The enclosed guide is a compilation of documents and other resources that are used by UMMC and other non-UMMC programs. The information has been gathered through a variety of sources, including the ACGME and UMMC program directors.

We are very appreciative of the hard work and efforts of all who have been involved and have shared their innovative approaches to meeting ACGME/RRC specialty/subspecialty and Institutional requirements. We would like to receive feedback about this document as well as your own program's ideas on how it approaches achievement of the ACGME/RRC requirements.

If documents are referenced, but not contained in the packet, please contact me.

Thank you.

Laura Pounds – Director, Graduate Medical Education

lpounds@umm.edu ; 410-328-1004

ACGME Competency: Medical Knowledge Overview

The program must integrate the following ACGME competency into the curriculum:

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and socialbehavioral sciences, as well as the application of this knowledge to patient care. [Also As further specified by the Review Committee – please review your specialty/subspecialty specific requirements to determine other required curricula activities]

Spartanburg Family Medicine Residency program developed the Daily Precepting Tool to evaluate medical knowledge in an outpatient setting. The tool is a short, practical tool that focuses on medical knowledge in a clinic setting. The tool was developed with the understanding that residents/fellows and their performance will vary at different PGY levels, so different goals for different PGY levels are identified, and can be modified to meet program specific needs.

Daily Precepting Form for Medical Knowledge
(source ACGME Bulletin, August 2007)

Resident /Fellow Name:	**Attending Name:**		
PGY Level: Date:	*Method(s) of Evaluation* ☐ Direct observation; ☐ Standard precepting; ☐ Video Observation ☐ Other _____		
	Partially Meets Expectations	**Meets Expectations**	**Exceeds Expectations**
PGY-1	**Rating**		
Demonstrates basic science knowledge and skills.			
PGY-2	**Rating**		
Demonstrates evidence of logical, systematic thinking (investigative thinking) in clinical situation.			
PGY-3	**Rating**		
Develops, uses, presents, and documents an organized follow up plan, including review of labs, tests, etc (analytical thinking).			

Additional Attending Physician Comments:
Resident/Fellow Reflective Comments: *How does this affect my education?* *What actions am I going to take (e.g., extra reading) to do based on this information?*

Attending signature & date:		**Resident signature& date:**	
	/		/
SIGNATURE	**DATE**	**SIGNATURE**	**DATE**

CLARIFICATION OF EXPECTATIONS REGARDING
PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI)
AND PBLI PROJECT EXAMPLES
Source: ACGME

Edwin Zalneraitis, MD and Joseph Gilhooly, MD of the RRC for Pediatrics developed the following FAQs to clarify expectations for two of the more malleable and hard to grasp competencies. The Review Committee for Family Medicine believes that the clarification and examples could be generalized beyond pediatrics, and these questions and replies are noted below.

Q: The requirements for Practice-based Learning and Improvement (PBLI) state that residents must systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. **Does this mean that residents are expected to participate in a quality improvement project?**

A: The program needs to document that residents (working alone or in a practice group) actively participate in an exercise in which they can examine some aspect of their practice to identify an area in need of improvement, and then implement a plan to bring about improvement. An exercise that examines some aspect of their educational activities can be used to meet this requirement if it is related to patient care. Residents will need to be provided instruction in quality improvement methods. This process is learned best when residents are able to work with those skilled in quality improvement.

Q: What is the difference between a practice-based quality improvement project and a systems-based practice project?

A: The practice-based learning and quality improvement project involves residents in improving their own individual practice outcomes. The systems based practice project is one aimed at identifying systems issues that increase the occurrence of errors. A systems-based practice project would have the goal of creating changes to improve all providers' work environment. **There are times when a SBP project can be seen as either a PBLI or SBP project, depending on how it is planned, implemented, and presented**.

CLINICALLY BASED (CB)
PBLI QUALITY IMPROVEMENT PROJECTS:

PBLI Example 1 - CB: A group of residents has decided to work on improving how growth in patients in the continuity clinic can be better tracked. First, they document their current tracking percentage; they look at 100 charts. Then, they introduce a reminder system to improve such data. Several months after the change has been implemented, residents check another 100 charts to see if the change has resulted in improved tracking.

PBLI Example 2- CB: A resident has decided to work on reducing infection rates for a particular procedure. He thinks his rates exceed those of other residents for the procedure. He decides to work on compliance with techniques known to reduce infections associated with the procedure. The resident then introduces a new system of doing the procedure that increases the chance of completing the procedure in the expected way without infection. The resident tracks the technique used and the rate of infection related to the procedure in the future.

NON-CLINICALLY BASED (NCB)
PBLI QUALITY IMPROVEMENT PROJECTS

PBLI Example 3- NCB: A resident has studied her sign-outs on the inpatient service and noticed that the information she often provides has omissions and errors. At the urging of a faculty mentor, she decides to examine her own performance along with that of her colleagues. With the help of the quality improvement department at the hospital, the resident gathers a sample of morning, evening, and weekend sign-outs. The sessions are analyzed for omissions and errors. An SBAR format is implemented and the sign-out template is revised. Residents are taught to use the new format, and omissions and errors are reviewed again two months later. The resident documents improvement in her own performance, as well as reduced errors for all involved in the new approach. Data are used to further modify the signout template. **This project can be seen as an example of a PBLI or an SBP project**. Since the project enhanced and improved individual practice it was framed as a PBLI example, but since it also had a positive affect on the overall system the resident works within, it can also be seen and presented as an example of an SBP project.

PBLI Example 4 – NCB: A resident feels that her shift assignments in the ED are too long. She is convinced that after eight hours, she works slower and is more likely to make errors. She works with the faculty member in the ED to identify ways to track the patients seen by resident providers. All medication errors are tracked through the EMR. After obtaining IRB approval, the resident and faculty work to randomly assign residents to either 8-hour shifts or 10-hour shifts. The resident reviews and compares her own performance relative to performance errors, and reports are generated across all residents. Results are resented at the annual program evaluation and an action plan is determined. **This project can be seen as an example of a PBLI or an SBP project**. Because this was conceived of and implemented by an individual resident to improve her work, it is a PBLI example. However, because the project had an impact on the overall system it is also an example of an SBP project.

The ACGME requires programs to have their residents/fellows identify a system error and work to develop an approach to address the system error (not program issue but rather a system issue.

The enclosed form was developed by the Pediatrics Associate Chair of Education for that purpose. If you do not have documentation currently of a systems based practice project, we would recommend that you give the form to each of your trainees to complete and have them begin to think about what steps or actions they would plan to address the issue.

The progress of these efforts should be reviewed no less frequently with the trainee than semi-annually.

COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT

ACTIVITY: INDIVIDUAL LEARNING PLAN

The ACGME requires that residents self-reflect about their practice and take steps to improve any areas of concern they have identified. This should be documented through some type of individual learning plan that the resident/fellow and their program director work collaboratively to develop. The Associate Chair for Education for the Department of Pediatrics developed an individual learning plan template and evaluation form for use by our programs.

In addition, we have included a documented provided by one of the RRCs to guide you or your resident/fellow trainee and you in the development of an individual learning plan.

INDIVIDUALIZED LEARNING PLAN
(Practice Based Learning and Improvement Activity)

Individualized Learning Plan
Based on your evaluations, feedback from others, and your own self-assessment, list three learning objectives that you will focus on during the next six months.
1.

2.

3.

6. Plans for areas that require remediation:

INDIVIDUALIZED LEARNING PLAN EVALUATION TOOL
(Practice Based Learning and Improvement Evaluation Tool)

Assessment of Individual Learning Plan by Program Director

- ☐ Below Standards indicates that resident/fellow is not on target for successful completion
- ☐ Meets Standards indicates that resident/fellow is on target for successful completion

Comments:

Resident /Fellow Signature	Date	Program Director(or designee) Signature	Date

Ideas from ACGME Bulletin
April 2007 on Evidence Based Medicine Activities

Idea 1: Incorporate Evidence-Based Medicine into case-based learning

1. Develop a collection of cases, addressing curriculum requirements
2. Find specialty super-teachers, and teach them how to facilitate
3. Create an on-line tutorial for finding and using guidelines and a web-based case template
4. Develop evaluation tools

Idea 2: Provide "point-of-care" access to Evidence-Based Medicine (EBM) resources

1. Identify champions in the faculty and administration
2. Create point-of-care access to easily searched databases
3. Develop consensus to practice EBM and accepted guidelines and resources
4. Implement hardware and software in accessible locations
5. Provide training in the principles of EBM and convey expectation that it should be used in resident education
6. Provide faculty development in using EBM on teaching and work rounds
7. Track use of EBM and evaluate the effect on patient care

PROCESS FOR EVALUATION OF RESIDENT/FELLOW CONCERNING EVIDENCE-BASED MEDICINE

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Residents should participate in scholarly activity (as specified in RRC requirements. Note: some one year training programs are not required to have a research project.

An evaluation from the program director in Medicine has been provided for this purpose.

EBM, JOURNAL CLUB OR RESEARCH PROJECT

Assessment of Research/Evidence Based MedicineCompetence

Resident Name:	Facility and Rotation Name:
Evaluator Name:	Rotation Timeframe:

In evaluating the performance of the resident or fellow, use as your standard the level of skill expected from the clearly satisfactory resident or fellow at this stage of his or her training and circle the appropriate number reflecting your evaluation of the resident/fellow. A space is provided to note insufficient contact with the resident/fellow necessary to assess performance, as well as areas that need special attention. A corresponding comment at the end of the form should be provided for areas of special attention. Please always provide comments if performance is Unsatisfactory (Rating of 1-3). Please be specific and cite any reports of critical incidents and/or outstanding performance. **Please comment in a professional manner, with meaningful, well written, and constructive feedback, particularly if areas of concern are noted.**

1. Research design Details theory and methodology for research design for this project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
2. Evidence Based Medicine Reviews and appraises literature critical to the project	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

3. Statistical analysis Performs basic statistical analysis on data.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
4. Laboratory skills Executes outlined laboratory skills for this project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
5. Writing skills Writes scientific work, e.g., proposals, abstracts, manuscript, etc., that are focused, clear, and well-supported by literature and data.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
6. Motivation Demonstrates enthusiasm for content and process of the project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

7. Aptitude for research Demonstrates aptitude for scientific inquiry.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
8. Potential for future research Demonstrates potential for future success in clinical or basic science research	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
9. Attendance Attends all sessions with no unexplained absences	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
10.. Professionalism Regularly attends conferences/activities; acts with honesty and integrity; shows reliabilty and responsibility; interacts with staff, colleagues and other health professionalism in a respectful manner.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

11. Research Plan Did the resident/fellow plan an effective project to meet their needs?
11. Research Goals Were the goals of this project implemented effectively and successfully?
10. Research Completion Was this project successfully carried out?
10. . Research Future Do you anticipate that the resident will continue to work on this project in the future?

ACGME Competency: PROFESSIONALISM

The program must integrate the following ACGME competency into the curriculum:

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- [Also As further specified by the Review Committee – please review your specialty/subspecialty specific requirements to determine other required curricula activities]

Suggested Activities to Promote/Document Professionalism, Ethical and Personal Development

- *Resident Retreats:* The chief residents, program director, and faculty, including the Chairman developed the agenda and selected the presenters. During the day-long session, residents participated in discussions and other activities related to teaching skills, time management, and team building exercises.
- *Internal Medicine* holds an annual educational retreat for the rising senior and rising chief residents. During these day-long sessions, residents participate in workshops on enhancing their skills in a variety of areas, including giving effective feedback, how to make working rounds run more smoothly, teaching medical students, encouraging professionalism during their daily work routine, leading inpatient teams, infusing evidence based medicine into their clinical activities, ensuring effective sign-outs and hand-offs, and enhancing teamwork, among other topics.
- *Pathology* developed a "hot seat" rotation, where the senior residents must demonstrate skills in prioritizing, making diagnostic decisions, and teaching other trainees, while attending physicians supervise the residents' abilities to practice at a more independent level.
- *General Surgery* instituted a "Chief School", a series of weekly seminars lasting eight weeks, with the focus of professionalism, team building and leadership.

2) ETHICAL DEVELOPMENT:

- *Psychiatry* residents and faculty participate in a Cultural Diversity Day (CDD) which includes panel and small group discussions. An award is presented during the CDD to a Psychiatry resident demonstrating tolerance, empathy, and dedication.
- *Pediatrics* developed web-based self-directed learning activities. Residents view case studies involving patients from diverse backgrounds. Residents are required to examine issues related to racial, cultural and disability issues. First year residents participate in this learning activity as part of an "academic block". UMMC GME department worked closely with ITG and the Department of Pediatrics to assure appropriate access to the website was available for trainees.
- *Orthopaedic Surgery* requires first-year residents to complete the American Academy of Orthopaedic Surgeons training module, *Are You Culturally Competent?* during new resident orientation.
- *Internal Medicine* offers program residents the opportunity to enroll in the Tufts University School of Medicine training courses on Ethics of Clinical Investigation. The goal of the course is to increase awareness of research ethics and their practical application to medical practitioners and researchers. *Preventive Medicine* sponsors an annual course, *Introduction to Clinical Research,* in which all UMMC residents (from other programs) have the opportunity to participate. The course touches upon ethical issues that may be encountered particularly involving research with human subjects as residents begin to analyze data for statistical reporting, improving patient care. Preventive Medicine also conducts a course, *Ethical Issues in International Research* and *Critical Issues in Health Care* which have ethical components integrated into the training topic.
- *UMMC GME Department* invites residents to participate in the Medical Humanities Hours that are typically held quarterly, and that includes guest speakers who present on a variety of ethical topics. A newsletter examining contemporary ethical issues in health news has been published quarterly during prior years by the Program in Clinical Ethics and is available throughout UMMC.
- *UMMC* has an Ethical Advisory Committee. The Committee is available of ethics consults, and discusses ethical topics and develops policy for review an approval, related to ethical matters.

PERSONAL DEVELOPMENT:

- *Internal Medicine* holds workshops throughout the year on topics about writing a CV, applying for jobs, and choosing careers in the specialty. Rising chief residents also attend a national meeting of the Association of Program Directors of Internal Medicine, and which includes two days of workshops and plenary sessions to enhance their skills in leading a residency program.

- *Anesthesiology* conducts an annual practice management conference, incorporating the topics of billing, personal financial management, and employee contracts. Guest speakers from the private sector, in conjunction with departmental members, conduct the conference.
- *Pathology* developed a "Lab Director" rotation which affords senior residents the opportunity to actively participate in the management of the laboratory, by functioning as Laboratory Director, under supervision. Residents are also directly involved in QA/QC activities and are required to complete one major laboratory improvement project.

