

<b>Graduate Medical Education Policy</b>	Discipline – Evaluation and Assessment
<b>Facility/Sponsor</b>	CMC/GMEC
<b>Policy Origin Date</b>	1992
<b>Revision Date</b>	September 2024

## **PURPOSE**

Programs must provide Trainees with timely, appropriate, and ongoing feedback and evaluation about performance and clinical competence relative to the competency-based educational goals and objectives of the program.

Programs must inform Trainees in a timely manner about decisions regarding the outcomes of remediation and/or probation. See Promotion and Advancement and Appeals and Due Process policies.

## **SCOPE**

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

## **DEFINITIONS**

**Evaluation:** Evaluation can be both formative and summative. Formative evaluation consists of monitoring Trainee learning and providing ongoing feedback used by Trainees to improve their learning in the context of patient care or other educational opportunities. Formative evaluation occurs at the end of each clinical rotation. Summative evaluation is the evaluation of a Trainee's learning by comparing the Trainee's progress against the goals and objectives of the rotation and program. Summative evaluations are used to make decisions about promotion to the next level of training or program completion. End-of-rotation and end-of-year evaluations have both formative and summative components.

**Clinical Competency Committee (CCC):** The CCC is a committee required in each ACGME accredited training program. The committee is composed of at least three program faculty and is responsible for reporting Milestones to the ACGME. The CCC advises the Program Director regarding Trainees' progress, promotion, remediation, probation, and dismissal.

**Remediation:** Remediation is an action taken by a Program Director to identify and correct deficiencies in educational performance, clinical performance and/or professional behaviors. See Appeals and Due Process Policy.

**Probation:** Probation is a formal, adverse action taken by the Program Director to correct either repeated or concerning deficiencies noted in the Trainee's performance and to indicate that continuation in the program is in jeopardy. See Appeals and Due Process Policy.

## **PROCEDURE**

### 1. Feedback:

- a. Each program must have a process in place to ensure Trainees receive appropriate and timely feedback throughout each educational rotation.
- b. Feedback should be based on learning objectives and goals set by the training program.
- c. Feedback is based on observable behaviors or outcomes and provided with the intent of improving performance.

2. Formative Evaluation:

- a. Each program must provide Trainees with ongoing formative evaluation.
- b. The program must provide an objective performance evaluation based on the six ACGME competencies and the specialty-specific Milestones.
- c. Programs must use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff) to evaluate Trainees.
- d. Programs must provide this information to the Clinical Competency Committee (CCC) for its synthesis of progressive Trainee performance and improvement toward unsupervised practice.
- e. At a minimum, formative evaluation must occur after each clinical rotation. If a clinical rotation lasts greater than three months, an evaluation must be documented at least every three months.
- f. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion of the experience.
- g. Each program will define the evaluation forms to be used by faculty when completing formative evaluations. These forms must be available on MedHub unless an extenuating circumstance prevents the use of MedHub.
- h. A copy of all completed evaluation forms must be kept in the Trainees' educational files.
- i. Trainees must have the opportunity to review all completed evaluation forms in a timely fashion. Programs should encourage direct communication of formative evaluations by the faculty to the Trainees.
- j. All decisions to not grant a Trainee credit for all or part of an educational rotation must be communicated verbally and in writing to the Trainee in a timely fashion, preferably no later than two weeks after completing the rotation and/or the determination to fail the Trainee.
- k. Trainees may utilize the Redress of Grievances Policy if they disagree with a completed evaluation.

3. Semi-Annual Evaluation:

- a. The Program Director or a designee, with input from the CCC must:
  - i. Meet with and review with each Trainee their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones.
  - ii. Assist Trainees in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
  - iii. Semi-annually report to the ACGME the specialty-specific Milestones for each Trainee via the Accreditation Data System (ADS).

4. Annual Summative Evaluation:

- a. Programs must complete an annual summative evaluation of each Trainee that includes their readiness to progress to the next year of the program. These evaluations must be accessible for review by the Trainee.
- b. Programs should identify outcome measures to guide advancement decisions. Outcome measures should be communicated to Trainees.

5. Final Summative Evaluation:

- a. The Program Director must provide a final summative evaluation for each Trainee upon completion of the program.
- b. The specialty-specific Milestones, and when applicable, the specialty specific Case Logs, must be used as tools to ensure Trainees are able to engage in autonomous practice upon completion of the program.
- c. The final summative evaluation must:

