I. Resident Evaluation

In compliance with the ACGME Next Accreditation System (NAS) and AOA accreditation requirements, each residency/fellowship program must demonstrate that it has an effective plan for assessing resident/fellows performance throughout the program and for utilizing the results to improve resident performance to ensure that residents demonstrate achievement of the general competencies. Observable developmental milestones from novice to expert/master are now organized under the six domains of clinical competency: patient care; medical knowledge; practice-based learning; interpersonal and communication skills; professionalism and systems-based practice. Each residency program must also adhere to their specialty specific program requirements and milestones.

A. The resident evaluation plan should include:

1. methods that produce an accurate assessment of the residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice informed by the milestones;

2. a holistic evaluations process including reviews as appropriate of OSCEs, audit and performance data, simulation assessments, multisource feedback evaluations, ITE scores, oral exams, case logs or other performance measures to document progressive improvements in residents’ competence and performance. These evaluations will be synthesized by the Clinical Competency Committee and milestone assessment will be made periodically

3. Mechanisms for providing regular and timely performance feedback to residents that include at least a written semiannual evaluation that is communicated to each resident in a timely manner;

4. Maintenance of a record of evaluation for each resident that is accessible to the resident.

B. The evaluation process is intended to establish standards for the resident's performance and to indicate the resident's ability to proceed to the next level of training. The process will, to the extent reasonably possible, provide early identification of deficiencies in the resident's knowledge, skills or
professionalism, and to the extent reasonably possible allow remedial action to enable said resident to satisfactorily complete the requirements of the Program.

C. Annually, residents will be provided links to the program specific milestones and EPAs designed to provide a blueprint for the residents/fellows development across the continuum of medical education.

D. Residents may be required to take the annual in-training examination or other knowledge assessments for resident's specific program.

E. Other acceptable performance standards will be determined by the Program Director.

F. A Clinical Competency Committee - CCC (modified promotions committee), composed of at least three faculty members, will evaluate residents/fellows evaluations, synthesize data aggregates into the milestones and provide feedback to residents/fellows and submit reporting milestones to the ACGME AT LEAST semi-annually.

G. The CCC will recommend promotion, remediation, or dismissal for each resident/fellow in a program. ** (See Renewal/Non-Renewal of Resident Agreement policy)

H. Program Directors or faculty advisors will provide direct feedback through personal conferences. It is the responsibility of the Program Director to advise the resident of his/her performance in the program at least semi-annually.

I. The Program Director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the institution.

II. Faculty Evaluation

Each residency program must adhere to their specific program requirements as outlined by ACGME/AOA accreditation requirements or their accrediting institution.

The performance of the faculty must be evaluated by the program and/or department at intervals specified by their accreditation body. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

Residents are required to submit to the program director at least annually, confidential written evaluations of the faculty and of the educational experiences.
III. Program Evaluation

Each residency program must have in place a formal Program Evaluation Committee (equivalent to the annual review programs are already required to perform), adhere to their specific program requirements, show that they are responding to areas of concern identified in the program review and that interventions are having the desired effect.

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

A. Representative program personnel, i.e. at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

B. Outcome assessment
   1. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
   2. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

C. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

IV. Evaluation of the Clinical Learning Environment

A key dimension of the 2011 ACGME Common Program Requirements has been the establishment by the ACGME of the Clinical Learning Environment Review (CLER Program) to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites.

CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care in the following six focus areas:

A. **Patient Safety** – including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.
B. **Quality Improvement** – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.

C. **Transitions in Care** – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.

D. **Supervision** – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.

E. **Duty Hours Oversight, Fatigue Management and Mitigation** – including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.

F. **Professionalism**—with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

Although in its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC), the CLER site visit does provide feedback, learning, and benchmark data to help establish baselines for improvement at the institution.

Support for faculty development in those areas in which the CLER program will focus to share best practices amongst programs will be directed by each CLER Site Visit Report.

**Approval: Graduate Medical Education Committee: January 12, 2015**

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