CLARIFICATION OF EXPECTATIONS REGARDING
SYSTEMS-BASED PRACTICE AND IMPROVEMENT (SBP)
AND SBP PROJECT EXAMPLES
Source: ACGME with some minor modification by UMMC GME

Edwin Zalneraitis, MD and Joseph Gilhooly, MD of the RRC for Pediatrics developed the following FAQs to clarify expectations for two of the more malleable and hard to grasp competencies. The Review Committee for Family Medicine believes that the clarification and examples could be generalized beyond pediatrics, and these questions and replies are noted below.

Q: The requirements for Systems-Based Practice and Improvement is to have their residents/fellows identify a system error and work to develop an approach to address the system error (not program) issue but rather a system issue. **Does this mean that residents are expected to participate in a systems improvement project?**

A: The program needs to document that residents (working alone or in a practice group) actively participate in an exercise in which they can examine some aspect of the health care delivery system as an area in need of improvement, and then implement a plan to bring about improvement. An exercise that examines some aspect of their educational activities can be used to meet this requirement if it is related to patient care. Residents will need to be provided instruction in what constitutes a system issue versus a programmatic specific issue. This process is learned best when residents are able to work with those skilled in understanding the distinction between the two.

Q: What is the difference between a practice-based quality improvement project and a systems-based practice project?

A: The practice-based learning and quality improvement project involves residents in improving their own individual practice outcomes. The systems based practice project is one aimed at identifying systems issues that increase the occurrence of errors. A systems-based practice project would have the goal of creating changes to improve all providers' work environment. **There are times when a SBP project can be seen as either a PBLI or SBP project, depending on how it is planned, implemented, and presented**.

SBP Taxonomy
Excerpt from ACGME Bulletin/September 2008

Figure 4
The Systems-Based Practice Taxonomy

Role	Action	Behavior	Contextual Definition
Resident as:	***Must:***	***By:***	***For instance:***
Care Coordinator	Understand effects of practices on the system	Demonstrating patient care	Collect patient information; perform procedures; follow-up; plan care
		Practicing professionalism	Demonstrate responsibility; reliability; confidentiality; availability; courteousness; leadership; organization.
System Consultant	Understand the system delivery	Knowing different delivery systems	Distinguish between different systems; utilize different systems; be familiar with patient insurance information
		Recognizing resources	Identify resources; be aware of costs
		Educating patients	Advise; guide; and empower patients
Resource Manager	Practice cost effectiveness in resource use	Performing cost–benefit analysis	Understand; make cost-effective decisions.
		Using resources	Monitor resources; allocate resources
		Providing quality care	Suggest improvements; changes/modifications; understand quality assurance
Patient Advocate	Believes in patient advocacy	Giving priority to patients' needs	Put patients needs first, sensitivity
		Working within system constraints	Limitations, restraints and constraints
Team Coordinator	Use team approach	Communicating with health care personnel	Demonstrate verbal communication; written communication; networking; manage relationships
		Taking interdisciplinary approach	Recognize the role of other services; multi-disciplinary assistance
System Evaluator	Identify system errors	Conducting systematic analysis of the system's processes	Discuss protocols to perform procedures
		Identifying errors and constraints; suggest improvements, changes, modifications	Report evidence-based benefits and risks for treatment plans

Core Elements of ACGME's definition of SBP
With Links to Actual Resident Behavior and Performance
(Behavioral Anchors)

Figure 5
Preliminary SBP Items and Exploratory Factor Analysis

Sub-Domains	Items	Factor					
		1	2	3	4	5	6
Collect info	Verifying prior health information (past history) of inpatients from multiple sources (like patient, patient's family, etc.), when necessary and available.	.795	-.013	-.007	.015	-.110	-.088
Collect info	Contacting the patients' previous health care providers on admission	.597	.069	.110	-.108	-.221	-.134
Use interdisciplinary approach	Referring patients to appropriate services	.566	.050	-.102	.017	-.004	.119
Provide Multidisciplinary assistance	Responding promptly to calls from other disciplines	.531	-.012	-.090	.009	.208	.156
Perform procedures	Employing preventive measures (like disposal of used needles) to avoid risks to other health professionals	.522	-.005	.087	-.038	.008	-.081
Demonstrate Reliability	Answering pages promptly	.506	-.170	-.083	-.074	.292	.154
Demonstrate Organization	Conducting detailed and prioritized sign-outs	.493	-.034	.009	.038	.046	.047
Adhere to Protocols	Following the approved protocols for conducting procedures (e.g. phlebotomy, intravenous puncture, splinting, central venous line placement, etc.	.453	.044	.145	.062	.047	-.130
Understand insurance structures	Discussing health insurance with Patients and families	-.023	.784	.052	-.124	.025	.062
Understand insurance systems	Discussing health insurance with residents	.041	.637	-.056	-.052	-.005	.164
Empower patients	Discussing limitations of different insurance plans with patients and their families	-.091	.605	.045	.053	.073	-.137
Understand financial systems	Considering costs while selecting procedures like CAT scans	.048	.587	-.131	-.020	.073	.052
Guide patients to resources	Referring patients and their families to financial advisors when needed	.036	.562	-.054	.293	.074	-.277
Select appropriate system	Discussing alternative and complementary treatments (like acupuncture, chiropractic, aromatherapy, etc.) with patients and families	-.100	.533	-.025	.083	-.016	-.007
Communicate	Interacting with Pharmacists	-.040	-.076	.758	.041	-.006	.127
Communicate	Interacting with Therapists (physical, occupational, respiratory)	-.065	.070	.758	.015	.068	-.017
Communicate	Interacting with Social workers	.257	-.059	.612	.037	-.034	.071
Communicate	Interacting with Nurses	.090	-.224	.436	-.030	.146	.136
Give priority to patients' needs	Making adjustments (demonstrate flexibility) to work around Non-availability of relevant staff	-.081	-.054	-.020	.844	.031	.280
Show sensitivity	Making adjustments (demonstrate flexibility) to work around Delay in getting the lab reports	.057	-.065	.097	.836	-.053	.031
Give priority to patients' needs	Making adjustments (demonstrate flexibility) to work around Unavailability of the Internet	-.024	.072	.023	.748	.011	.049
Use resources	Managing documentation of medical records with minimal errors	.022	.025	.161	-.027	.747	-.099
Monitor resources	Using electronic ordering system with minimal errors	.043	.081	-.013	-.006	.715	.009
Use resources	Accessing translation services when needed	.242	.124	.020	.060	.354	-.134
Suggest improvements	Providing constructive feedback to Fellow residents	.052	-.017	.100	.189	-.044	.574
Suggest improvement	Providing constructive feedback to Social workers	-.143	.206	.443	-.073	-.016	.473
Suggest improvement	Providing constructive feedback to Nurses	-.210	.205	.428	-.079	.022	.466
Suggest improvement	Providing constructive feedback to Medical students	.281	-.022	.206	.197	-.114	.326
Reliability		**0.83**	**0.79**	**0.79**	**0.87**	**0.70**	**0.77**

NON-CLINICALLY BASED (NCB)
SBP QUALITY IMPROVEMENT PROJECTS:

SBP Example 1- NCB: A resident has studied her sign-outs on the inpatient service and noticed that the information she often provides has omissions and errors. At the urging of a faculty mentor, she decides to examine her own performance along with that of her colleagues. With the help of the quality improvement department at the hospital, the resident gathers a sample of morning, evening, and weekend sign-outs. The sessions are analyzed for omissions and errors. An SBAR format is implemented and the sign-out template is revised. Residents are taught to use the new format, and omissions and errors are reviewed again two months later. The resident documents improvement in her own performance, as well as reduced errors for all involved in the new approach. Data are used to further modify the signout template. **This project can be seen as an example of a PBLI or an SBP project**. Since the project enhanced and improved individual practice it was framed as a PBLI example, but since it also had a positive affect on the overall system the resident works within, it can also be seen and presented as an example of an SBP project.

SBP Example 2 – NCB: A resident feels that her shift assignments in the ED are too long. She is convinced that after eight hours, she works slower and is more likely to make errors. She works with the faculty member in the ED to identify ways to track the patients seen by resident providers. All medication errors are tracked through the EMR. After obtaining IRB approval, the resident and faculty work to randomly assign residents to either 8-hour shifts or 10-hour shifts. The resident reviews and compares her own performance relative to performance errors, and reports are generated across all residents. Results are resented at the annual program evaluation and an action plan is determined. **This project can be seen as an example of a PBLI or an SBP project**. Because this was conceived of and implemented by an individual resident to improve her work, it is a PBLI example. However, because the project had an impact on the overall system it is also an example of an SBP project.

COMPETENCY: SYSTEMS BASED PRACTICE AND IMPROVEMENT

ACTIVITY: SYSTEM ERROR PROJECT ACTIVITY

The ACGME requires that residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- participate in identifying system errors and implementing potential systems solutions.

This should be documented through some type of learning activity that the resident/fellow and their program director work collaboratively to identify. The Associate Chair for Education for the Department of Pediatrics developed a tool for a System Error Project Activity and an evaluation form for the activity.

COMPETENCY: SYSTEMS-BASED PRACTICE IMPROVEMENT

ACTIVITY: SYSTEMS ERROR IDENTIFICATION AND RECOMMENDATION

SYSTEMS ERROR IDENTIFICATION AND RECOMMENDATION
(Systems-Based Practice and Improvement Activityl)

Based on a case you have encountered, please address the following issues in a one-page summary:

I. Identify at least one problem with the system (e.g., inadequate bed availability; incomplete information at time of Express Care/ambo transfer, duplication of Rx orders in omnicell).
II. Identify at least one solution to the problem. This solution should be aimed at correcting or improving "the system." Include potential ways to implement the solution (who and what resources in the system would be necessary to implement your solution).

Title of Project:

Resident Name(s):

Problem(s) with System identified by Resident(s)/Fellow(s):

Solutions (remember to make this a systems and not an individual solution):

System-Error Project Evaluation/Update

Project Evaluation
(Systems-Based Practice and Improvement Evaluation Tool)

	Level of Competence	
	Below Standards	**Meets Standards**
Criterion		
1. Problem	□ Problem identified is not systems-based	□ Problem identified is systems-based
2. Solution	□ Solution not systems-based	□ Solution is systems-based and potentially achievable

Criteria for and Overall Assessment of Systems-Based Practice Project:

☐ Below Standards indicates that resident is not on target for successful completion

☐ Meets Standards indicates that resident is on target for successful completion

Comments:

Resident/Fellow Signature Date Program Director(or designee) Signature Date

Process for Evaluation (anonymous) of FACULTY
by Residents/Fellows

Includes Monitoring of Resident Supervision
The ACGME requires that each program provide residents and fellows with an anonymous way to provide feedback about **the faculty**.

The **evaluation of the faculty includes MONITORING OF RESIDENT/FELLOW SUPERVISION** as it requires the resident or fellow completing the evaluation to document the adequacy of resident/fellow supervision for the period of the assigned rotation (or other period as you define). This evaluation can be used to document you are monitoring resident supervision as ACGME requires the program director to:

The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas**. The program director must monitor resident supervision at all sites.**

The ACGME/RRC requires that the program director evaluate program faculty and approve the continued participation of program faculty based on evaluation. At least annually, the program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the

- faculty's clinical teaching abilities,
- commitment to the educational program,
- clinical knowledge,
- professionalism, and
- scholarly activities.
- annual written confidential evaluations by the residents.

You could request/require your residents to complete this following a structured assignment or rotation.

Preserving the Anonymity of the Resident/Fellow Evaluator
When there is Only One Resident/Fellow Enrolled in the Program

The ACGME requirement that residents and fellows provide confidential evaluations of the program and faculty can be a challenge for programs with fewer than two residents or fellows enrolled. Typically this situation is more likely to occur with fellowships, rather than residency programs.

Across specialties, ACGME has reported that program directors have arrived at creative methods that manage to maintain confidentiality of resident/fellow evaluators and have clarified some of these approaches below:

1. Resident/fellow evaluations may be collected over a period of a few years and grouped data is then reported every two to three years. The program director's challenge is to balance the need for this feedback in order to make necessary adjustments towards improvements versus maintaining the confidentially of that feedback. Delays in providing valuable feedback about the program and/or faculty may delay needed improvements.
2. The coordinator or DIO, (not directly involved in resident/fellow education), may solicit feedback from other non-program residents and fellows who also rotate on the service, and collate and report general findings to the program director.

SUGGESTED TOOL for Evaluation (anonymous) of FACULTY
by Residents/Fellows
Includes Monitoring of Resident/Fellow Supervision

RESIDENT/FELLOW EVALUATION OF THE FACULTY

Program will indicate below if you are evaluating all faculty or a single faculty member:

	All Faculty on this Assignment
	Specific Faculty Member: ____(insert name)_____

Resident/Fellow should provide feedback concerning the faculty member(s) who have been noted above by the program for evaluation.

TEACHING, SUPERVISION, AND AVAILABILITY		
1. Did the faculty member(s) spend sufficient time **teaching** you while on this assignment/rotation?		Yes, the faculty spent sufficient time
		No, the faculty did not spend sufficient time
		Not applicable
2. Did the faculty member(s) spend sufficient time **supervising** you while on this assignment/rotation?		Yes, the faculty spent sufficient time
		No, the faculty did not spend sufficient time
		Not applicable
3. Was the faculty member(s) readily available to answer questions while on this assignment/rotation??		Yes, the faculty was available
		No, the faculty was not available
		Not applicable
COMMITMENT TO EDUCATION		
4. Did the faculty member(s) demonstrate a commitment to your education and professional development?		Yes, my faculty did demonstrate
		No, my faculty did not demonstrate
		Not applicable
5. Did the faculty member(s) involve you actively in discussions and provide a positive learning environment?		Yes, my faculty did involve
		No, my faculty did not involve
		Not applicable
CLINICAL KNOWLEDGE		
6. Did the faculty member(s) demonstrate adequate knowledge about the clinical subject matter that was discussed during this assignment/rotation?		Yes, my faculty did demonstrate
		No, my faculty did not demonstrate
		Not applicable

CLINICAL KNOWLEDGE (continued)		
7. Was the faculty member(s) able to support his/her position with references or other information when questioned by you, the patient, their family member(s), or your colleagues while on this assignment/rotation?		Yes, my faculty was able to support position
		No, my faculty was able to support position
		Not applicable
PROFESSIONALISM		
8. Did the faculty member(s) demonstrate respect and show support for you, the patient, the family member(s), and your colleagues while on this assignment/rotation?		Yes, my faculty did demonstrate and show
		No, my faculty did not demonstrate and show
		Not applicable
9. Did the faculty member(s) exhibit at all times those qualities of an exemplary role model while you were on this assignment/rotation?		Yes, my faculty did exhibit
		No, my faculty did not exhibit
		Not applicable
SCHOLARLY ACTIVITY		
10. Did the faculty member(s) regularly and actively participate in organized clinical discussions with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
11. Did the faculty member(s) regularly and actively participate in teaching rounds with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
12. Did the faculty member(s) regularly and actively participate in journal club with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable
13. Did the faculty member(s) regularly and actively participate in teaching conferences with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable

Other comments/suggestions (please use reverse side if required):

Process for Evaluation (anonymous) of PROGRAM
by Residents/Fellows
Includes Duty Hour Monitoring

The ACGME requires that each program provide residents and fellows with an anonymous way to provide feedback about **the program**. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements

THIS EVALUATION CAN BE USED TO DOCUMENT WHETHER OR NOT RESIDENTS ARE COMPLIANT WITH DUTY HOURS as it requires Residents/Fellows to report their duty hours after the rotation/assignment. You could request/require your residents to complete this following a structured assignment or rotation.

