

SUNY Downstate Health Sciences University
Graduate Medical Education
Evaluation Policy and Procedure

1. Each graduate medical education program determines its methods of evaluation (i.e. clinical, in-service, chart review, observed clinical exam, and oral exams) consistent with sound pedagogical practice and the requirements of the Review Committee (RC) and/or medical specialty board.
2. Each program must establish a Clinical Competency Committee (CCC) for resident evaluation that monitors the progress of each resident/fellow on the achievement of their specialty milestones and makes recommendations to the Program Director.. The CCC should meet at least two times per year. The CCC serves as the first step in the program's academic appeals process.
3. Each program should institute a mentoring/advisory system assigning each resident to a faculty mentor/ advisor. This mentor/advisor will become a liaison between the resident/fellow and the CCC and will meet for follow-up with the residents/fellows at least twice yearly.
4. The Chairman/Program Director, Associate Program Director, or designee must meet with each resident/fellow at least semiannually to review their milestones, progress and discuss future promotion in the residency program.
5. All meetings related to formal evaluation between resident/fellow and representatives of the program must be documented, signed and dated by resident and representative, and placed in resident's/fellow's academic file immediately. (See academic file policy)
6. If a resident/fellow is subject to any type of letter of warning or adverse action (remediation, probation, non-promotion, suspension, termination, and non-renewal of contract), the Office of the Associate Dean for GME must be notified. (See Due Process Policy Below)
7. A Resident/Fellow Promotion Form must be completed at the end of the academic year for each resident/fellow.
8. In discussing adverse actions with residents/fellows, the Program Director or designee must outline specific problem areas, define with the resident/fellow the methods that will be used to address these, and determine a timetable for improvement. Clear criteria for determining improvement must be articulated. A follow-up meeting should be scheduled to determine status. **These meetings must be documented and signed by both parties and placed in the resident's/fellow's evaluation file with a copy to the GME Office.**
(See Due Process Policy).

9. All evaluation documentation should be available for direct review in the department and/or in the office, by the resident/fellow when requested.

Evaluations in New Innovations

1. All evaluations must be in New Innovations, including resident/ fellow, faculty, semi-annual, end of rotation, 360 degree, CCC, on-the-fly, and final summative evaluations.

Evaluations of Resident/Fellow Performance

1. Evaluations should be in writing and completed at the end of each month or rotation or when appropriate. Evaluations should be discussed with the resident/fellow. All evaluations that are marginal or unsatisfactory, must be discussed with the resident/fellow at the end of the rotation and signed by both the resident/fellow and the evaluator or referred to the CCC for review and action.
2. Programs are required to prepare evaluation forms that address the core competencies and areas of knowledge, skills and attitude and contain space for comments at each evaluation point. The form should also have an overall evaluation rating and space for defining strengths and weaknesses and suggestions for future improvement. There should be space for the resident's/fellow's signature and the date of review. An updated copy of the form must be on file in the GME Office. An electronic or web-based equivalent of this system is acceptable and preferred. The institution provides access to a Residency Management System, currently New Innovations, to support programs in web-based evaluations and procedures tracking.
3. Evaluations should be completed within a reasonable time after the resident/fellow completes the rotation. Faculty compliance with completing evaluations should be monitored and deficiencies addressed by the Program Director.
4. Residents/Fellows should be evaluated using multiple tools in multiple settings by multiple evaluators. At a minimum, this should include multisource 360-degree assessments, directly observed performance assessments (mini CEX, OSCE, SCO), professionalism and interpersonal and communication skills assessments, manual skill/procedure performance assessment and objective tests of knowledge.
5. Residents/Fellows should perform self-assessments and develop guided individualized improvement plans under the mentorship of faculty.

Resident/Fellows Evaluation of Program and Faculty

Residents/Fellows must be given the opportunity to evaluate their program and faculty at least once a year. This evaluation must be confidential and anonymous.

Faculty Evaluation of Program

Faculty must be given the opportunity to evaluate the program at least once a year.

Annual Review of Program Effectiveness

The Program Evaluation Committee (PEC) must meet to conduct an annual review of the program. The PEC should consist of residents/fellows, faculty and program leadership. Reliable outcome measures to assess program effectiveness in competency-based education and assessment must be conducted, documented and result in an action plan addressing areas for improvement. Documentation of this Annual Program Evaluation must be submitted to the GMEC as part of the program's Annual Report to the GMEC.

Approved by GMEC 1996

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