

GRADUATE MEDICAL EDUCATION
POLICIES FOR HOUSE STAFF

EVALUATION OF RESIDENT PERFORMANCE

Evaluations are important to overall performance throughout training. Essential areas of professional competence will be evaluated regularly and in writing by attending physicians. These evaluations will be monitored by the program director.

Based on the program director's recommendations, housestaff whose performance is judged to be satisfactory will be promoted to the next level usually at the beginning of the next academic year. In case of inadequate performance, the program director may elect to prescribe remedial experiences, or to delay or deny promotion or board recommendation, as appropriate for the deficiencies identified. The mechanisms for documenting resident performance and for initiating remedial or adverse action are described in the *Evaluation, Review and Appeals Process Policy*.

ACGME Core Competencies

Residents are evaluated on the six (6) ACGME Core Competencies. The identification of the six competency domains focuses attention on other aspects of effective clinical practice and physician competence besides patient care and medical knowledge. Assigning specific outcomes to specific competency domains is not always easy or straight forward because there is significant overlap and also because there are legitimate differences in the interpretation of meaning among the specialties. What is most important is that residents have the opportunity to develop abilities for all the basic outcomes, regardless of the "bucket" in which the outcome is placed. The basic element of each competency is presented below:

A. Patient care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

B. Medical knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

C. Practice-Based Learning And Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise;
2. Set learning and improvement goals;

3. Identify and perform appropriate learning activities;
4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (review committees should define expectations regarding quality improvement within specialty specific program requirements);
5. Incorporate formative evaluation feedback into daily practice;
6. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
7. Use information technology to optimize learning; and,
8. Participate in the education of patients, families, students, residents and other health professionals.

D. Interpersonal And Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. Communicate effectively with physicians, other health professionals, and health related agencies;
3. Work effectively as a member or leader of a health care team or other professional group;
4. Act in a consultative role to other physicians and health professionals; and,
5. Maintain comprehensive, timely, and legible medical records, if applicable.

E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. compassion, integrity, and respect for others;
2. responsiveness to patient needs that supersedes self-interest;
3. respect for patient privacy and autonomy;
4. accountability to patients, society and the profession; and
5. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

F. Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively use other resources in the system to provide optimal health care. Residents are expected to:

1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based case as appropriate;
3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based case as appropriate;
4. advocate for quality patient care and optimal patient care systems;
5. work inter professional teams to enhance patient safety and improve patient care quality; and,
6. participate in identifying system errors and implementing potential systems solutions.