

# **POLICY ON RESIDENT EVALUATION AND PROMOTION**

## **POLICY**

- A. The General Surgery Residency Training program ensures the regular evaluation of its physicians-in-training, faculty and program, in accordance with GME Policy #031 “Evaluation of Physicians-in-Training, Program & Faculty”.
- B. Evaluation criteria are established by the Program Director with review/approval by the teaching faculty of the Department of Surgery.
- C. Physicians-in-Training:
  - 1. Physicians-in-Training are to be evaluated by the members of the teaching faculty on each rotation according to the 6 core competencies.
  - 2. Completed evaluations are submitted to the program director or his/her designee.
  - 3. Results of evaluations are communicated to the physician-in-training, at each semi-annual review with the Program Director. The physician-in-training has the opportunity to review all evaluations.
- D. Faculty:
  - 1. Faculty are evaluated by each physician-in-training annually on the items below using the program’s standard annual program evaluation form.
    - a. Breadth of knowledge
    - b. Teaching
    - c. Availability
    - d. Academic Interest
    - e. Concern for performance
    - f. Overall Contribution
    - g. Surgery
    - h. Relationship to Patients
    - i. Research Orientation
    - j. Stimulation of interest
    - k. Lectures and Conferences
  - 2. Completed evaluations are submitted to the Program Director or his/her designee.
  - 3. Results of evaluations are communicated anonymously to each faculty, to the extent possible. This is done by returning aggregate data including mean numerical scores as well as verbal comments every six months. Data is transcribed to a typed format to preserve anonymity.

E. Program:

1. The program (e.g., educational experience, working conditions, etc.) is evaluated by each physician-in-training annually on the items below using the program's standard annual program evaluation form (see Appendix)
  - a. Faculty
  - b. Senior Residents
  - c. Clinical Experience
  - d. Hours per week worked
  - e. Recommendations for improvement
2. Completed evaluations are submitted to the program director or his/her designee.
3. Results of evaluations are reviewed by the program director for program improvement and/or modification.

## **EVALUATION**

Documentation of the development of independent clinical skills by the residents is accomplished, in part, via the annual American Board of Surgery In-training Examination. This examination measures the technical knowledge and clinical decision-making ability of the residents. It reflects the ability of the program to teach independent and sound surgical judgment. The data from this examination are used to counsel the residents individually and to adjust the program curriculum and conference content in order to strengthen areas of documented weakness.

Progression in the development of the resident's independent skills is also assessed via the clinical rotation evaluation system. The attending surgeons complete these evaluations at the end of each resident's clinical rotation. The data are submitted to the Department of Surgery and incorporated into the resident's personnel file. These clinical evaluation reports assess the resident's industry, psychomotor skills, technical knowledge, scholarly activities, and interpersonal relationships. The residents are evaluated in relation to the core competencies, as well as objectives specific to the rotation and training level.

At six-month intervals, each resident meets with the Program Director, and progress in developing clinical skills is evaluated at that time. The clinical evaluation reports are reviewed with the resident, and counseling regarding concerns that appear in a recurring pattern is provided. Identified strengths are reinforced. Results of the In-training Examination are reviewed to help the resident address weak areas in his/her fund of knowledge. The resident's scholarly activities and research projects are reviewed during the semi-annual interview, and suggestions are made to help the resident remain productive in this area. The resident is asked to identify areas for improvement within the program as it is developing for him/her. These comments are used by the Program Director to assist in future planning. The resident's long-term goals are discussed to help guide his/her career development. Individual learning plans will be outlined by the resident and the Program Director to address specific areas of concern.

The Surgical Education Committee assesses the development of independent skills through the yearly review of resident progress. This committee is composed of members of the Department of Surgery who actively participate in resident education. On an annual basis, the committee reviews each resident's progress. Problems that are identified are brought to the resident's attention for counseling and correction. A decision is made at this meeting of the committee regarding the appropriateness of each resident to advance to the next level in the training program.

Each resident in this program will be periodically (no less frequently than every six months) evaluated in writing by supervising faculty with regard to the six core competencies listed below.

### **PURPOSE OF THE EVALUATION SYSTEM**

The purpose of the evaluation is to provide information on resident performance for the following reasons:

1. To provide each resident with feedback on his/her performance
2. To identify resident deficiencies and initiate corrective measures to assist the resident in his/her professional development as a surgeon and maintain exemplary patient care that is a hallmark of a teaching hospital
3. To identify strengths and weaknesses in the teaching program which require modification.
4. To make decisions on promotion.
5. To provide data to specific boards for certification.
6. To write letters of recommendation.