SUGGESTED TOOL for Evaluation (anonymous) of PROGRAM
by Residents/Fellows
Includes Duty Hour Monitoring

EVALUATION OF EDUCATIONAL EXPERIENCES OR ROTATION BY RESIDENT/FELLOW

Evaluation Period _____ to _____

To which training sites were you assigned during the above time period?

Please list:

Were you provided to either a hard copy or electronic copy of the written goals and objectives prior to this assignment?

YES **NO** **Not APPLICABLE**

Were the conferences, lectures, demonstrations, and journal clubs that you participated in on this assignment educationally valuable?

YES **NO** **Not APPLICABLE**

Was the patient diversity and disease mix adequate for you to fulfill your clinical training goals while on this assignment?

YES **NO** **Not APPLICABLE**

Did you have adequate office space, conference space, access to medical records, radiology and pathology test results, computers, and electronic or printed educational resources while you were on this assignment?

YES **NO** **Not APPLICABLE**

Were adequate support services (e.g., nursing, clerical and clinical support) available to you while on this assignment?

YES **NO** **Not APPLICABLE**

Did your program leader assure that other trainees outside of your program or other learners (e.g., medical students) on this assignment did not detract from your educational experiences?

YES **NO** **Not APPLICABLE**

If you had a concern on this assignment, would you be comfortable in raising this concern to a faculty member or other supervisor without fear of intimidation or retaliation?

YES **NO** **Not APPLICABLE**

Did this assignment emphasize your clinical education over other concerns such as fulfilling service obligations?

YES **NO** **Not APPLICABLE**

Duty hours must be limited to 80 hours averaged over a four-week period (within a rotation), inclusive of all in-house call activities. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

The maximum duty period length for PGY-1 residents is 16 continuous hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

. PGY-1 residents are prohibited from moonlighting. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents may be scheduled for a maximum of 24 hours of continuous duty in the hospital - AND - PGY-2 residents and above may be allowed to remain on-site for up to 4 additional hours, after 24-hours of continuous duty in order to complete effective transition of care, essential for patient safety and resident education. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In unusual circumstances, residents on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for extensions are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient of family member. In these circumstances, you must (a) hand over the care of all other patients to the team responsible for their care; (b) document the reasons for remaining to care for the patient in question; and (c) submit documentation in every circumstance to the program director.

When you stayed beyond the scheduled duty period to provide continued care to a single severely ill or unstable patient, did you meet requirements of (a),(b), and (c)?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents must be provided with at least 14 hours free of duty after 24 hours of in-house duty. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, including in-house and at-home call. At-home call cannot be assigned on these free days. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program should provide you with no less than 8 hours between scheduled or expected duty periods. This requirement may not apply to residents who are considered to be in their final years of training and therefore may be expected to have duty over irregular or extended periods. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program is not permitted to schedule you to work more than six consecutive nights of night float. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In-house call must occur no more frequently than every third night, when averaged over 4 weeks, and as permitted by your RRC(e.g., Medicine programs are not permitted to average in-house call). Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Internal and external moonlighting must be considered part of the 80-hour weekly limit on duty hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Please provide any comments that you feel are appropriate to share with the program about this assignment.

Process for Evaluation of Program (not anonymous)
by Program Director, Faculty,
And at least one Resident/Fellow

The ACGME **also requires each program to annually assess it's educational effectiveness**, through a formal meeting that includes at a minimum, the program director, some of the key teaching faculty, and at least one resident/fellow from the program.

In 2007, the UMMC Graduate Medical Education Committee adopted a standard format for these meeting minutes, that fulfills the requirements of the documentation requirements. The form is found at http://umm.edu/professionals/gme/forms/evaluations

We recommend that if you've received the results of an ACGME Resident Survey showing some areas of non-compliance that this survey be on the agenda for discussion at that meeting and corrective actions (if required) be clearly documented.

From ACGME Common Program Requirements- Program Evaluation and Improvement: The program must document format, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: 1) resident performance, 2) faculty development, 3) graduate performance (including performance of program graduates on the certification exam, and 4) program quality. Specifically: a) residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and b) the program must use the results of residen6ts' assessments of the program together with other program evaluation results to improve the program. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Documentation Review
Examples:

- *RRC correspondence*
- *Internal Review reports*
- *Summaries of evaluations of residents, faculty, curriculum, and conferences*
- *Results of RRC Resident Survey*
- *Internal surveys (residents, alumni or patients)*
- *In-service examinations*
- *Board examinations*
- *Tabulations of patient safety/patient care quality indicators*

ANNUAL PROGRAM EVALUATION COMMITTEE REPORT

Meeting Minutes

Date

Location

Attendance (names and titles)

Program Director:

APE Committee Chair (if different from the Program Director)

Faculty:

Residents:

Residency Coordinator:

Others:

Item	Discussion	Action Plan (if any) approved by faculty
Institutional Accreditation Letter (this is the institutional accreditation letter, not your program accreditation letter). *Review and discuss the most recent Institutional Accreditation letter found at* http://umm.edu/~/media/umm/pdfs/for-health-professionals/graduate-medical-education/acgme_letter.pdf?la=en		

Previous RRC Correspondence, Prior Program Annual Meeting Minutes, and Internal or Other focused reviews Reports *Status of corrections to critical, substantive RRC citations or comments.*		
Resident Surveys and Evaluations *1) Results of aggregate ACGME resident survey results and corrective action plans for any deficiences or areas of non-compliance that were identified* ***NOTE: Non compliance is a score of less than 100% on any questions in the duty hours section and less than 85% on questions other than duty hours section. You must include each of these noncompliant areas in your documentation on this form and provide corrective action plans to improve in these areas.*** *2) Results of aggregate Annual (minimum frequency) Resident evaluation of the program and corrective action plans for any deficiencies or areas of non-compliance that were identified.* *3) Results of aggregate Annual (minimum frequency) Resident evaluation of the faculty and corrective action plans for any deficiencies or areas of non-compliance that were identified.*		
Faculty Surveys and Evaluations *1) Results of aggregate ACGME core faculty survey and corrective action plans for any deficiencies or areas of non-compliance that were identified.*		

NOTE: Non compliance is a less than 85% on any question. You must include each of these noncompliant areas in your documentation on this form and provide corrective action plans to improve in these areas. *2) Results of aggregate Annual (minimum frequency) Faculty evaluation of the program and corrective action plans for any deficiencies or areas of non-compliance that were identified.*		
Curriculum *Based on a review of the documents listed above and other formal feedback from faculty and residents, and others, is the program's competency based curriculum (educational objectives and teaching methodologies) still valid and appropriate for meeting RRC Specific Education Requirements and for preparing residents to be independent, competent practitioners in your specialty?* *If not, what improvements are planned?* *What are notable strengths of the curriculum?*		
Resident Performance *What competencies-based resident evaluation methodologies are in place; are they valid and effective in terms of determining progression toward competence and improving resident performance? Which evaluation tools have proved most valid? What, if any new evaluations tools are being planned? How is the General Competencies approach used to improve resident performance? Based on a review of trends in end-of-rotation and summative evaluations of residents by faculty, what if any changes in clinical and didactic teaching were made to improve teaching effectiveness or to remediate poor-performing residents?*		

What have been notable highlights in resident evaluation results? *For procedure-oriented programs, are there adequate numbers of cases, equally distributed among residents?* **ACGME General Competencies** *Review of the ACGME general competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.*		
Program Outcomes Measures *What program quality indices does your program consider important, and how has your program performed against these indices?* *What are other program highlights (positive and negative) based on various outcome or quality measures (such as in-service examinations, board pass rates and survey results)?* *What program changes were made in the past year or planned for the coming year, to correct any negatives or to build upon the positives?* **Board Certification Performance** *Results and issues regarding areas that need improvement.*		
Faculty Development *How are the evaluations of the faculty reported back to individual faculty members, and how are any improvements implemented?* *What program activities are in place to support faculty teaching effectiveness?*		

Scholarly Activities *What notable achievements were made regarding research projects, publications, presentations and other scholarly activities, both among the faculty and the residents?* *What additional activities are planned?*		
Program Strengths / Deficiencies *What are the critical resident educational and professional development strengths and weakness of your program?*		
Performance Improvement Plan/Resources Needed *What additional resources or support should the hospital and its Graduate Medical Education Committee consider to assist your program in making any changes to capitalize on your strengths or to address any of your deficiencies?* *Tabulations of patient safety/patient care quality indicators.* *Internal survey results (residents, alumni, patients, etc.)*		
ACGME Program Requirements for Residency Education *Review and discuss program requirements*		
Conferences *Review attendance requirements and educational/competency values which each conference provides.*		
Policies *Review current and new policies (department, GME, hospital).*		
Duty Hours and On-Call Coverage		

Review duty hours policy and on-call procedures. *Review methods for monitoring Duty Hours* *What are the rotations/areas for concern and how are violations monitored and managed?* *Review methods to mitigate excessive service demands and/or fatigue (back-up schedules, facilities for rest, strategic napping).* *What are the mechanisms for backup support and are these adequate?* *Have all faculty members and residents completed an education program in sleep, fatigue recognition, and fatigue mitigation?*		
Supervision Review supervision policy. Is supervision adequate in all patient care areas? Are residents able to easily identify supervising physicians for each rotation and site. Are residents aware of the programs level-specific supervision and oversight requirements? Are there any gaps in supervision that should be addressed?		
Quality Improvement and Patient Safety Are residents integrated and active participants in interdisciplinary clinical quality improvement and patient safety programs (department, program, institution)? List projects in progress and outcomes. Is there an education program in quality improvement and in patient safety.		

Review *mechanisms that are in place for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.*		
Handoffs and Transitions in Care *Review specialty specific handoff policy.* *Are clinical assignments designed to minimize the number of transitions in care?* *How is the adequacy of handoffs monitored(ex. access to schedules, residents effectiveness of communication)?* *Is there a standardized process for handoffs in all patient care areas?* *Have all faculty participated in an effective education process in handoffs and transitions of care.*		

<u>From ACGME Common Program Requirements- Program Evaluation and Improvement</u>: The program must document format, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: 1) resident performance, 2) faculty development, 3) graduate performance (including performance of program graduates on the certification exam, and 4) program quality. Specifically: a) residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and b) the program must use the results of residen6ts' assessments of the program together with other program evaluation results to improve the program. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Documentation Review

Examples:

- *RRC correspondence*
- *Internal Review reports (where applicable)*
- *Summaries of evaluations of residents, faculty, curriculum, and conferences*
- *Results of RRC Resident Survey*
- *Internal surveys (residents, alumni or patients)*
- *In-service examinations*
- *Board examinations*
- *Tabulations of patient safety/patient care quality indicators.*

PROCESS FOR EVALUATION OF PROGRAM (ANONYMOUS) BY FACULTY

A more recent requirement of the ACGME is that all faculty must have the opportunity to assess the program anonymously at least annually. If you have not had the faculty evaluate the program within 12 months of your site visit date, we would strongly recommend that you do it now, so that you can document your compliance.

If you do not already have a process, it can be as simple as distributing the enclosed form to your key faculty, and then asking them to complete it on their computer and turn it in to a coordinator or other objective part for compilation . That way the faculty anonymity is preserved. The form is found at the link below and has been attached for your convenience.

SUGGESTED TOOL FOR EVALUATION OF PROGRAM (ANONYMOUS) BY FACULTY

1. Please rate the adequacy of faculty to teach _____(insert program name) residents/fellows at your primary location.

Not able to Judge	Fair	Good	Very good	Excellent

2. Please rate the adequacy of patient and disease mix available to _____(insert program name) residents/fellows at your primary location.

Not able to Judge	Fair	Good	Very good	Excellent

3. Please rate the adequacy of feedback that you receive from _____ (insert program name) residents/fellows as provided by either the program director and/or the Department chairman.

Not able to Judge	Fair	Good	Very good	Excellent

4. Please rate your availability and adequacy of time to support teaching _____ (insert program name) residents.

Not able to Judge	Fair	Good	Very good	Excellent

5. Please list those aspects that you view as strengths of the (insert program name) program

6. Please list those aspects that you view as opportunities for improvement for the (insert program name) program

7. How would you rate the overall quality of the _____ (insert program name) educational program in which you participate?

Not able to Judge	Fair	Good	Very good	Excellent

360 EVALUATION OF RESIDENT/FELLOW PERFORMANCE

PROCESS REQUIREMENTS FOR EVALUATION OF RESIDENT/FELLOW PERFORMANCE BY OTHER THAN FACULTY AND PROGRAM DIRECTOR

There is an ACGME requirement that all programs use multiple raters (e.g., nursing, technical staff, medical students) to assess the residents' performance. The link below will take you to a variety of tools for that purpose if you have not already established a similar process that includes feedback from sources other than the faculty and program director.

http://umm.edu/professionals/gme/forms/evaluations

PROCESS REQUIREMENTS FOR EVALUATION OF RESIDENT/FELLOW PERFORMANCE BY OTHER THAN FACULTY AND PROGRAM DIRECTOR

360 Evaluation Form for Use By Allied Health Professionals and Staff to Assess Resident/Fellow Performance

Resident You are Evaluating_____

Date:_____

Your Name and Role (Nurse, Medical Assistant, Front Desk Staff, etc):_____

For each item, circle the number the appropriate response that reflects the behavior of the resident you are evaluating

1. **Demonstrated a willingness to listen to patients and families**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

2. **Demonstrated a willingness to listen to nursing and allied staff.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

3. **Established good rapport with patients by explaining information to patients and families using clear, understandable terms.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

4. **Spent appropriate amount of time with patient to meet their medical needs.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

5. **Kept patients, families, nursing, and allied desk staff informed of changes in the care plan**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

6. **Was willing to answer questions and provide explanations when questioned by patient, family member, nursing staff or other allied health professionals.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

7. **Respected patient privacy when conducting examinations**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

8. **Was courteous and receptive to nursing and allied health staff**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

9. **Used respectful language when discussion patients with nursing and allied health staff**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

10. **Responded to requests, including pages, in a helpful and prompt manner.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

11. **Completed notes and service records in a legible and timely manner**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

12. **Maintained punctuality**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

13. **Maintained confidentiality when handling patients' medical materials**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

14. **Maintained respectful demeanor in demanding and stressful situations.**

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

Do you have any additional concerns regarding this resident's communication, interpersonal or professionalism skills?

