

**LEHIGH VALLEY HEALTH NETWORK
System Manual**

GME – FACULTY EVALUATION OF RESIDENTS AND FELLOWS – DEPARTMENT OF EDUCATION (DOE)

SCOPE:

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Lehigh Valley Hospital | <input type="checkbox"/> LVHN Surgery Center – VNA Road |
| <input type="checkbox"/> Lehigh Valley Hospital – Dickson City | <input type="checkbox"/> Lehigh Valley Home Care |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Hazleton | <input type="checkbox"/> Lehigh Valley Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono | <input type="checkbox"/> Pocono VNA / Hospice |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input type="checkbox"/> LVHN Children’s Surgery Center | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton |
| <input type="checkbox"/> LVHN Surgery Center – Tilghman | <input type="checkbox"/> 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: 9 / 2013
Review / Revision: 8 / 2021

Approved by the Graduate Medical Education Committee

Approved by: Joseph Patruno (Physician)	Approval Date: 02/20/2024
Version: 3	Publication Date: 02/20/2024
Original Creation Date: 09/09/2013	Next Review Date: 02/12/2027

I. POLICY:

Lehigh Valley Health Network's Graduate Medical Education Committee (GMEC) recognizes that accurate and timely feedback is required for residents and fellows to achieve competence. New Innovations Residency Management System (NIRMS) is the GMEC network standard to support timely and accurate completion of evaluations. This policy outlines how physician compliance with completing evaluations in a timely manner will be tracked and reported. This policy does not supersede ACGME requirements of timely evaluation.

While governing bodies (ACGME and CODA) recommend the minimum number of faculty based on program size, core faculty are those identified as essential to the administration of the program. While a core faculty member could also be identified as a key faculty member, it is not a requirement. This policy focuses on evaluation of residents and fellows by core faculty.

II. DEFINITIONS: N/A

III. PROCEDURE:

1. Identification of Core Faculty

- a. Each Program Director, or designee, is required to identify core faculty.
 - i. Guidelines for defining core faculty include:
 - 1) The program director identifies as critical to providing feedback.
 - 2) Experienced in educational methods (like evaluation and in-depth knowledge of competencies)
 - 3) Understands the departments goals, objectives, and curriculum
 - 4) Involved in evaluations on a routine basis
 - 5) Expected to complete evaluations online
 - 6) Spends substantial amount of time working with residents
 - ii. Core Faculty lists will be maintained by Program Director, or designee, in NIRMS Specific procedures for identifying core faculty and generating reports are available contained within NIRMS.

2. Evaluation Schedule

- a. To allow for consistent institutional reporting, programs are required to adhere to the following schedule for assigning and returning completed evaluations of residents and fellows by faculty.
- b. For block rotations less than 3 months in duration:
 - i. Evaluations will be assigned and available in NIRMS 3 days prior to the end of each block rotation
 - ii. Evaluations will be due 30 days after they are assigned and available.
- c. For continuity rotations and block rotations longer than 3 months in duration:
 - i. Evaluations will be assigned and available in NIRMS every 3 months, beginning from the rotation start date.
 - ii. Evaluations will be due 30 days after they are assigned and available.

3. Institutional Reporting

- a. For a department to be compliant with institutional goals, 75% of resident evaluations by core faculty must be completed within 30 days after they are assigned.
- b. The institutional report will be presented at GMEC twice yearly.
- c. The Institutional Report will be run by the GME Office.
- d. Core faculty designations should be updated in NIRMS two weeks prior to the GMEC meetings listed above.

- e. Compliance with this standard is maintained at the program management level and in consultation with division chiefs as needed.