### **METHODOLOGY OF EVALUATION**

Residents are evaluated in each of the 6 ACGME core competencies. Multiple methods are used to assess competence in each area as follows:

#### **I. PATIENT CARE**

- A. Simulation lab testing
- B. Daily Service Rounds
- C. Weekly Attending Rounds
- D. Written evaluations
  1. by Faculty
  2. by Nursing Staff (360° evaluations)
- E. Operating room technique evaluation by Faculty
- F. Annual ABSITE
- G. Review of operative Case Logs

#### **II. MEDICAL KNOWLEDGE**

- A. Annual ABSITE
- B. Annual Mock Oral examinations

- C. Attending Rounds
- D. Journal Clubs
- E. Written evaluation by faculty
- F. Matrix Conference
- G. Basic Science Quizzes
- H. Chief Rounds/Trauma Conference
- I. Basic Science Conference Presentations

### **III. PRACTICE-BASED LEARNING**

- A. Matrix Preparation
- B. Attending Rounds
- C. Simulation Lab
- D. Written evaluation by faculty
- E. Conference attendance
- F. Portfolios
- G. Research Projects
- H. Review of Case Logs

### **IV. PROFESSIONALISM**

- A. Written evaluations
  - 1. by Faculty
  - 2. by Nursing Staff (360° evaluations)
- B. Conference attendance
- C. Adherence to policies & procedures of the department of surgery
- D. Ethics conference/course attendance sponsored by GMEC
- E. Direct Observation

### **V. INTERPERSONAL RELATIONSHIPS & COMMUNICATION**

- A. Written evaluations
  - 1. by Faculty
  - 2. by Nursing Staff (360° evaluations)
- B. Direct observation
- C. Matrix Presentation
- D. Chief Rounds/Trauma Conference

### **VI. SYSTEMS-BASED PRACTICE**

- A. Committee attendance with report
- B. Medical record completion
- C. Portfolios
- D. Written evaluation by faculty
- E. Annual ABSITE
- F. Matrix Conference

### **CLINICAL ROTATION EVALUATION**

The rotation evaluation forms are designed to assess the performance of the

resident in each of the 6 ACGME core competencies. Including clinical performance, knowledge, technical skills and personal/professional behaviors.

Evaluations are completed for each resident rotation and represent the consensus of service faculty with whom the resident interacted on the clinical rotation. Acceptable and unacceptable levels of performance for each category is determined.

Residents will also have to opportunity to evaluate faculty teaching and clinical rotations. This feedback will be used to improve faculty teaching performance and educational value of clinical rotations.

Evaluations will be available for review by the resident Physician during the office hours of the Residency Program Coordinator.

### **REQUIRED CONFERENCES**

Satisfactory attendance is an indication of the motivation of the resident toward his/her surgical education. Required conferences are Matrix Conference, Core Curriculum, Grand Rounds and Chief Rounds/Trauma Conference. **All residents on clinical services are required to attend a minimum of 80% of required conferences.**

### **IN-TRAINING EXAMINATION**

The In-Training examination is an objective method used to test the cognitive knowledge of the resident. This exam is used in conjunction with the other factors to assess the resident's knowledge and performance. **The resident is required to attain a score at or above the 30th percentile for the nation at his/her level of training.**

### **MOCK ORAL BOARD EXAMS**

Mock Oral board exams are administered to PGY-4 and 5 residents each year. Each resident is tested by two teams of two faculty members and scored by American Board of Surgery criteria. A passing score is required.

### **MEDICAL RECORDS ([Cedars Sinai Medical Staff Rules and Regulation: Article IV](#))**

Resident attention to record keeping is expected. Violation of Cedars Sinai policy regarding medical records can lead to suspension from clinical duties until records are completed.

### **POLICY AND PROCEDURES ([Physician In-Training Agreement](#))**

Policy and procedures of the Department of Surgery and Cedars Sinai Medical Center are to be followed. Specifically, residents are required to follow the vacation and time off request procedures. While on clinical rotations residents are directly responsible to the attending faculty and senior house staff. It is expected that residents will accept guidance and instruction as needed and conform to the unique policies and procedures of each service.

### **RESIDENT TEACHING**

The effectiveness of junior resident and medical student teaching will be evaluated. A willingness to teach and provide direction to students and house staff is expected.

## **FACULTY MENTOR/ADVISOR**

Each resident is assigned a mentor at the beginning of their residency. The designated faculty mentor remains with the same resident for the duration of his/her training, unless the resident is able to find an alternate mentor.

## **CHANGING OF MENTORS MUST BE APPROVED BY THE PROGRAM**

**DIRECTOR.** Each resident must formally meet with their mentor at least two times per year. At that time the mentor reviews the rotation evaluations to date and discusses any problem areas. A written statement of the resident's performance is submitted by the mentor for the resident's file. The faculty mentor is responsible for presenting an overall assessment of the resident performance at the annual faculty evaluation meeting.

## **QUATERLY EVALUATION**

The department's Graduate Medical Education Committee reviews resident performances. Residents with performance deemed unacceptable by the GME will be issued a warning by the program director that disciplinary action may occur if performance does not improve. Additional ad-hoc behavioral and/or clinical problems brought to the attention of the program director may result in a written formal warning.