360 Evaluation Form <u>for Use by A Peer of A Resident/Fellow</u>
<u>to Assess Resident/Fellow Performance</u>

Resident You are Evaluating_____

Date:_____

For each item, circle the number the appropriate response that reflects the behavior of the resident you are evaluating

15. Listened closely to the patient's or family member's concerns.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

16. Explained information to patient or family member in clear, understandable terms.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

17. Spent the appropriate amount of time with the patient and/or family member.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

18. Kept the team informed of changes in the patient's care and treatment plan.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

19. Was willing to answer questions when asked.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

20. Respected the patient's privacy during the examination.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

21. Was courteous to members of the care team.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

22. Arrived on time for the appointment.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

23. Was respectful to members of the care team at all times.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

360 Self-Evaluation Form for Self-Assessment By Resident/Fellow of Their Performance

Your Name: _____

Date:_____

For each item, circle the number the appropriate response that reflects your behavior.

24. **Demonstrate a willingness to listen to patients and families**

Rarely or Never		Sometimes		Usually or Always

25. **Demonstrate a willingness to listen to nursing and allied staff.**

Rarely or Never		Sometimes		Usually or Always

26. **Establish good rapport with patients by explaining information to patients and families using clear, understandable terms.**

Rarely or Never		Sometimes		Usually or Always

27. **Spend appropriate amount of time with patient to meet their medical needs.**

Rarely or Never		Sometimes		Usually or Always

28. **Keep patients, families, nursing, and allied desk staff informed of changes in the care plan**

Rarely or Never		Sometimes		Usually or Always

29. **Willing to answer questions and provide explanations when questioned by patient, family member, nursing staff or other allied health professionals.**

Rarely or Never		Sometimes		Usually or Always

30. **Respect patient privacy when conducting examinations**

Rarely or Never		Sometimes		Usually or Always

31. **courteous and receptive to nursing and allied health staff**

Rarely or Never		Sometimes		Usually or Always

32. **Use respectful language when discussion patients with nursing and allied health staff**

Rarely or Never		Sometimes		Usually or Always

33. **Respond to requests, including pages, in a helpful and prompt manner.**

Rarely or Never		Sometimes		Usually or Always

34. **Complete notes and service records in a legible and timely manner**

Rarely or Never		Sometimes		Usually or Always

35. **Maintain punctuality**

Rarely or Never		Sometimes		Usually or Always

36. **Maintain confidentiality when handling patients' medical materials**

Rarely or Never		Sometimes		Usually or Always

37. **Maintain respectful demeanor in demanding and stressful situations.**

Rarely or Never		Sometimes		Usually or Always

Individual Professional Development Plan:

Which skill(s) would you like to improve?

What approach will you take to improve in the area(s) that you have identified (e.g., extra reading, shadowing a mentor, other formal/informal training)? Please be specific.

360 Evaluation Form for Use By Medical Students
To Assess Resident/Fellow Performance

Resident You are Evaluating_____

Date:_____

For each item, circle the number the appropriate response that reflects the behavior of the resident you are evaluating

38. Listened closely to the patient's or family member's concerns.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

39. Explained information to patient or family member in clear, understandable terms.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

40. Spent the appropriate amount of time with the patient and/or family member.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

41. Kept the team informed of changes in the patient's care and treatment plan.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

42. Was willing to answer questions when asked.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

43. Respected the patient's privacy during the examination.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

44. Was courteous to members of the care team.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

45. Arrived on time for the appointment.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

46. Was respectful to members of the care team at all times.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

360 Evaluation Form for <u>Use by Patients or Family Members</u>
to Assess Resident/Fellow Performance

Resident You are Evaluating_____

Date:_____

Are you the (circle one) **PATIENT** or **FAMILY MEMBER**

For each item, circle the number the appropriate response that reflects the behavior of the resident you are evaluating

47. Listened closely to my concerns.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

48. Explained information to me in clear, understandable terms.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

49. Spent the appropriate amount of time with me.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

50. Kept me informed of changes in the treatment or care.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

51. Was willing to answer questions when I asked them.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

52. Respected the patient's privacy during the examination.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

53. Was courteous to me.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

54. Arrived on time for the appointment.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

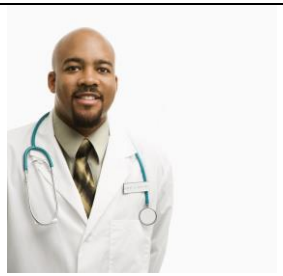
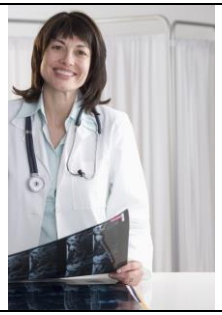
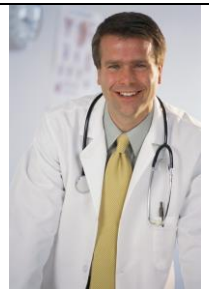
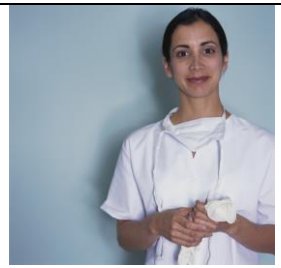
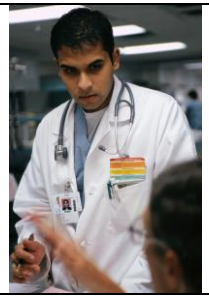
55. Was respectful of me at all times.

Cannot Evaluate	Rarely or Never		Sometimes		Usually or Always

Date:_____

_____ (insert Program Name)
Patient Satisfaction Evaluation Form

As part of an evaluation process of the University of Maryland Medical Center's _____ program, you are being asked to complete this brief survey about your physician. **Using the photos below, please circle the physician you saw today.**

Dr. Smith	Dr. Wilson	Dr. Kim	Dr. Shah	Dr. Gertz
				
Dr. James	Dr. Murphy	Dr. Rose	Dr. Sri	Dr. Jones
				

Continued on following page

Your answers to the following questions will remain confidential. Participation will not affect your current or future care and the University of Maryland Medical Center. Please answer the following questions as part of our patient satisfaction survey by placing an "**X"** in the appropriate box about your physician.

My physician:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Was friendly, professional & respectful					
Listened to me carefully					
Used words that I could understand when explaining my medical condition					
Discussed treatment options with me so that I could make an informed decision about my care					
Answerd my questions clearly					
Showed interest in my condition					

Additional Comments:

Please return this completed form to the front desk. Thank you for your time and feedback.

Process for Formative Evaluation of Resident/Fellow Performance
By Faculty

FACULTY EVALUATION OF RESIDENT/FELLOW PERFORMANCE
(also known as **Formative Evaluation**)

ACGME requirements state that the faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. A form has been developed for use by your faculty for this purpose and is attached and also found at http://umm.edu/professionals/gme/forms/evaluations

The program must: provide **objective assessments of competence** in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, **documenting the use of multiple assessment methodologies**, therefore, the **behavioral anchors noted in the enclosed form** have been added to help document the objective criteria.

IT IS SUGGESTED THAT YOU PICK THOSE QUESTIONS UNDER EACH COMPETENCY THAT MOST APPLY TO YOUR TRAINING PROGRAM, WHEN DEVELOPING YOUR OWN TOOL. VARIOUS METHODS SHOULD BE DOCUMENTED AS IN THE CHECK BOX ON THE FIRST PAGE

Suggested Tool for Formative Evaluation
of Resident/Fellow Performance
By Faculty

FACULTY EVALUATION OF RESIDENT/FELLOW PERFORMANCE

Evaluating Faculty Member: _____
Resident You are Evaluating: _____
Period of Evaluation: From_____ To: _____

Please check all methods used in making this performance assessment

☐ Case-based module
☐ Portfolio
☐ Chart stimulated recall
☐ Checklist of performance
☐ Direct observation of benchmark
☐ Simulations and models
☐ Standardized patient examination
☐ Standardized oral examination
☐ Patient/parent survey or feedback
☐ Allied professional survey or feedback
☐ Other survey or feedback source
☐ Written Examination
☐ Other_____
☐ Other _____

I. Patient Care

1. Gathers essential information

_____Fails to gather necessary information from pertinent sources
_____Consistently gathers ample and pertinent information necessary in caring for routine patients
_____Consistently gathers ample and pertinent information necessary in caring for routine patients and for some more complex patients
_____Consistently gathers ample and pertinent information necessary in caring for routine patients as well as the majority of complex patients
_____Consistently gathers ample and pertinent information necessary in caring for essentially all routine patients as well as complex patients
_____N/A – Not observed and/or not applicable

2. Displays mastery of examination skills

_____Difficulty in performing an accurate and thorough examination for routine patients
_____Performs an accurate and thorough examination for routine patients
_____Performs an accurate and thorough examination for routine patients and for some more complex patients
_____Performs an accurate and thorough examination for routine patients as well as the majority of complex patients
_____Performs an accurate and thorough examination for essentially all routine as well as complex patients
_____N/A – Not observed and/or not applicable

3. Formulates thorough differential diagnoses

_____Difficulty in generating and prioritizing an appropriate differential diagnosis for routine patients

_____Generates and prioritizes an appropriate differential diagnosis for routine patients
_____Generates and prioritizes an appropriate differential diagnosis for routine patients and for some more complex patients
_____Generates and prioritizes an appropriate differential diagnosis for routine patients as well as the majority of complex patients
_____Generates and prioritizes an appropriate differential diagnosis for all routine as well as complex patients
_____N/A – Not observed and/or not applicable

4. Develops & initiates appropriate management

_____Management plans do not always reflect current scientific evidence and patient preferences for routine patients
_____Management plans typically reflect current scientific evidence and patient preferences for routine patients
_____Management plans typically reflect current scientific evidence and patient preferences for routine patients and some complex patients
_____Management plans typically reflect current scientific evidence and patient preferences for routine patients and the majority of complex patients
_____Management plans typically reflect current scientific evidence and patient preferences for essentially all routine as well as complex patients
_____N/A – Not observed and/or not applicable

5. Effectively counsels and educates patients

_____Difficulty in accurately responding to patient questions and adequately educating/counseling routine patients
_____Able to accurately respond to patient questions and effectively educate/counsel routine patients
_____Able to accurately respond to patient questions and effectively educate/counsel routine patients and some complex patients
_____Able to accurately respond to patient questions and effectively educate/counsel routine patients and the majority of complex patients
_____Able to accurately respond to patient questions and effectively educate/counsel essentially all routine as well as complex patients
_____N/A – Not observed and/or not applicable

6. Utilizes auxiliary resources

_____Does not typically try to identify and use available resources
_____Limited ability in identifying and appropriately utilizing resources that would enhance patient care
_____Able to identify resources but needs help in utilizing them to benefit the patient
_____Able to identify and utilize resources that are easily accessible
_____Ability to identify and utilize resources that are not easily accessible
_____N/A – Not observed and/or not applicable

II. Medical Knowledge

1. Applies knowledge of basic & clinical sciences

_____ Frequently unable to grasp concepts and apply knowledge to the clinical situation
_____ Able to accurately and consistently apply knowledge in all routine situations
_____ Able to accurately and consistently apply knowledge in all routine situations as well as most complex clinical situations
_____ Able to accurately and consistently apply knowledge in routine situations as well as complex clinical situations
_____Generates and prioritizes an appropriate differential diagnosis for routine patients and for some more complex patients
_____N/A – Not observed and/or not applicable

2. Demonstrates analytical thinking

_____ Frequently unable to synthesize and prioritize information
_____ Ability to synthesize and prioritize information is limited to situations where the information is straightforward
_____ Able to synthesize and prioritize a myriad of information if guided in the process
_____ Able to independently synthesize and prioritize a myriad of information
_____ Able to independently synthesize, prioritize and reconcile a myriad of information that may be conflicting
_____N/A – Not observed and/or not applicable

III. Professionalism

1. Behaves respectfully and compassionately

_____ Frequently perceived to lack empathy and compassion in caring for patients
_____ Demonstrates empathy and compassion for patients in routine situations, may be perceived as lacking empathy or compassion when stressed or challenged
_____ Demonstrates empathy and compassion for patients in all routine situation and in a majority of stressful and/or challenging situations
_____ Demonstrates empathy and compassion for patients regardless of the situation or circumstances
_____ Demonstrates empathy and compassion for patients regardless of the situation or circumstances and serves as role model by striving to assist other learners in achieving similar performance levels.
_____N/A – Not observed and/or not applicable

2. Sensitive to cultural/age/gender/disability issues

_____ Frequently perceived to be insensitive to the needs of a diverse patient population; personal biases impact behavior
_____ Sensitive to the needs of a diverse patient population, particularly in situations where he/she has prior experience, but may be perceived as insensitive in situations that are less familiar or which prove to be stressful.
_____ Sensitive to the needs of a diverse patient population in all familiar cultural/diverse situations, and frequently is successful in demonstrating sensitivity to diversity in unfamiliar or stressful situations.
_____ Sensitive to the needs of a diverse patient population regardless of the situation or circumstances
_____ Sensitive to the needs of a diverse patient population regardless of the situation or circumstances serves as role model by striving to assist other learners in achieving similar performance levels.
_____N/A – Not observed and/or not applicable

3. Fulfills assigned clinical &on-call responsibilities

_____ Frequently does not follow through on commitments
_____ Frequently follows through on commitments; however in some instances may experience delays in carrying out assignments because of some difficulty in prioritizing responsibilities
_____Consistently follows through on commitments; experiencing rare delays in carrying out assignments and only when urgent/emergent clinical situations arise
_____Consistently follows through on commitments; carries out assignments in routine and emergent/urgent situations
_____Consistently follows through on commitments; carries out assignments in routine and emergent/urgent situations and serves as a resource and provides guidance to other learners in helping them assure they fulfill their own assignments
_____N/A – Not observed and/or not applicable

