GME – EVALUATION AND PROMOTION – DEPARTMENT OF EDUCATION (DOE)

SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

☒ Lehigh Valley Hospital
☐ Lehigh Valley Hospital – Dickson City
☐ Lehigh Valley Hospital – Hazleton
☐ Lehigh Valley Hospital – Pocono
☒ Lehigh Valley Hospital – Schuylkill
☐ LVHN Children's Surgery Center
☐ LVHN Surgery Center – Tilghman
☐ LVHN Surgery Center – VNA Road
☐ Lehigh Valley Home Care
☐ Lehigh Valley Hospice
☐ Pocono VNA / Hospice
☐ Lehigh Valley Home Care – Schuylkill
☐ Lehigh Valley Home Care – Hazleton
☐ Transitional Skilled Unit

Medical and Dental Resident and Fellow Physicians

LINKS TO ATTACHMENTS: N/A

LIST OF ASSOCIATED FORMS: N/A

DISCLAIMER:
This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

REVIEW:

Origination: 5 / 2005
Review / Revision: 12 / 2021

Approved by the Graduate Medical Education Committee

Approved by: Joseph Patruno (Physician)	**Approval Date:** 01/07/2025
Version: 4	**Publication Date:** 01/07/2025
Original Creation Date: 05/09/2005	**Next Review Date:** 01/07/2028

I. POLICY:

Graduate Trainee Evaluation

In compliance with the ACGME Next Accreditation System (NAS) accreditation requirements, each ACGME-accredited residency/fellowship program must demonstrate that it has an effective plan for assessing resident/fellows performance throughout their training and for utilizing the results to improve resident/fellow performance to ensure that residents/fellows 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 training program must also adhere to their specialty- specific program requirements and milestones.

Non-ACGME accredited programs should adhere to their own accrediting body requirements and milestones, or requirements and milestones set forth by the hosting department/program, according to the following best practice principles.

A. The trainee's evaluation plan should include:

1. Methods that produce an accurate assessment of the resident's/fellow's 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 evaluation 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 resident's/fellow's competence and performance. These evaluations will be synthesized by the Clinical Competency Committee (CCC) and milestone assessment will be made at least semi-annually.
3. Mechanisms for providing regular and timely performance feedback to residents/fellows that includes at least a written semiannual evaluation that is communicated to each resident/fellow in a timely manner;
4. Maintenance of a record of evaluation for each residents/fellows that is accessible to them.

B. The evaluation process is intended to establish standards for the resident's/fellow's performance and to indicate the resident's/fellow'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/fellow's knowledge, skills or professionalism, and to the extent reasonably possible, allow remedial action to satisfactorily complete the requirements of the Program.

C. At least annually, residents/fellows will be provided links to the program -specific milestones and Entrustable Professional Activities (EPAs) designed to provide a blueprint for the resident's/fellow's development across the continuum of medical education.

D. Residents/fellows may be required to take the annual in-training examination or other knowledge assessments for their specific program.

E. Other acceptable performance standards will be determined by the Program Director and/or the CCC.

F. A Clinical Competency Committee
The CCC must be composed of at least three faculty members, at least one who is a core faculty member. The CCC will evaluate resident/fellow evaluations, synthesize data aggregates into the milestones and provide feedback to residents/fellows and submit reporting milestones to the ACGME 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 their designees will provide direct feedback through personal conferences. It is the responsibility of the Program to advise the resident/fellow of his/her performance in the program at least semi-annually including progress along the specialty-specific Milestones. The evaluation of the performance must be accessible for review by the resident/ fellow.
I. The program director or their designee with input from the Clinical Competency Committee, must assist residents/ fellows in developing individualized learning plans to capitalize on their strengths and identify areas of growth and develop plans for learners failing to progress, following institutional policies and procedures.
J. The Program Director must provide a final evaluation for each resident/fellow who completes the program. The evaluation must include a review of the resident's/fellow's performance during the final period of education and should verify that the resident/fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's/fellow's permanent record maintained by the institution.

Faculty Evaluation

Each training program must adhere to their specialty-specific program requirements as outlined by ACGME/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/fellows must be included in this process. Residents/fellows are required to submit to the program director at least annually, confidential written evaluations of the faculty and of the educational experiences.

Program Evaluation

Each ACGME-accredited training program must have in place a formal Program Evaluation Committee (PED; equivalent to the annual review process that programs are already required to perform), that adheres 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. The program evaluation committee must be composed of at least the program director, two representative faculty, at least one who is a core faculty member, and should include at least one trainee.
B. Program Evaluation Committee responsibilities must include: review the program's self-determined goals and objectives and the effectiveness of the program in achieving them; guiding ongoing program improvement, including development of new goals, based upon outcomes; and review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims..
C. The group must have regular documented meetings at least annually for this purpose.
D. A program must evaluate its performance and plan for improvement in the Annual Program Evaluation.
   In the evaluation process, the program should consider the outcomes from prior Annual Program Evaluations, aggregate resident and faculty written evaluations of the program, performance of program graduates on the certification examination , and other relevant data in its assessment of the educational effectiveness of the training program.
   a. Other data to be considered for assessment include:
      i. ACGME letters of notification, including citations, AREAS for improvement, and comments.

ii. Quality and safety of patient care
iii. Aggregate resident and faculty well-being; recruitment and retention; workforce diversity, including graduate medical education staff and other relevant academic community members, engagement in quality improvement and patient safety; and scholarly activity
iv. ACGME Program Survey results
v. Aggregate resident Milestone evaluations and achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance.
vi. Aggregate faculty evaluation and professional development
vii. the most recent report of the GMEC of the sponsoring institution.

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.

E. The Program Evaluation Committee must evaluate the program's mission and aims, strengths, area for improvement, and threats.
F. The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO.
G. The program must complete a Self-Study and submit it to the DIO based on recommendations by ACGME/accreditation requirements.

Evaluation of the Clinical Learning Environment

A key dimension of the ACGME Common Program Requirements is 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 focus areas:

A. **Patient Safety** – including opportunities for trainees to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.

B. **Health care Quality** – including how sponsoring institutions engage trainees in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.

C. **Teaming –** The optimal clinical learning environment supports high-performance teaming. The clinical learning environment promotes teaming as an essential part of interpersonal learning and development; demonstrates high-performance teaming; engages patients' to achieve high-performance teaming; maintains the necessary system supports to ensure high-performance teaming; and supervision in the context of the clinical care team including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.

D. **Professionalism**—The clinical site promotes a culture of professionalism that supports honesty, integrity, and respectful treatment of others. It has mechanisms in place for reporting concerns around professionalism, periodic assessment of concerns and identification of potential vulnerabilities, and the provision of feedback and education related to resulting actions.

E. **Well-being** - The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and its clinical care team. The delivery of safe and high-quality patient care on a consistent and sustainable basis can be rendered only when the clinical learning environment ensures the well-being of clinical care providers.

F. **Diversity, Equity and Inclusion** – The optimal clinical learning environment has strategies, resources and processes that support diverse representation, ensure equitable care and foster respectful inclusivity within all aspects of health care delivery, education and training.

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.