## **ANNUAL EVALUATION MEETING**

Annually the Department of Surgery faculty meets to evaluate resident performance. Chief residents also attend the session and their input is given strong emphasis. This session reviews all the factors enumerated above. An opportunity for both positive and negative feedback based on knowledge of the resident by his/her faculty mentor, in-service test score, conference attendance, rotation evaluations, Mock Oral performance, record keeping habits, teaching and conformance to Department policies. Less than satisfactory performance in one or more areas may be grounds for disciplinary action. The comments made are used to draft a statement regarding the progress of the resident. The discussion on each resident is brought to a conclusion by a vote of the faculty. For residents remaining in the program one of the following will be granted:

1. **ADVANCEMENT**
2. **ADVANCEMENT** with stated areas to be improved.
3. **ADVANCEMENT** with **probation** and stated deficiencies that must be improved.
4. **ADVANCEMENT** with **academic probation** and stated deficiencies that must be improved.
5. **NO ADVANCEMENT** with academic probation and stated deficiencies that must be improved.
6. **DISMISSAL** with stated justification.

For residents leaving the program one of the following will be granted:

1. Satisfactory completion
2. Unsatisfactory completion

Resident Physician scoring less than the 30<sup>th</sup> percentile on the annual in-training exam will be placed on academic probation. Residents placed on probation will remain so for a 12 month academic year.

### **EVALUATION REPORT**

After the annual Evaluation Meeting residents are scheduled to meet with the Chairman and/or Program Director or his designee. At that time a performance statement based on the annual faculty meeting will be discussed with the resident. Areas of exceptional performance, areas for improvement and possible solutions to existing problems will be highlighted. This statement will be signed by the resident and the Chairman and/or Program Director and become a permanent part of the resident's file. The Program Director will outline a plan to correct deficiencies. It is the responsibility of the Resident Physician to follow up with any questions that he or she may have regarding an evaluation.

Residents may (but will not necessarily) advance to the next level of post graduate training while on probationary status. Resident who have advanced to their current level of post-graduate training on probationary status will not be advanced to the next level unless the issue(s) leading to probation have been satisfactorily remediated.

Residents are eligible for graduation after satisfactory completion of the PGY-5 (Chief Resident) year. Certification of the resident for admission to the American Board of Surgery examination process ordinarily occurs at graduation but is at the sole discretion of the Chairman and the Program Director.

### **PROMOTION AND DISMISSAL**

All Surgery trainees are subject to promotion and dismissal criteria as indicated in GME Policy #038 "Promotion & Renewal of Physician-in-Training" and GME Policy #035 "Disciplinary Actions and Related Adjudication", in addition to the criteria given in this policy.

#### **Promotion**

In order to advance to the next level of responsibility within the training program and/or graduate, the physician-in-training must show Competency in the following:

1. Attainment of surgical technical skills appropriate to the year of training as outlined in the Surgery Residency Goals and Objectives
2. Attainment of appropriate knowledge base as evidenced by performance on clinical rotations, and examinations as appropriate
3. Satisfactory completion of administrative responsibilities
4. Ability to continue learning and function professionally within the specialty of General Surgery.
5. Absence of dysfunction due to substance abuse or emotional causes.

6. Satisfactory achievement of:
  - a. Post-rotation and semi-annual evaluations
  - b. Direct observation by program director and teaching faculty
  - c. American Board of Surgery ABSITE Exam
  - d. Annual Departmental Oral examination

Upon becoming aware of a below satisfactory level of performance, the program director discusses the issues with the physician-in-training and establishes a plan with him/her to foster improvement and a timeline by which improvement must be shown. The physician-in-training's progress is closely monitored until satisfactory performance is achieved. The Program Director may not recommend promotion for a resident if satisfactory performance is not achieved. The resident, may at the Program Director's discretion, be required to repeat all or part of a year of training for failure to make appropriate technical and/or cognitive progress.

### **Dismissal**

A physician-in-training who is unable to rise to a satisfactory level of performance level after remediation efforts within the agreed-upon timeline shall be considered for immediate dismissal or non-reappointment, at the program director's discretion. Dismissal shall be handled according to the Medical Center's process given in GME Policy #038 "Promotion & Renewal of Physician-in-Training" and GME Policy #035 "Disciplinary Actions and Related Adjudication".

### **GRIEVANCE PROCESS (GME Policy Number GME035)**

If a resident is dismissed or placed on probation the resident may exercise the right to appeal. The resident must first appeal to the Program Director and the Chairman of the Department. If the Program Director and the Chairman are in agreement with the recommendation for dismissal or probation, the resident then has the right to the House Staff Discipline Committee. The Discipline Committee is a sub-committee of the Graduate Medical Education Committee of the Medical Center, appointed by the Senior Vice President for Academic Affairs. The decision of this committee is final. Further appeal may be undertaken utilizing CSMC grievance procedures and policies.