4. Accountable to patients and other professionals

_____ Does not accept responsibility for errors and may try to blame others
_____ Accepts responsibility for most personal errors and strives to learn and improve based on experiences and feedback
_____ Accepts responsibility for all personal errors and some care team errors, striving to learn personally from and improve based performance based on experiences and feedback
_____ Accepts responsibility for all personal and care team errors, striving to help team improve based performance based on experiences and feedback
_____ Proactively informs supervisors about errors, uses these opportunities for learning and mentoring other learners in the attainment of this competency
_____N/A – Not observed and/or not applicable

5. Displays professional ethics

_____ Consistently violates patient confidentiality and fails to act ethically when inconvenient to do so
_____ Occasionally violates patient confidentiality or fails to act ethically because of lack of understanding of patient care policies, HIPAA, or other Hospital policies and procedures
_____ Maintains patient confidentiality and acts ethically when stressed or challenged, and frequently is able to self-identify proactively for supervisor when performance lapses in professional ethics occurred.
_____ Maintains patient confidentiality and acts ethically regardless of the situation or circumstances
_____Maintains patient confidentiality and acts ethically regardless of the situation or circumstances, serves as a role model by striving to assist other learners in achieving similar performance levels.
_____N/A – Not observed and/or not applicable

IV. Practice-Based Learning and Improvement

1. Uses evidence from specialty/subspecialty literature

_____ Rarely self-directed in reviewing evidence-based literature
_____ Frequently takes the initiative to search for best evidence in the medical literature and is able to synthesize and apply findings when easily reconciled to the clinical situation
_____ Consistently takes the initiative to search for best evidence in the medical literature and is able to synthesize, analyze, and apply findings when easily reconciled to the clinical situation
_____ Consistently searches for best evidence in the medical literature and is able to analyze, reconcile, adapt and apply findings to any clinical situation
_____ An evidence-based practitioner who has developed the habit of access, analyzing and applying best evidence from the literature in the care of patients and is who teaches and role models this skill for others
_____N/A – Not observed and/or not applicable

2. Utilizes information technology

_____ Minimizes the use of technology to access and manage information
_____ Uses technology provided by the hospital/practice to access and manage information in order to meet program expectations/requirements
_____ In addition to using required technology to access and manage information, explores new technologies that may support patient care and professional development
_____ Facile with technology and maximizes it s use in supporting patient care and professional development
_____ Takes the initiative to use technologic expertise to enhance patient care, personal professional development as well as teaching others how to use technology for these purposes
_____N/A – Not observed and/or not applicable

3. Teaches students, staff, and colleagues

_____ Limited interest in teaching others
_____ Interest in teaching but needs to improve skill set to become more effective
_____ Attentive to learning needs of others and frequently engages in teaching activities to meet these needs
_____ An effective teacher who makes education of colleagues and patients a priority
_____ An enthusiastic and effective teacher whose commitment to education inspires others to learn
_____N/A – Not observed and/or not applicable

4. Continually improves practice based on past experience

_____ Rarely reflects on knowledge, skills or attitudes; infrequently incorporates feedback to make improvements in practice
_____ Frequently self-reflects on knowledge, skills and attitudes and is receptive to feedback although sometimes defensive when feedback is constructive rather than positive
_____ Frequently self- reflects on knowledge, skills and attitudes and is receptive to incorporating all feedback into practice although he/she may not actively seek it
_____ Consistently self-reflects on knowledge, skills and attitudes and actively seeks feedback; incorporates this information into practice for the purpose of improvement
_____ Self- reflection and solicitation of feedback are habits of practice that inform the independent development of individual learning plans to improve patient care
_____N/A – Not observed and/or not applicable

V. Interpersonal and Communication Skills

1. Establishes therapeutic relationship with patient

_____ Unable to sustain relations with patients and families
_____ Able to sustain therapeutic relations with families when the situation is not challenging
_____ Able to maintain therapeutic relations with patients and families in most situations
_____ Able to maintain therapeutic relationships with patients and families in essentially all situations even when challenged
_____ Establishes excellent relationships with both patients and families; cultivates these relationships in order to enhance patient care
_____N/A – Not observed and/or not applicable

2. Interacts well with staff, faculty, and colleagues

_____Does not communicate clearly or effectively with other health care providers which negatively impacts transfer of information about patient care
_____ Some difficulty with effective communication but able to respond appropriately with guidance and prompts
_____ Communicates clearly and effectively in routine situations but may have difficulty in times of stress or in complex clinical encounters
_____ Communicates clearly and effectively in routine as well as complex situations
_____ Communicates clearly and effectively in all situations, including crises
_____N/A – Not observed and/or not applicable

3. Displays effective listening skills

_____ Frequently interrupts others when they are talking
_____ Appears to listen but frequently ask questions that require the speaker to repeat what has already been said
_____ Listens but is easily distracted by others

_____ Listens actively and attentively despite distractions
_____ Gift for listening which makes the speaker feel that what he/she is saying takes precedence over all else at that moment in time
_____N/A – Not observed and/or not applicable

4. Maintains timely and legible medical records

_____ Documentation is frequently illegible and/or incomplete; frequent delay in completing discharge summaries
_____ Documentation is typically complete/legible and usually timely
_____ Documentation is always complete/legible and timely
_____ Documentation is comprehensive/legible, timely and helps others to understand plan of care
_____ Documentation is exemplary and serves to educate learners as well as transfer information about patients
_____N/A – Not observed and/or not applicable

5. Presents patients effectively and succinctly

_____ Unable to filter and prioritize information which makes presentations unfocused and lengthy
_____ Limited ability to filter and prioritize information; needs guidance to present effectively and succinctly
_____ Demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine clinical encounters
_____ Demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine as well as most complex clinical encounters
_____ Verbal presentations consistently focused, logical, succinct and effective in telling the patient's story in essentially all clinical encounters
_____N/A – Not observed and/or not applicable

VI. Systems-Based Practice

1. Practices cost-effective care

_____ Rarely considers cost in the diagnosis and management of patients
_____ Considers cost for services that are well recognized as major expenditures (i.e. transplant surgery)
_____ Considers cost when prompted to do so by patients, supervisors, social workers, etc.
_____ Routinely considers cost in both the diagnostic work up and management plans
_____ Works with health care plans to insure that costs are minimized and quality is maximized for the individual patient
_____N/A – Not observed and/or not applicable

2. Collaborates with other health care providers

____ Limited collaboration with colleagues and staff
____ Able to function effectively in a team
____ Style of collaboration actually enhances team function
____ Recognized by others for exceptional skills in collaboration and cooperation
____ Exceptional collaborative skills enable conflict resolution when problems arise in team dynamics
_____N/A – Not observed and/or not applicable

3. Acts as advocate for patients within the health care system

____ Does the minimum required to meet patients' needs
____ Advocates for patients when it is easy to do so

____ Consistently advocates for his/her won patients
____ Advocates for patients even when it is challenging and time-consuming to do so
____ Goes beyond advocating for his/her own patients and engages in community and /or legislative advocacy
_____N/A – Not observed and/or not applicable

VII. Surgical Skills

1. Exhibits logical preoperative decision-making

_____ Clinical reasoning is often flawed or inconsistent
_____ Effective clinical reasoning is limited to routine situations where it is relatively easy to synthesize information necessary for making decisions
_____ Effective clinical reasoning leads to logical decision-making in most routine situations
_____ Effective clinical reasoning leads to logical decision-making in routine situations as well as most complex situations
_____ Effective clinical reasoning leads to logical decision-making in essential all clinical situations
_____N/A – Not observed and/or not applicable

2. Adequately informs patients of risks, benefits, and alternatives to procedure

_____ Limited ability to effectively discuss more than one management option
_____ Able to effectively discuss a narrow range of options along with the risks and benefits of each
_____ Able to effectively discuss the range of most management options along with most risks and benefits of each
_____ Able to effectively discuss the range of management options along with the risks and benefits of each
_____ Able to effectively discuss the range of management options and guide patients in making the right decision based on the impact of risks and benefits to their specific situation
_____N/A – Not observed and/or not applicable

3. Demonstrates sound intraoperative judgment

_____ Limited ability to weigh risks and benefits in making intraoperative judgments
_____ Able to weigh risks and benefits in order to make sound intraoperative judgments in routine situations
_____ Able to weigh risks and benefits in order to make sound intraoperative judgments in simple as well as some complex situations
_____ Able to weigh risks and benefits and articulate rationale for sound intraoperative judgments in most situations
_____ Excels at balancing risks and benefits of options and is able to articulate rationale for sound intraoperative judgment in essentially all situations
_____N/A – Not observed and/or not applicable

4. Displays technical surgical competence

_____ Demonstrates limited technical skills when observed performing simple surgical procedures
_____ Demonstrates appropriate technical skills when observed performing simple surgical procedures
_____ Demonstrates technical proficiency when performing simple as well as some complex surgical procedures
_____ Demonstrates technical proficiency when performing simple as well as most complex surgical procedures
_____ Demonstrates technical proficiency when performing essentially all simple as well as complex procedures
_____N/A – Not observed and/or not applicable

5. Provides appropriate postoperative care, including management of complications

_____ Limited ability to respond appropriately to changes in patients' condition, including those resulting from systemic and ocular postoperative complications
_____ Capable of responding appropriately to changes in patients' conditions as a result of surgical intervention or simple complications with guidance from supervisors

_____ Capable of responding appropriately to changes in patients' conditions as a result of surgical intervention or simple complications
_____ Capable of responding appropriately to changes in patients' conditions as a result of surgical intervention or simple as well as some serious complications
_____ Capable of responding appropriately to changes in patients' condition as a result of any surgical intervention or any complication
_____N/A – Not observed and/or not applicable

6. Maintains surgical log

_____ Log is not up to date despite reminders
_____ Log is up to date but needs reminders
_____ Independently maintains an up to date log
_____N/A – Not observed and/or not applicable

PROCESS FOR EVALUATION OF RESIDENT/FELLOW CONCERNING JOURNAL CLUB OR RESEARCH PROJECT

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Residents should participate in scholarly activity (as specified in RRC requirements. Note: some one year training programs are not required to have a research project.

An evaluation from the program director in Medicine has been provided for this purpose. The document is enclosed and also found at http://umm.edu/professionals/gme/forms/evaluations

SUGGESTED TOOL FOR EVALUATION OF RESIDENT/FELLOW CONCERNING JOURNAL CLUB OR RESEARCH PROJECT

Assessment of Research/Evidence Based MedicineCompetence

Resident Name:	Facility and Rotation Name:
Evaluator Name:	Rotation Timeframe:

In evaluating the performance of the resident or fellow, use as your standard the level of skill expected from the clearly satisfactory resident or fellow at this stage of his or her training and circle the appropriate number reflecting your evaluation of the resident/fellow. A space is provided to note insufficient contact with the resident/fellow necessary to assess performance, as well as areas that need special attention. A corresponding comment at the end of the form should be provided for areas of special attention. Please always provide comments if performance is Unsatisfactory (Rating of 1-3). Please be specific and cite any reports of critical incidents and/or outstanding performance. **Please comment in a professional manner, with meaningful, well written, and constructive feedback, particularly if areas of concern are noted.**

1. Research design Details theory and methodology for research design for this project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
2. Evidence Based Medicine Reviews and appraises literature critical to the project	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

3. Statistical analysis Performs basic statistical analysis on data.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
4. Laboratory skills Executes outlined laboratory skills for this project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
5. Writing skills Writes scientific work, e.g., proposals, abstracts, manuscript, etc., that are focused, clear, and well-supported by literature and data.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
6. Motivation Demonstrates enthusiasm for content and process of the project.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

7. Aptitude for research Demonstrates aptitude for scientific inquiry.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
8. Potential for future research Demonstrates potential for future success in clinical or basic science research	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
9. Attendance Attends all sessions with no unexplained absences	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments
10.. Professionalism Regularly attends conferences/activities; acts with honesty and integrity; shows reliabilty and responsibility; interacts with staff, colleagues and other health professionalism in a respectful manner.	Below Expected Level **UNSATISFACTORY** **1 2 3**	At Expected Level **SATISFACTORY** **4 5 6**	Above Expected Level **SUPERIOR** **7 8 9**	☐ Insufficient contact to judge ☐ Needs attention as specified in comments

11. Research Plan Did the resident/fellow plan an effective project to meet their needs?
11. Research Goals Were the goals of this project implemented effectively and successfully?
10. Research Completion Was this project successfully carried out?
10. . Research Future Do you anticipate that the resident will continue to work on this project in the future?

Comments including any specific areas of attention needed:		
As the attending physician, I certify that I have personally provided the resident/fellow with this feedback ☐ Yes ☐ No		
Resident Signature	Evaluator Signature	Program Director Signature

ADDITIONAL SPACE FOR COMMENTS PROVIDED:

PROCESS REQUIREMENT FOR Evaluation of Resident/Fellow by Program Director AT LEAST Semi-annually

The ACGME requires that the program director provide each resident/fellow enrolled in the program with documented semiannual evaluation of performance with feedback. A form has been developed by the program leadership in UMMC Pediatrics for this purpose and this document is found at http://umm.edu/professionals/gme/forms/evaluations

The intent would be to review in aggregate at least semi-annually that feedback from all previous evaluators concerning resident/fellow performance, and to help the resident identify an individual learning plan. Please Practice Based Learning in this Guide for additional information on the individual learning plan that is part o this semi-annual evaluation and Systems Based Practice in this Guide for the Systems error project as the progress of these activities should be assessed no less frequently than semi-annually by the program director.

SUGGESTED TOOL(S) For Evaluation of Resident/Fellow by Program Director AT LEAST Semi-annually

[Insert Program Name] SEMI-ANNUAL REVIEW BY PROGRAM DIRECTOR

Resident/Fellow Name: _____ Date: _____

Program Director Name: _____

Complete this document prior to meeting with your program director. Each item will be discussed and assessed with your program director.

1. KNOWLEDGE

Insert your In-Training Examination score into the grid below.

PG Level	Your Score	National Mean
1		
2		
3		
4		
5		

2. Surgical Skills

Review of Case Log

Are you up to date with entries: ____ Yes _____No Date of most recent entry: _____

Number of procedures as Assistant: _____

Below expectations	Meets Expectations	Exceeds Expectations

Number of procedures as Surgeon: _____

Below expectations	Meets Expectations	Exceeds Expectations

3. Patient Care Skills
Number of Outpatient visits to date: _____
Number of outpatient visits directly supervised by faculty to date: _____

4. Review of Competency Based Evaluations Submitted by Evaluators by Program Director (or designee) with resident/fellow.

