



Regional Academic Affairs

TITLE: Resident/Intern/Fellow Summative Evaluations	POLICY NUMBER:	S/P-03
DEPARTMENT: Graduate Medical Education	Effective Date:	07/01
	Revised:	08/22
	Reviewed:	08/22
	Date of next Review:	08/24

POLICY:

A mechanism must be in place to assess each residents'/interns'/fellows' ("resident(s)") performance throughout the program, both verbally, face to face, and in writing and utilizing the results to improve resident/intern performance.

PURPOSE:

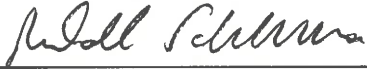
Interactive evaluation and feedback process for residents to address resident and faculty concerns that produces an accurate assessment of residents competence in patient care, medical knowledge, practice-based learning and improvement, attitudes, interpersonal relationships and communication skills, professionalism, and systems-based practice.

PROCEDURE:

1. The Program Director/or designee shall evaluate the resident verbally in a face-to- face meeting and in writing, at periodic intervals, not less than semiannually, consistent with his/her training schedule. All programs must have program policies related to resident evaluations that ensure all accreditation requirements are met. . Mid-Year and End of Year Summative Evaluations must be documented on the attached institutional forms.
2. The above written evaluations must be available to the resident, for review to enable him/her to assess his/her progress. This will allow the resident the opportunity to personally assess and improve performance. Residents shall be encouraged to review their evaluation files regularly.
3. The Program Director/or designee on a regular basis shall review the written periodic evaluations (not less than quarterly). The Program Director must provide a final evaluation for each resident who completes the program (See S-12 Final Resident/Intern/Fellow Evaluation).
4. If a deficiency is identified, a written individual remediation plan will be developed and agreed upon by the Program Director and Resident/Intern.
5. When unable to resolve the deficiency, refer to the Due Process policy.

- Evidence of multi-source evaluations of the residents and resident evaluation of the rotations must be available for ACGME/CPME program inspection.

Approved by:



Randall Schlievert, MD

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Mercy St. Vincent Medical Center
Residency Program

Resident Mid - Year Summative Evaluation

Resident Name: _____

Date of review meeting: _____ PGY Level/Year in Program _____

Educational Program (CPR IV.)
Curriculum and Scholarly Activity – review the following data from the previous six-month period along with any notes from research coordinator.

1. Scholarly / Research (Include Quality Improvement & Patient Safety Activities)

Topic/Title _____
Mentor _____
Presentation date _____
Presentation format _____

Comments:

2. Conference Participation and Attendance:

Percent Attended: _____

Comments:

3. Procedure/ Case/ Patient logs- (attach current reports)

_____ On track _____ not on track

Comments:

4. In-Service Score Summary: (passing scores, remediation plan if necessary)

Percentile score: Yr1 _____ Yr2 _____ Yr3 _____ Yr4 _____ Yr5 _____

Comments:

Evaluations (CPR V.A.)

5. Resident Formative Evaluation- Review all data, aggregate and summarize evaluations (all evaluation forms must be competency based) of the resident from the previous six-month period.

6. Faculty Evaluations of Resident performance: [see attached summary report](#)

Aggregate Summary of Faculty Comments:

7. Professional Staff Evaluations (other members of the team: NP, PA, PT, Nurses, Clinic staff, etc.): see attached report

Aggregate Summary:

8. Other Evaluations: (Patient, Family, Students, Peer) - Based on CAT scores from Continuity clinic: see attached report

Comments:

9. Resident Self- Evaluation

Resident Completed: 1st QTR _____ 2nd QTR _____

10. Resident had the opportunity to confidentially evaluate faculty, rotation and /or program

Resident is up-to-date on completing these required evaluations: Yes _____ No _____

Resident Duty Hours in the Learning & Working Environment (CPR VI.)

Duty Hours, Fatigue, Moonlighting – Review all data from the previous six-month period

11. Duty Hours Compliance (logging of work hours, survey completion, issues, violations)

In compliance _____ Out of compliance _____

Action plan to address and resolve issues/violations:

Additional Items for Review

Institution and Program Specific Requirements- Review all data from the previous six-month period.

Item	Yes	No
PALS/NRP/BLS, Licensing, DEA, or other required certifications, etc.		
USMLE/ COMLEX step 3 passed by end of PGY 2 year		

Overall Comments:

Strengths:

Areas for Improvement:

Learning goals for next training interval and action plans: (optional)

Overall Performance Rating and Summary

The Clinical Competency Committee met and assessed the resident's performance based on all objective evaluations and provided input to the evaluation process. The Committee met on _____ and deems that the resident:

- Is progressing as expected
- Needs remediation in the area(s) of _____

CCC Chair signature

Date

Program Director Comments:

Resident Comments (optional):

1st 6-month AY ACGME milestones were reviewed with the resident.
(check box if completed)

Resident please initial

Resident signature

Date

Program Director Signature

Date

Resident refused to sign

Mercy St. Vincent Medical Center
Residency Program

Resident End of Year Summative Evaluation

Resident Name: _____

Date of review meeting: _____ PGY Level/Year in Program _____

1. Scholarly / Research (Include Quality Improvement & Patient Safety Activities)

_____ Behind on project _____ Current on project _____ Completed project

Comments:

2. Conference Participation and Attendance:

Percent Attended: _____

Comments:

3. Procedure/ Case/ Patient logs- (attach current reports)

_____ On track _____ not on track

Comments:

4. In Service Score Summary:

Percentile score: Yr1 _____ Yr2 _____ Yr3 _____ Yr4 _____ Yr5 _____

Comments:

5. Evaluation of Resident performance: see attached summary of evaluation comments

6. Previous Resident Milestones: see attached milestone report

7. Resident Self- Evaluation

Resident Completed: 3rd QTR _____ 4th QTR _____

8. Duty Hours Compliance (logging of work hours, survey completion, issues, violations)

In compliance _____ Out of compliance _____

Action plan to address and resolve issues/violations:

Overall Comments:

Strengths:

Areas for Improvement:

Clinical Competency Committee Overall Performance Rating and Summary

The **Clinical Competency Committee** met and assessed the resident's performance based on all objective evaluations and provided input to the evaluation process. The Committee met on _____ and deems that the resident:

- Is promoted to PGY____
- Has completed training and is recommended for graduation
- Needs remediation in the area(s) of:

 CCC Chair signature

 Date

Program Director Comments:

Resident Comments (optional):

2nd 6-month AY ACGME milestones were reviewed with the resident.
(check box if completed)

_____ Resident please initial

_____ Resident signature

_____ Date

_____ Program Director Signature

_____ Date

Resident refused to sign

