication infrastructure of the rotation (e.g., access to medical records and patient data, access to educational resources, etc.);
 - e. The balance between education and service of this rotation; and
 - f. The rotation's compatibility with work hour requirements.
3. The evaluation should be conducted electronically in MedHub or in a format that must subsequently be saved to MedHub and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.
4. Data from resident evaluations of rotations shall be used by the Program Director in

- making the determination for continuation of a clinical rotation.
5. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME Common Program Requirements.

C. Resident Evaluations of the Residency Program

1. Residents should evaluate their residency program at least once each academic year. Aggregate resident written evaluation of the program must be considered by a program's Program Evaluation Committee (PEC) as part of the program's Annual Program Evaluation (APE).
2. Resident evaluations of residency programs should include an opportunity for written evaluation and comments.
3. At a minimum, resident program evaluations shall include an evaluation of the following components:
 - a. The goals and objectives of each clinical rotation of the program within the academic year to date, including the balance between education and service of each rotation of the program;
 - b. The strength of the curriculum and the quality of program didactics;
 - c. Supervision provided by faculty, the faculty's effectiveness in teaching, commitment to the educational program, participation in faculty development related to their skills as an educator, clinical knowledge and performance, scholarly activities and professionalism;
 - d. The effectiveness of faculty in providing meaningful evaluations to the residents;
 - e. The effectiveness of the Program Director; and
 - f. The residency program's compliance with work hour requirements and other program policies.
4. The evaluation should be conducted electronically in MedHub or in a format that must subsequently be saved to MedHub, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.
5. Data from these evaluations shall be considered collectively by the PEC and by the Program Director in making adjustments and improvements to the residency program. The results of the resident program evaluations should be included as part of a program's APE.

6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

D. Resident-of-Resident Evaluations

1. In rotations in which residents are routinely supervising other residents (i.e., a resident supervising an intern), both residents should be given the opportunity to evaluate each other.
2. The evaluation should evaluate each of the core competencies *Policy on Core Curriculum and the Core Competencies* and the components of the job description for the resident's level of training.
3. The evaluation should be conducted electronically such that residents have immediate and 24-hour access to reviewing the evaluation.
4. Data from resident evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
5. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME common program requirements.

VI. Promotion and Graduation

1. *General.* Resident evaluations shall be utilized to make decisions about promotion to the next level of residency training or program completion as applicable.
2. *Promotion/Graduation Criteria.* Each residency program is required to create and maintain criteria for promotion for each year of residency training. This criteria shall be based upon program Milestones and any associated entrustable professional activities (EPAs) for each respective specialty, and the eventual requirements for board certification. Decisions as to promotion and/or renewal of a resident's appointment must be made in the context of this criteria.
3. *End of Year Meetings.* The Program Director shall meet with each resident in person to review the end-of-year summative evaluation. The summary evaluation must contain a numerical assessment of the resident's progress on each Milestone and each entrustable professional activity (EPA), based upon the resident's collective faculty, patient, nurse, and peer evaluations throughout the year. The end of year summative evaluation must also provide a narrative commentary on the resident's level of performance or note that such written comments are available to the resident on the MedHub summary report.

- a. If so warranted, a promotion letter confirming the resident's promotion to the next year/level of training should be given to the resident at this time. The letter must clearly state that the resident is being promoted to the next year of training. The letter must be accompanied by a description of the progressive level of responsibility commensurate with the PGY level of the resident's promotion.
4. *Adverse Decisions on Promotion or Graduation/Adverse Actions.* Promotion and graduation decisions must be made by the Program Director after making a global assessment of the resident with input from the CCC. Decisions for promotion shall not be based solely on in-service scores.
 - a. If the resident is not to be promoted, or to repeat rotations that would require extension of total training time, the residency program should inform the resident, and follow the policies and procedures as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance*.
5. *End-of-Training Evaluation Summaries.* Each Program Director must provide a final evaluation to each resident upon completion of the residency program and meet with each resident in person to review the end-of-training evaluation. The end of training evaluation must contain an assessment of the resident's progress on the specialty-specific Milestones, and when applicable, the specialty-specific Case Logs. The evaluation summary must contain the faculty, patient, nurse, and peer evaluations throughout the year, consider recommendations from the CCC, and provide written commentary on the resident's level of performance, or note that such written comments are available to the resident on the MedHub summary report. The final evaluation should document the resident's performance during the final period of education and should be shared with the resident upon completion of the residency program.
 - a. The final evaluation must become a part of the resident's permanent record maintained by the School of Medicine and must be accessible for review by the resident in accordance with institutional policy. A final evaluation of program completion must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter the autonomous practice.
 - b. If so warranted, the graduation letter should be given to the resident at this time, and the letter must clearly state that the resident has completed the residency program and "*The Program Director, in consultation with the program's clinical competency committee, has deemed the resident sufficiently competent to enter practice in "x" independently and without direct supervision.*" Where "X" is the field of the resident's training program.
 - c. If the Program Director and CCC determine that the resident should not graduate, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter.

- i. If the resident is asked to extend total training time, the resident must be given an opportunity to appeal this decision to the CCC. If upon appeal, the CCC upholds the decision to extend training, the resident has a right to grieve this decision through the School of Medicine's Grievance and Fair Hearing Committee as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance*.
- ii. If the decision is to terminate the resident from the training program, the resident must be given the opportunity to appeal (grieve) this decision to the University's Grievance Committee, as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance*.

VI. Access to Evaluations, Records

1. Resident education records, other than publicly available directory information, are private and shall not be disclosed except as appropriate to the following:
 - a. The resident, who may review his/her/their evaluations through MedHub at any time and may access his/her/their resident record upon written request;
 - b. The Program Director, CCC and the DIO;
 - c. Persons specifically authorized by the resident in writing to receive the information;
 - d. Other educational institutions in which the resident seeks to enroll or obtain employment, with permission of the resident, provided the disclosure is limited to official copies of resident or fellow's transcripts from the appropriate University office;
 - e. Other organizations conducting educational research studies approved by their respective Institutional Review Boards, provided the studies are conducted in a manner that does not permit identification of residents and provided the information will be destroyed when no longer needed for the specified purpose;
 - f. Persons in compliance with a court order or lawfully issued subpoena provided that a reasonable attempt is made to notify the resident if required prior to release;
 - g. Appropriate members of the court system when legal action against the University is initiated by the resident or fellow and the disclosure is part of the University's defense;
 - h. Appropriate persons during an emergency, provided the information is necessary to protect the health or safety of the resident or fellow or other individuals;
 - i. Accrediting organizations and state or federal education authorities using information for auditing, evaluating, or enforcing legal requirements of

educational programs, provided the data is protected to prohibit the identification of the resident or fellow and all personally identifiable information is destroyed when no longer needed; and

- j. Appropriate persons in connection with an investigation of a resident or as part of due process procedures as further set forth in the School of Medicine's GME Policy on Remediation, Suspension, Dismissal and Due Process.
- k. Appropriate persons or agencies in connection with a resident's application for or receipt of financial aid to determine eligibility amount, or conditions of financial aid and to enforce the terms and conditions of the aid.

VIII. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education X. *Policy on Core Curriculum and the Core Competencies*
- Tulane University School of Medicine, Graduate Medical Education XV. *Policy on Remediation, Suspension, Dismissal and Grievance*