This discussion includes feedback from <u>multiple methods of assessment</u> *(e.g., direct observations, feedback from formal evaluations; feedback from patient surveys; scores on in-service examination scores; review of technical skills, attendance and participation at conferences; and chart review / recall; review of presentation skills)*

This discussion includes feedback from <u>multiple raters</u> *(e.g., faculty, program director, mentor, other allied health professionals, peer, medical student, resident/fellow self-assessment; patients/families)*

Please check one of the statements below:

- ❑ One or more evaluations reflect an overall performance that is below expected levels
- ❑ Evaluations reflect an overall performance that is at expected levels but document a few items that are below expected levels
- ❑ All evaluations reflect both an overall performance that meets expected levels and document that all individual items meet expected levels
- ❑ All evaluations meet expected levels and some exceed expected levels

5. Individualized Learning Plan
Based on the above as well as your evaluations, feedback from others, and your own self-assessment, list three learning objectives that you will focus on during the next six months.
1.

2.

3.
Plans for areas that require remediation:

Overall Assessment of Progress on Individual Learning Plan

- ☐ Below Standards indicates that resident/fellow is not on target for successful completion
- ☐ Meets Standards indicates that resident/fellow is on target for successful completion

7. System-Error Project Evaluation/Update

SYSTEMS-BASED PRACTICE

Based on a case you have encountered, please address the following issues in a one-page summary:

III. Identify at least one problem with the system.
IV. Identify at least one solution to the problem. This solution should be aimed at correcting or improving "the system." Include potential ways to implement the solution (who and what resources in the system would be necessary to implement your solution).

Project Evaluation

	Level of Competence	
	Below Standards	**Meets Standards**
Criterion		
1. Problem	□ Problem identified is not systems-based	□ Problem identified is systems-based
2. Solution	□ Solution not systems-based	□ Solution is systems-based and potentially achievable

Criteria for and Overall Assessment of Systems-Based Practice Project:

- ☐ Below Standards indicates that resident/fellow is not on target for successful completion
- ☐ Meets Standards indicates that resident/fellow is on target for successful completion

Comments:

Resident Fellow Signature Date Program Director(or designee) Signature Date

PROCESS REQUIREMENT FOR PROMOTION OF RESIDENT/FELLOW TO NEXT TRAINING YEAR

In order to summarize the aggregate feedback from all sources at the end of the year, a simple competency based form is provided which documents that the resident is not yet competent for independent practice, but has fulfilled the requirements of the training year successfully and is being promoted to the next training year. The form is attached, and is also found at

http://umm.edu/professionals/gme/forms/evaluations

REQUIRED TOOL FOR PROMOTION OF RESIDENT/FELLOW
TO NEXT TRAINING YEAR

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
ANNUAL (PROMOTION) EVALUATION
RESIDENT/FELLOW PERFORMANCE

Name:_____ ___

Department:_____Division:_____

Inclusive dates of Training: From_____ To_____

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

		At/Above Expected Level	Below Expected Level*
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.		

* Below expected performance (required comments)

Summary of Program Faculty Assessments

Recommendations:

_____ Appointment to next year of training with no reservations.
_____ Appointment to next year of training with accompanying Letter of Deficiency
_____ Appointment to next year of training not recommended. (see comments)
_____ Extend year: repeat year (see comments)
_____ Check here if additional information attached.

_____/_____/_____

Resident/Fellow Signature/Date Program Director Signature/Date

Process for SUMMATIVE Evaluation or Final Evaluation of Resident/Fellow Performance
By Program Director with Faculty Consensus
Used for Completion of A Training Program (not training year)

The ACGME requires that the program director provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:

- document the resident's performance during the final period of education, and
- verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

A form has been provided for this purpose and is found at http://umm.edu/professionals/gme/forms/evaluations

REQUIRED TOOL for SUMMATIVE Evaluation or Final Evaluation of resident/Fellow Performance By Program Director with Faculty Consensus

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
SUMMARY EVALUATION
RESIDENT/FELLOW PERFORMANCE

Name:_____ ___

Department:_____Division:_____

Inclusive dates of Training: From_____ To_____

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

		At/Above Expected Level	Below Expected Level*
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.		

* Below expected performance (required comments)

Summary of Program Faculty Assessments

_____ The resident/fellow has successfully completed the training program and can practice independently without supervision.

_____ Resident/fellow has NOT successfully completed training program

_____ Additional information attached

_____/_____/_____

Resident/Fellow Signature/Date Program Director Signature/Date

REQUIRED PROCESS for TRANSFER Evaluation of
Accepted Program Applicant by Prior Program Director

Resident/Fellow Transfer Evaluations:

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. Refer to the Summative Evaluation Section of this Guide and remove UNIVERSITY OF MARYLAND MEDICAL CENTER, and place the institution name where the resident/fellow last worked in its place. Send it to the last institution where the resident/fellow worked for the program director to complete and return to you for the files.

A form has been provided for this purpose and is found at http://umm.edu/professionals/gme/forms/evaluations

SUGGESTED TOOL TO DOCUMENT TRANSFER EVALUATION
Of Accepted Program Applicant by Prior Program Director

[INSERT RESIDENT/FELLOW INSTITUTION NAME HERE]
SUMMARY EVALUATION
RESIDENT/FELLOW PERFORMANCE

Name:_____ ___

Department:_____Division:_____

Inclusive dates of Training: From_____ To_____

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

		At/Above Expected Level	Below Expected Level*
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.		

* Below expected performance (required comments)

Summary of Program Faculty Assessments

_____ The resident/fellow has successfully completed the training program and can practice independently without supervision.

_____ Resident/fellow has NOT successfully completed training program

_____ Additional information attached

_____/_____/_____

Resident/Fellow Signature/Date Program Director Signature/Date

REQUIRED PROCESS FOR <u>OVERALL</u> PROGRAM GOALS AND OBJECTIVES

Overall Program Goals and Objectives Overview

The ACGME requires the [program] curriculum to contain the following educational component:

- overall educational goals for the program, which the program **must distribute to residents and faculty annually**.

A suggested statement for each program's overall educational goals follows for your review and consideration.

OVERALL PROGRAM GOALS FOR THE
UMMS [INSERT TRAINING PROGRAM NAME] RESIDENCY TRAINING

Goal 1: Provide a comprehensive curriculum to address the requisite knowledge, skills, and attitudes needed to practice[INSERT TRAINING PROGRAM NAME] and meet ACGME requirements for training

Objective 1: Draw on the strengths in faculty, patient populations, and other resources to enhance the UMMS training program
Objective 2: Provide a series of didactic lectures at both UMMS to cover the breadth and depth of required knowledge
Objective 3: Integrate the 6 ACGME competencies into both didactic and experiential learning.
Objective 4: Provide a series of clinical experiences that cover the diversity and volume of patients and procedures to enable one to provide optimal medical and surgical care to patients with specialty specific problems
Objective 5; Utilize technology to enhance teaching, patient care and learner assessment

Goal 2: Provide a comprehensive system of assessment and feedback by using multiple methods and multiple sources of feedback.

Objective 1: Assess learner competence using global as well as additional methods of evaluation such as checklists and multi-source feedback
Objective 2: Review and provide feedback to residents regarding surgical logs on at least a semi-annual basis to ensure the technical expertise of our graduating residents
Objective 3: Engage patients and allied health professional in the evaluation of professionalism and interpersonal and communication skills
Objective 4: Guide residents in using feedback and evaluations to self-assess and identify learning needs

Goal 3: Implement methods for assessment of the UMMS program in order to identify areas of needed improvement.

Objective 1: Use the result of the inservice examinations to modify the didactic curriculum at UIMMS and its affiliate training sites
Objective 2: Use feedback from graduating residents to address content and experiential gaps in the training program
Objective 3: Use the information gathered from the review of surgical logs to ensure the appropriate volume and diversity of cases and modify clinical experiences accordingly so that all residents meet ACGME requirements

Goal 4: Establish an environment in which scholarship is encouraged, mentored, and practiced.

Objective 1: Define expectations of scholarship for faculty
Objective 2: Engage faculty in teaching, mentoring and role modeling scholarly activities for residents
Objective 3: Define expectations for residents to engage in scholarly activities including but not limited to informal and formal teaching, journal club presentations, clinical, translational and/or basic science research.

REQUIRED PROCESS FOR COMPETENCY BASED GOALS AND OBJECTIVES

The ACGME requires that the [program's] curriculum contain the following educational components:

- Competency-based goals and objectives for each assignment at each educational level, which the program **must distribute to residents and faculty annually**, in either written or electronic form. These **should be reviewed by the resident at the start of each rotation**.

An example of goals and objectives by PGY level follows for your review and consideration and documents progressive responsibility of the resident/fellow for programs with more than one PGY level of training.

EXAMPLE WITH DERMATOLOGY AS SPECIALTY

PATIENT CARE COMPETENCY: Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Patient Care Goal 1:: Perform preoperative dermatologic and general medical evaluation for pediatric and adult patients including, but not limited to, gathering accurate and essential information and reconciling that information from sources that include, but are not limited to, medical interviews, physical examinations, medical records, diagnostic/therapeutic procedures in the four broad categories of medical dermatology, procedural dermatology, dermatopathology and pediatric dermatology.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Consistently gathers ample and pertinent information necessary in caring for routine patients and for some more complex patients Performs an accurate and thorough examination for routine patients and for some more complex patients
PGY-3	Consistently gathers ample and pertinent information necessary in caring for routine patients as well as the majority of complex patients Performs an accurate and thorough examination for routine patients as well as the majority of complex patients
PGY-4	Consistently gathers ample and pertinent information necessary in caring for essentially all routine patients as well as complex patients Performs an accurate and thorough examination for essentially all routine as well as complex patients

Patient Care Goal 2: Make informed decisions about preventive, diagnostic, therapeutic, and surgical options based on clinical judgment, and be able to accurately convey recommendations to faculty, patients and their families, with the rationale for decisions, and benefits and risks of interventions (surgical and other). Competently apply concepts, policies and protocols related to practice management, ethics, patient advocacy, visual rehabilitation, and the care for patients from varying social and economic backgrounds

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Generates and prioritizes an appropriate differential diagnosis for routine patients as well as the majority of complex patients Able to accurately respond to patient questions and effectively educate/counsel routine patients and some complex patients
PGY-3	Generates and prioritizes an appropriate differential diagnosis for routine patients as well as the majority of complex patients Able to accurately respond to patient questions and effectively educate/counsel routine patients and the majority of complex patients
PGY-4	Generates and prioritizes an appropriate differential diagnosis for all routine as well as complex patients Able to accurately respond to patient questions and effectively educate/counsel essentially all routine as well as complex patient

Patient Care Goal 3: Exercise appropriate clinical/surgical judgment and operative technique

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Demonstrates effective judgment in most routine clinical decision-making
PGY-3	Demonstrates effective judgment in routine as well as complex clinical decision-making
PGY-4	Demonstrates effective judgment in virtually all clinical decision-making

PGY-2	Presents most management options in a way that informs patients about risks and benefits
PGY-3	Presents all management options in a way that informs patients about risks and benefits
PGY-4	Presents all management options in a way that informs patients about risks and benefits and guides them in making the most appropriate decision for their circumstances

PGY-2	Weighs risks and benefits to make sound intraoperative judgments when surgical procedure goes as planned
PGY-3	Weighs risks and benefits to make sound intraoperative judgments and intervene appropriately when complications arise
PGY-4	Balance risks and benefits to make sound intraoperative judgments and intervene appropriately in all situations, including crises

* For specific surgical skills see separate checklist for OR procedures.

Patient Care Goal 4: Develop, negotiate, and implement effective patient management plans in consideration of patient preferences and encourage active involvement of patients in the management of their own pre and post-operative care

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Management plans typically reflect current scientific evidence and patient preferences for routine patients and some complex patients
PGY-3	Management plans typically reflect current scientific evidence and patient preferences for routine patients and the majority of complex patients
PGY-4	Management plans typically reflect current scientific evidence and patient preferences for essentially all routine as well as complex patients

Patient Care Goal 5: Effectively counsel and educate patients and families

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Demonstrates the skills necessary to answer questions and counsel patients with routine problems
PGY-3	Demonstrates the skills necessary to answer questions and counsel patients with routine as well as many complex problems
PGY-4	Demonstrates the skills necessary to answer questions and counsel almost any patient regardless of the acuity or complexity of the problem

Patient Care Goal 6: Effectively utilize resources to maximize patient benefits

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Identifies common resources and accesses them with guidance from a more senior clinician
PGY-3	Identifies and accesses common resources
PGY-4	Identifies and accesses all available resources

MEDICAL KNOWLEDGE COMPETENCY: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Medical Knowledge Goal 1: Apply knowledge of basic & clinical sciences in the care of patients

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Able to accurately and consistently apply knowledge in all routine situations
PGY-3	Able to accurately and consistently apply knowledge in all routine situations as well as most complex clinical situations
PGY-4	Able to accurately and consistently apply knowledge in routine situations as well as complex clinical situations

Medical Knowledge Goal 2: Demonstrate analytical thinking in the clinical setting

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Able to synthesize and prioritize a myriad of information if guided in the process
PGY-3	Able to independently synthesize and prioritize a myriad of information
PGY-4	Able to independently synthesize, prioritize and reconcile a myriad of information that may be conflicting

*For Medical knowledge content see separate document that details patient care and medical knowledge by clinical experience and level of training.

PRACTICE-BASED LEARNING AND IMPROVEMENT COMPETENCY: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-reflection and life-long learning. Residents are expected to become proficient in their skills and habits so as to assure they are able to competently:

PBLI: Goal 1: Demonstrate the ability to be a self-directed learner

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Able to identify major gaps in knowledge and skills and uses this information to develop a learning plan
PGY-3	Able to identify specific areas where enhancement of knowledge and skills would improve patient outcomes and focuses learning plan accordingly
PGY-4	Consistently seeks to expand knowledge and skills by routinely setting learning goals and strategies to achieve them

PBLI Goal 2: Continually improve practice based on past experience, self-assessment and feedback..