- i. Become part of the Trainee's permanent record, which is maintained by the program.
    - ii. Must be accessible for review by the Trainee.
    - iii. Verify the Trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
    - iv. Consider recommendations from the CCC
    - v. Be shared with the Trainee upon completion of the program.
  - d. For Trainees who leave the program prior to completion of the program, the Program Director must provide a summative evaluation that includes:
    - i. Assessment of each of the ACGME specialty-specific Milestones
    - ii. The number of months of training completed and the rotations successfully completed
    - iii. Summary of applicable case logs
6. Academic Remediation
- a. The Program Director will confer with the program's Clinical Competency Committee (CCC) about a Trainee's performance. If the CCC and/or the Program Director believe the Trainee is not progressing in the program as expected, the Program Director will develop a remediation document in coordination with the Office of Graduate Medical Education.
  - b. Academic remediation is not considered an adverse action and cannot be appealed
  - c. The remediation document must identify the specific areas of deficiency, duration of the remediation (a single period of remediation may not exceed six (6) months), the expected corrective action plan, and outcome measures to assess the Trainee's progress for each period of remediation. The remediation document must identify the potential consequences of failure to meet the expectations of the remediation plan, including subsequent probation or non-renewal of contract.
  - d. The remediation document must be reviewed and approved by the Designated Institutional Official (DIO) prior to notifying the Trainee.
  - e. The Program Director must provide verbal and written notification to the Trainee of the decision to place the Trainee on remediation. The written notice must include a copy of the remediation document.
  - f. The Trainee will be given an opportunity to clarify his or her understanding of the components of the remediation document.
  - g. A copy of the remediation document will be retained in the Trainee's personnel file. The program may be compelled to divulge details of the remediation to a medical licensing board, a hospital credentialing committee, or any other agency that the trainee has given consent to communicate with.
  - h. The Program Director must provide the DIO with regular updates on the progress of the Trainee(s) on remediation.
  - i. Outcomes of Remediation:
    - i. The Trainee successfully meets the requirements of the remediation plan:
      - 1. Program Director removes the Trainee from remediation.
      - 2. The remediation document remains in the trainee's personnel file but is not reportable to future employers.
    - ii. The Trainee fails to meet the requirements of the remediation plan:
      - 1. Option 1: the Program Director extends remediation:
        - a. The initial remediation document must be amended to include the ongoing or new deficiencies and a new duration to resolve the deficiencies.

- b. The DIO must review and approve the amended remediation document.
  - c. The amended remediation document must be provided to the Trainee in writing.
- 2. Option 2: The Program Director places the Trainee on probation (see below)
- 3. Option 3: The Program Director determines that a non-renewal of contract is necessary (see Appeals and Due Process Policy)

## 7. Probation

- a. Probation is considered an adverse action and may be appealed (see Appeals and Due Process Policy)
- b. The Program Director will confer with the program's Clinical Competency Committee (CCC) about a Trainee's performance. If the CCC and/or the Program Director believe the Trainee is not progressing in the training program as expected, despite attempts at correction of these deficiencies, or the Trainee has engaged in a significant act, omission, or behavioral event, the Program Director may place the Trainee on probation. The Program Director must develop a probationary document prior to placing the Trainee on probation.
- c. A probationary document is a written document developed by the Program Director, in coordination with the Office of Graduate Medical Education, for each period of probation identifying the specific areas of deficiency and the expected corrective action plan to include remedial activities that the Trainee must engage in and outcome measures to assess the Trainee's progress. The document must identify the potential consequences of failure to meet the expectations of the corrective action plan, including dismissal from the program, or non-renewal of contract and must identify a specific timeline and duration.
- d. The time period of probation must be specified and shall not exceed six (6) months. A Trainee who remains on probation at the regular time of promotion may not be promoted if the Trainee does not appear ready for the next level of responsibility as determined by the CCC.
- e. The probationary document will be reviewed and approved by the Designated Institutional Official (DIO) prior to notification of the Trainee.
- f. The Program Director will provide verbal and written notification to the Trainee of the decision to place the Trainee on probation. The written notice must include a copy of the probationary document.
- g. The Trainee will be given an opportunity to clarify his or her understanding of the components of the probationary document.
- h. The Trainee will be provided with a copy of the probationary document and a copy will be retained in the Trainee's file. Probation may need to be reported to certain state licensing boards and will usually be reported to hospital credentialing committees or other agencies that the trainee has given consent to verify their education.
- i. The Program Director will provide the GMEC regular reports on the progress of Trainee(s) on probation.
- j. Outcomes of probation:
  - i. The Trainee successfully meets the requirements and outcomes of probation:
    - 1. Program Director removes the Trainee from probation.
    - 2. The probation document must remain in the Trainee's permanent training file and will not be removed at the time of completion of the program.

3. On the Trainee's final summative evaluation, the Program Director must report upon request that the Trainee was on probation during their training.
- ii. Trainee fails to meet the requirements and outcomes of probation:
  1. Option 1: The Program Director extends the period of probation:
    - a. The initial probationary document must be amended to include the ongoing or new deficiencies and the new duration to resolve deficiencies.
    - b. The DIO will review and approve the amended probationary document.
    - c. The amended probation document will be provided to the Trainee in writing.
  2. Option 2: The Program Director determines that a non-renewal of contract is necessary (see Appeals and Due Process Policy)
  3. Option 3: The Program Director dismisses the Trainee from the program (see Appeals and Due Process Policy)
  4. DIO review: The decision to extend probation, not renew the Trainee's contract, or to dismiss the Trainee must be reviewed and approved by the DIO prior to notifying the Trainee of the action.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	February 19, 2008
Daniel Harrington, MD	GMEC	January 1, 2011
Donald W. Kees, MD	GMEC	February 25, 2014
Donald W. Kees, MD	GMEC	August 15, 2017
Donald W. Kees, MD	GMEC	April 21, 2020
Arthur Ollendorff, MD	GMEC	September 17, 2024