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Frequently self- reflects on knowledge, skills and attitudes and is receptive to incorporating all feedback into practice although he/she may not actively seek it
PGY-3	Consistently self-reflects on knowledge, skills and attitudes and actively seeks feedback; incorporates this information into practice for the purpose of improvement
PGY-4	Self- reflection and solicitation of feedback are habits of practice that inform the independent development of individual learning plans to improve patient care

PBLI Goal 3: Use technology to access best evidence from the medical literature and apply the evidence effectively in daily patient care activities.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Consistently takes the initiative to search for best evidence in the medical literature and is able to synthesize, analyze, and apply findings when easily reconciled to the clinical situation In addition to using required technology to access and manage information, explores new technologies that may support patient care and professional development
PGY-3	Consistently searches for best evidence in the medical literature and is able to analyze, reconcile, adapt and apply findings to any clinical situation Facile with technology and maximizes its' use in supporting patient care and professional development
PGY-4	An evidence-based practitioner who has developed the habit of access, analyzing and applying best evidence from the literature in the care of patients and who teaches and role models this skill for others Takes the initiative to use technologic expertise to enhance patient care, and personal professional development as well as teaching others how to use technology for these purposes

PBLI Goal 4: Provides leadership and guidance in the education of patients, families, medical students, nurses, other allied health personnel, other program and non-program residents through effective teaching/education strategies

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Attentive to learning needs of others and frequently engages in teaching activities to meet these needs
PGY-3	An effective teacher who makes education of colleagues and patients/families a priority
PGY-4	An enthusiastic and effective educator and teacher whose commitment to education inspires others to learn

INTERPERSONAL AND COMMUNICATION SKILLS COMPETENCY: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

ICS Goal 1: Establish therapeutic relationships with patient s through well developed and executed communication strategies that consider the audience (patient, family member, public), as well as the socio-economic status and culture.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Able to maintain therapeutic relations with patients and families in most situations
PGY-3	Able to maintain therapeutic relationships with patients and families in essentially all situations even when challenged
PGY-4	Establishes excellent relationships with both patients and families; cultivates these relationships in order to enhance patient care

ICS Goal 2: Communicate professionally and effectively with other physicians, health care professionals, and agencies, as a member of the team or when acting in a consultative role.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Communicates clearly and effectively in routine situations but may have difficulty in times of stress or in complex clinical encounter
PGY-3	Communicates clearly and effectively in routine as well as complex situations
PGY-4	Communicates clearly and effectively in all situations, including crises

ICS Goal 3: Maintain comprehensive, timely, and legible medical records

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Documentation is always complete/legible and timely
PGY-3	Documentation is comprehensive/legible, timely and helps others to understand plan of care
PGY-4	Documentation is exemplary and serves to educate learners as well as transfer information about patients

ICS Goal 4: Utilize effective verbal communication skills in the clinical setting

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine clinical encounters
PGY-3	Demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine as well as most complex clinical encounters
PGY-4	Verbal presentations consistently focused, logical, succinct and effective in telling the patient's story in essentially all clinical encounters

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Listens but is may become easily distracted by others
PGY-3	Listens actively and attentively despite distractions

PGY-4	Gift for listening which makes the speaker feel that what he/she is saying takes precedence over all else at that moment in time

PROFESSIONALISM COMPETENCY: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Goal 1: Demonstrate the attributes of a professional in doctor-patient relationships

Benchmarks, Skills, Behaviors by PGY Level

PGY-2, 3 & 4	Demonstrates respect and compassion for patients and families
PGY-2, 3 & 4	Is mindful of cultural influences that affect health care and responds appropriately when these issues arise

Goal 2: Demonstrate professionalism in interactions with colleagues and staff

Benchmarks, Skills, Behaviors by PGY Level

PGY-2, 3 & 4	Demonstrates respect and honesty; responsible and accountable in fulfilling professional duties
PGY-2, 3 & 4	Lives up to professional commitments

Goal 3: Use ethical principles to drive practice

Benchmarks, Skills, Behaviors by PGY Level

PGY-2, 3 & 4	Demonstrates sound ethical principles in patient care and practice management decisions
PGY-2, 3 & 4	Maintains appropriate patient confidentiality

SYSTEMS-BASED PRACTICE COMPETENCY: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively upon other resources in the system to provide optimal health care. Residents are expected competently:

SBP Goal 1: Practice cost-effective care in the context of the given health care delivery system

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Considers cost when prompted to do so by patients, supervisors, social workers, etc.
PGY-3	Routinely considers cost in both the diagnostic work up and management plans
PGY-4	Works with health care plans to ensure that costs are minimized and quality is maximized for the individual patient

SBP Goal 2: Advocate for patients within the health care system

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Consistently advocates for his/her own patients
PGY-3	Advocates for patients even when it is challenging and time-consuming to do so
PGY-4	Goes beyond advocating for his/her own patients and engages in community and /or legislative advocacy

SBP Goal 3: Identifies system problems/errors and contributes to the system solution

Benchmarks Skills, Behaviors by PGY Level

PGY-2	Able to identify system issues leading to less than optimal patient outcomes
PGY-3	Able to identify a system problem/error and possible system solutions
PGY-4	Able to engage in a root cause analysis to systematically address medical errors

SBP Goal 4: Collaborate effectively with other health care providers.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Style of collaboration actually enhances team function
PGY-3	Recognized by others for exceptional skills in collaboration and cooperation
PGY-4	Exceptional collaborative skills enable conflict resolution when problems arise in team dynamics

SBP Goal 5: Understand the limitations of various health care delivery systems and is use this knowledge to develop strategies to optimize patient care.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Demonstrates basic knowledge of the various health care delivery systems
PGY-3	Applies knowledge of various health care delivery systems in ways that improve quality and minimize cost
PGY-4	Ability to understand and navigate the health care delivery system allows for individual care plans that optimize quality, cost, safety and efficacy

SBP Goal 6: Accepts administrative responsibilities appropriate to training/skill level and interests.

Benchmarks, Skills, Behaviors by PGY Level

PGY-2	Demonstrates developing skills in assignments related to administrative responsibilities for learning activities and may require senior resident or program director assistance with more complex responsibilities.
PGY-3	Facile in all simple and the majority of complex administrative responsibilities and in collaborating/coordinating learning activities.
PGY-4	Facile in both simple and complex administrative responsibilities and in collaborating/coordinating learning activities.

DERMATOLOGIC
SURGERY/ ONCOLOGY
GOALS AND OBJECTIVES

PGY-2 RESIDENT

Patient Care:

- Competently perform a comprehensive examination of patient requesting or requiring surgical or cosmetic intervention by consistently gathering ample and pertinent information necessary to care for routine patients
- Competently performs an accurate and thorough examination for routine patients
- Formulate an accurate differential diagnosis and selects and interprets diagnostic tests based on patient evaluation
- Competently evaluate best alternatives for patients requesting and/or requiring cutaneous surgical procedure or cosmetic procedure patient evaluation in all simple situations
- Appropriately advise patients on risks, benefits, limitations of the recommended medical or surgical care plan, including expected outcomes
- Initiates, implements, and continuously evaluates effectiveness of dermatologic intervention by following patients longitudinally, pre-intra- and post procedure.
- Competently observe and participate as appropriate based on training level and patient care situation in cosmetic treatments that include:
    - *Liposuction*
    - *Scar revision*
    - *Dermabrasion*
- Competently perform or assist in performing various surgical, diagnostic and therapeutic procedures, including:
    - Primary layered closure
    - Administration of local anesthetic
    - Antibiotic administration pre, intra, and post surgery
    - Cryosurgery
    - Simple excisional surgerySuturing techniques
    - Skin biopsy techniques
    - Destruction of benign and malignant tumors
    - Excision of benign and malignant tumors with simple, intermediate and complex repair techniques, including flaps and grafts

Surgical Skills

- Demonstrates effective clinical reasoning in most routine surgical situations
- Effectively discusses the range of most management options along with most risks and benefits of each
- Competently weighs risks and benefits in order to make sound intraoperative judgments in simple and/or some complex situations
- Demonstrates technical proficiency when performing simple as well as some complex surgical procedures
- Demonstrates appropriate response to changes in patients' conditions as a result of surgical intervention or simple complications

Medical Knowledge

- Recognize and define the superficial anatomy as it relates to cutaneous surgery
- Recognize and define the anatomy, pathophysiology, diagnosis and treatment of basal cell carcinoma, squamous cell carcinoma, melanoma and other skin tumors
- Describe the essential principles for obtaining the best results for excisional surgery
- Describe the basic surgical instruments and their uses
- Explain the various skin biopsies, including indications and interpretation

- Explain the fundamental concepts of wound healing as it applies to second intention healing and primary closure of wounds
- Describe the fundamental concepts and principles of cryosurgery
- Explain electrodessication, electrocoagulation, electrofulgaration and electrosection, their differences, and indications/interpretations
- Explain the uses and risks of local anesthetics in cutaneous surgery
- Demonstrate knowledge of appropriate protocol for obtaining informed consent
- Describe suturing techniques in cutaneous surgery and their and indications
- Explain the concepts of using prophylactic antibiotics in cutaneous surgery and its indications
- Explain the concepts of discontinuing anticoagulants before surgical interventions

Professionalism

- Demonstrates empathy and compassion for patients in routine situations
- Demonstrates sensitivity to the needs of a diverse patient population in most familiar culturally diverse situations and seeks to understand those situations unfamiliar to him/her
- Demonstrates competence in follow through
- Demonstrates accountability for personal errors and to learn from experiences and feedback
- Maintains patient confidentiality and acts ethically when challenged and understands own shortfalls in performance

Practice Based Learning and Improvement

- ***Consistently takes the initiative to search for best evidence in the medical literature and is able to synthesize, analyze, and apply findings when easily reconciled to the clinical situation***
- Competent in accessing and managing information and exploring new technologies that may support patient care and professional development
- Competent in self-reflecting on knowledge, skills and attitudes and is receptive to incorporating all feedback into practice although he/she may not actively seek the feedback
- Demonstrates attentiveness to learning needs of others and frequently engages in teaching activities to meet these needs

Interpersonal Skills and Communication

- Competent in maintaining therapeutic relations with patients and families in most situations
- Communicates clearly and effectively in routine situations
- Demonstrates evolving skills in listening to others without distractions
- Documents patient care activities completely, legibly and timely
- Competently demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine clinical encounters

Systems Based Practice

- Competently considers cost when prompted
- Competently collaborates to enhance team performance
- Consistently advocates for his/her own patients
- Demonstrates developing skills in assignments related to administrative responsibilities for learning activities and may require senior resident or program director assistance with more complex responsibilities.

DERMATOLOGIC
SURGERY/ ONCOLOGY
GOALS AND OBJECTIVES

PGY-3 RESIDENT

Patient Care

- Initiate, implement, and continuously evaluate effectiveness of dermatologic intervention by following patients longitudinally, pre-intra- and post procedure, including the management of any post-operative complications.
- Formulate a differential diagnosis and select and interpret diagnostic tests based on patient evaluation in all simple and a majority of complex situations
- Initiate, implement, and continuously evaluate effectiveness of dermatologic intervention by following patients longitudinally, pre-intra- and post procedure.
- Demonstrates effective clinical reasoning in most routine surgical situations
- Effectively discusses the range of most management options along with most risks and benefits of each
- Competently weighs risks and benefits in order to make sound intraoperative judgments in simple and/or some complex situations
- Demonstrates technical proficiency when performing simple as well as some complex surgical procedures
- Demonstrates appropriate response to changes in patients' conditions as a result of surgical intervention or simple complications
- Competently observe and participate as appropriate based on training level and patient care situation in cosmetic treatments that include:
    a. *Liposuction*
    b. *Scar revision*
    c. *Dermabrasion*
- Competently assist in performing various surgical, diagnostic and therapeutic procedures, including:
    - Nerve block (under supervision)
    - full-thickness skin grafts and local flaps under supervision
    - Sclerotherapy
    - Botulinum toxin injection
    - Soft tissue augmentation
    - Chemical peels
    - Mohs micrographic surgery and reconstruction
    - Use of lasers for the treatment of superficial vascular tumors (e.g., port wine stains)

Surgical Skills

- Demonstrates effective clinical reasoning that leads to locgical decision making in routine and complex situations
- Effectively discusses the range of most management options along witht risks and benefits of each
- Competently weighs risks and benefits and articulates rationale for sound intraoperative judgments in most situations
- Demonstrates technical proficiency when performing simple as well as most complex surgical procedures
- Demonstrates appropriate response to changes in patients' conditions as a result of surgical intervention or simple and some complex complications

Medical Knowledge

- Describe the biology and natural history ot of basal cell carcinoma, squamous cell carcinoma, melanoma melanoma and lentigo malignant
- Describe the essential principles for obtaining the best results for excisional surgery
- Explain the fundamental concepts of wound healing as it applies to intermediate closure of wounds
- Describe the fundamental concepts and principles of nail surgery
- Explain the concepts and appropriate surgical margins for the excision of benign and malignant tumors
- Describe local flaps and skin grafts techniques in surgery and their and indications
- Describe the indications for Mohs micrographic surgery
- Explain the concepts of laser physics, laser safety
- Explain the indications and use for lasers in the care of patients with dermatologic conditions and tumors.

Professionalism

- Demonstrates empathy and compassion for patients regardless of circumstance
- Demonstrates sensitivity to the needs of a diverse patient population regardless of circumstance
- Demonstrates competence in follow through on commitments, competently carries out assignments in all routine and emergent situations
- Demonstrates accountability for personal and team errors, and strives to help team improved based on performance feedback
- Maintains patient confidentiality regardless of circumstance

Practice Based Learning and Improvement

- ***Consistently searches for best evidence in the medical literature and is able to analyze, reconcile, adapt, and apply findings to the clinical situation***
- Demonstrates facile abilities with technology and maximizes its use in supporting patient care and professional development
- Consistently self-reflects on knowledge, skills and attitudes and is receptive to incorporating all feedback into practice for improvement
- Demonstrates abilities as an effective teacher who makes education of colleagues and patients/families a priority

Interpersonal Skills and Communication

- Competent in maintaining therapeutic relations with patients and families in all situations when challenged
- Communicates clearly and effectively in routine and all complex situations
- Demonstrates skills in effective listening without distractions
- Documents patient care activities completely, legibly and timely and helps others understand the plan of care
- Competently demonstrates the ability to filter and prioritize information so that presentations are effective and succinct in routine and complex clinical encounters

Systems Based Practice

- Routinely considers consists in both the diagnostic work up and management plans
- Demonstrates exceptional skills in collaboration and cooperation
- Consistently advocates for his/her own patients even when challenging or time-consuming to do so
- Facile in all simple and the majority of complex administrative responsibilities and in collaborating/coordinating learning activities.

DERMATOLOGIC
SURGERY/ ONCOLOGY
GOALS AND OBJECTIVES

PGY-4 RESIDENT

Patient Care

- Initiate, implement, and continuously evaluate effectiveness of dermatologic intervention by following patients longitudinally, pre-intra- and post procedure, including the management of any post-operative complications.
- Serve as a resource to other learners in the evaluation effectiveness of dermatologic intervention by following patients longitudinally, pre-intra- and post procedure, including the management of any post-operative complications.
- Formulate a differential diagnosis and select and interpret diagnostic tests based on patient evaluation consistently in all simple and complex situations
- Competently observe and participate as appropriate based on training level and patient care situation in cosmetic treatments that include:
    - *Liposuction*
    - *Scar revision*
    - *Dermabrasion*
- Competently perform various surgical, diagnostic and therapeutic procedures, including:
    - Use of lasers for the treatment of superficial vascular tumors (e.g., port wine stains)
    - Sclerotherapy
    - Botulinum toxin injection
    - Mohs micrographic surgery and reconstruction
    - Soft tissue augmentation
    - Chemical peels

Medical Knowledge

- Explain the limitations and/or success rates for basal cell and squamous cell carcinoma when treated with excision, electrodessication and curettage, cryosurgery, radiation therapy and Mohs micrographic surgery
- Explain the indications for the use of multiple therapeutic interventions when benign and/or malignant skin tumors are present
- Describe the risks, benefits and indications for surgical procedures, and be able to explain those techniques that improve outcomes and reduce complications
- Define the preoperative evaluation requirements for surgical procedures
- Explain recommended timeframe for postoperative follow-up based on patient needs
- Explain the relation of vascular blood supply to the surgical incision area
- Differentiate between the use of reconstructive techniques based on clinical situation
- Explain the concepts of chemical peels, tumescent liposuctions, sclerotherapy and various lasers and their indications in the practice of dermatology

Surgical Skills

- Demonstrates effective clinical reasoning that leads to logical decision making in essentially all clinical situations
- Effectively discusses the range of most management options along with risks and benefits of each and is able to guide patients in making the right decision based on the impact of the risks/benefits to their situation
- Excels at balancing risks/benefits of options and is able to articulate rationale for sound intraoperative judgment in essentially all situations
- Demonstrates technical proficiency when performing essentially all surgical procedures
- Demonstrates appropriate response to changes in patients' conditions as a result of surgical intervention or essentially all complications

Professionalism

- Demonstrates empathy and compassion for patients regardless of circumstance and serves as a role model by striving to assist others learners in achieving similar performance levels
- Demonstrates sensitivity to the needs of a diverse patient population regardless of circumstance; serves as a role model by striving to assist others learners in achieving similar performance levels
- Demonstrates competence in follow through on commitments, competently carries out assignments in all routine and emergent situations and provides guidance ot other learners in helping them assure they fulfill their own assignments
- Proactive in informing supervisors about errors, uses these opportunities for learning and mentoring of other learners in attainment of this competency
- Maintains patient confidentiality regardless of circumstance and serves as a role model by striving to assist others learners in achieving similar performance levels

Practice Based Learning and Improvement

- ***Demonstrates well-developed habits of accessing, analyzing and applying best evidence from literature to the care of patients, and serves as a role model in teaching others this skill***
- ***Takes initiative to use technology to enhance patient care, personal and professional growth and development, and serves as a role model in teaching others this skill***
- ***Demonstrates well-developed habits of soliciting feedback in practice, and uses this information to develop individual learning plans to improve patient care.***
- Demonstrates abilities as an enthusiastic and effective educator and teacher whose commitment to education inspires others to learn

Interpersonal Skills and Communication

- Establishes excellent relationships with patients and their families, and cultivates the relationships to enhance patient care.
- Communicates clearly and effectively in routine and all complex situations, including crisis
- Demonstrates excellent and focused skills in listening, and makes the speaker feel that what he/she says is paramount in importance
- Exemplary documentations kills and educates learners in the transfer of care
- Demonstrates focused, logical and succinct verbal skills and is highly effective in telling the patient's story in essentially all clinical situations.

Systems Based Practice

- Effectively works with health care plans to ensure that costs are minimized and quality is maximized for the individual patient
- Demonstrates exceptional collaborative skills enabling resolution of conflict when problems arise in team dynamics
- Actively engages in community and/or legislative advocacy by going beyond advocating for his/her own patients
- Facile in both simple and complex administrative responsibilities and in collaborating/coordinating learning activities.

ACGME DUTY HOURS OVERVIEW AND OVERSIGHT REQUIREMENTS

Resident Duty Hours

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: 1) appropriately hand over the care of all other patients to the team responsible for their continuing care; and, 2)) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. **Intermediate-level residents** [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. **Residents in the final years** of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency
PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call
Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

OVERSIGHT: The program director must monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.

The documents that follow provide method(s) by which the program director can oversee resident/fellow duty hours and can document this oversight and compliance.

SUGGESTED TOOL for Evaluation (anonymous) of PROGRAM
by Residents/Fellows
Includes Duty Hour Monitoring Questions

E EVALUATION OF EDUCATIONAL EXPERIENCES OR ROTATION BY RESIDENT/FELLOW

Evaluation Period _____ to _____

To which training sites were you assigned during the above time period?

Please list:

Were you provided to either a hard copy or electronic copy of the written goals and objectives prior to this assignment?

YES **NO** **Not APPLICABLE**

Were the conferences, lectures, demonstrations, and journal clubs that you participated in on this assignment educationally valuable?

YES **NO** **Not APPLICABLE**

Was the patient diversity and disease mix adequate for you to fulfill your clinical training goals while on this assignment?

YES **NO** **Not APPLICABLE**

Did you have adequate office space, conference space, access to medical records, radiology and pathology test results, computers, and electronic or printed educational resources while you were on this assignment?

YES **NO** **Not APPLICABLE**

Were adequate support services (e.g., nursing, clerical and clinical support) available to you while on this assignment?

YES **NO** **Not APPLICABLE**

Did your program leader assure that other trainees outside of your program or other learners (e.g., medical students) on this assignment did not detract from your educational experiences?

YES **NO** **Not APPLICABLE**

If you had a concern on this assignment, would you be comfortable in raising this concern to a faculty member or other supervisor without fear of intimidation or retaliation?

YES **NO** **Not APPLICABLE**

Did this assignment emphasize your clinical education over other concerns such as fulfilling service obligations?

YES **NO** **Not APPLICABLE**

Duty hours must be limited to 80 hours averaged over a four-week period (within a rotation), inclusive of all in-house call activities. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

The maximum duty period length for PGY-1 residents is 16 continuous hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

. PGY-1 residents are prohibited from moonlighting. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents may be scheduled for a maximum of 24 hours of continuous duty in the hopsital - AND - PGY-2 residents and above may be allowed to remain on-site for up to 4 additional hours, after 24-hours of continuous duty in order to complete effective transition of care, essential for patient safety and resident education. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In unusual circumstances, residents on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for extensions are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring , or humanistic attention to the needs of a patient of family member. In these circumstances, you must (a) hand over the care of all other patients to the team responsible for their care; (b) document the reasons for remainng to care for the patient in question; and (c) submit documentation in every circumstance to the program director.

When you stayed beyond the scheduled duty period to provide continued care to a single severely ill or unstable patient, did you meet requirements of (a),(b), and (c)?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents must be provided with at least 14 hours free of duty after 24 hours of in-house duty. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, including in-house and at-home call. At-home call cannot be assigned on these free days. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program should provide you with no less than 8 hours between scheduled or expected duty periods. This requirement may not apply to residents who are considered to be in their final years of training and therefore may be expected to have duty over irregular or extended periods. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program is not permitted to schedule you to work more than six consecutive nights of night float. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In-house call must occur no more frequently than every third night, when averaged over 4 weeks, and as permitted by your RRC(e.g., Medicine programs are not permitted to average in-house call). Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Internal and external moonlighting must be considered part of the 80-hour weekly limit on duty hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Please provide any comments that you feel are appropriate to share with the program about this assignment.

Resident/Fellow Name:

	Regular Duty Sunday	Regular Duty Monday	Regular Duty Tuesday	Regular Duty Wednesday	Regular Duty Thursday	Regular Duty Friday	Regular Duty Saturday
Date							
Start Time							
End Time							
(A)Total Hours in Hospital Regular Duty	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The section below pertains to coming into the hospital from at home call - only count actual time spent in hospital.

	In-Hospital Call Sunday	In-Hospital Call Monday	In-Hospital Call Tuesday	In-Hospital Call Wednesday	In-Hospital Call Thursday	In-Hospital Call Friday	In-Hospital Call Saturday
Start Time							
End Time							
(B)Total Hours in Hospital from At-Home Call	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The section below pertains internal and external moonlighting hours.

	Moonlighting Sunday	Moonlighting Monday	Moonlighting Tuesday	Moonlighting Wednesday	Moonlighting Thursday	Moonlighting Friday	Moonlighting Saturday
Start Time							
End Time							
(B)Total Hours in Hospital from At-Home Call	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Residents/Fellows must answer these questions on the following page before turning in the time sheet for the week:

PROGRAMS WITH EXISTING EVALUATION TOOLS THAT RESIDENTS/FELLOWS USE TO EVALUATE A ROTATION/PROGRAM ACTIVITY CAN BE MODIFIED TO INCORPORATE THESE DUTY HOUR QUESTIONS. THIS WILL PROVIDE ADDITIONAL DOCUMENTATION THAT THE PROGRAM DIRECTOR IS RECEIVING FEEDBACK DIRECTLY FROM RESIDENTS/FELLOWS ABOUT THEIR DUTY HOURS, SO THEY ARE BETTER POSITIONED TO TAKE CORRECTIVE ACTIONS WHEN VIOLATIONS ARE IDENTIFIED.

The maximum duty period length for PGY-1 residents is 16 continuous hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

. PGY-1 residents are prohibited from moonlighting. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents may be scheduled for a maximum of 24 hours of continuous duty in the hopsital - AND - PGY-2 residents and above may be allowed to remain on-site for up to 4 additional hours, after 24-hours of continuous duty in order to complete effective transition of care, essential for patient safety and resident education. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In unusual circumstances, residents on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for extensions are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring , or humanistic attention to the needs of a patient of family member. In these circumstances, you must (a) hand over the care of all other patients to the team responsible for their care; (b) document the reasons for remainng to care for the patient in question; and (c) submit documentation in every circumstance to the program director.

When you stayed beyond the scheduled duty period to provide continued care to a single severely ill or unstable patient, did you meet requirements of (a),(b), and (c)?

YES **NO** **Not APPLICABLE**

PGY-2 and above residents must be provided with at least 14 hours free of duty after 24 hours of in-house duty. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, including in-house and at-home call. At-home call cannot be assigned on these free days. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program should provide you with no less than 8 hours between scheduled or expected duty periods. This requirement may not apply to residents who are considered to be in their final years of training and therefore may be expected to have duty over irregular or extended periods. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Your program is not permitted to schedule you to work more than six consecutive nights of night float. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

In-house call must occur no more frequently than every third night, when averaged over 4 weeks, and as permitted by your RRC(e.g., Medicine programs are not permitted to average in-house call). Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Internal and external moonlighting must be considered part of the 80-hour weekly limit on duty hours. Have YOU met this requirement?

YES **NO** **Not APPLICABLE**

Please provide any comments that you feel are appropriate to share with the program about this assignment.

APPROVAL AND OVERSIGHT OF FACULTY SUPERVISION AND TEACHING

The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas**. The program director must monitor resident supervision at all sites.**

The ACGME/RRC requires that the program director evaluate program faculty and approve the continued participation of program faculty based on evaluation. At least annually, the program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the

- faculty's clinical teaching abilities,
- commitment to the educational program,
- clinical knowledge,
- professionalism, and
- scholarly activities.
- annual written confidential evaluations by the residents.

The faculty evaluation is found at http://umm.edu/professionals/gme/forms/evaluations . You could request/require your residents to complete this following a structured assignment or rotation.

SUGGESTED TOOL for Evaluation (anonymous) of FACULTY
by Residents/Fellows
Includes Monitoring of Resident/Fellow Supervision

RESIDENT/FELLOW EVALUATION OF THE FACULTY

Program will indicate below if you are evaluating all faculty or a single faculty member:

	All Faculty on this Assignment
	Specific Faculty Member: ____(insert name)_____

Resident/Fellow should provide feedback concerning the faculty member(s) who have been noted above by the program for evaluation.

TEACHING, SUPERVISION, AND AVAILABILITY		
14. Did the faculty member(s) spend sufficient time **teaching** you while on this assignment/rotation?		Yes, the faculty spent sufficient time
		No, the faculty did not spend sufficient time
		Not applicable
15. Did the faculty member(s) spend sufficient time **supervising** you while on this assignment/rotation?		Yes, the faculty spent sufficient time
		No, the faculty did not spend sufficient time
		Not applicable
16. Was the faculty member(s) readily available to answer questions while on this assignment/rotation??		Yes, the faculty was available
		No, the faculty was not available
		Not applicable
COMMITMENT TO EDUCATION		
17. Did the faculty member(s) demonstrate a commitment to your education and professional development?		Yes, my faculty did demonstrate
		No, my faculty did not demonstrate
		Not applicable
18. Did the faculty member(s) involve you actively in discussions and provide a positive learning environment?		Yes, my faculty did involve
		No, my faculty did not involve
		Not applicable
CLINICAL KNOWLEDGE		
19. Did the faculty member(s) demonstrate adequate knowledge about the clinical subject matter that was discussed during this assignment/rotation?		Yes, my faculty did demonstrate
		No, my faculty did not demonstrate
		Not applicable

CLINICAL KNOWLEDGE (continued)		
20. Was the faculty member(s) able to support his/her position with references or other information when questioned by you, the patient, their family member(s), or your colleagues while on this assignment/rotation?		Yes, my faculty was able to support position
		No, my faculty was able to support position
		Not applicable
PROFESSIONALISM		
21. Did the faculty member(s) demonstrate respect and show support for you, the patient, the family member(s), and your colleagues while on this assignment/rotation?		Yes, my faculty did demonstrate and show
		No, my faculty did not demonstrate and show
		Not applicable
22. Did the faculty member(s) exhibit at all times those qualities of an exemplary role model while you were on this assignment/rotation?		Yes, my faculty did exhibit
		No, my faculty did not exhibit
		Not applicable
SCHOLARLY ACTIVITY		
23. Did the faculty member(s) regularly and actively participate in organized clinical discussions with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
24. Did the faculty member(s) regularly and actively participate in teaching rounds with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
25. Did the faculty member(s) regularly and actively participate in journal club with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable
26. Did the faculty member(s) regularly and actively participate in teaching conferences with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable

Other comments/suggestions (please use reverse side if required):

QUALITY OF CLINICAL AND DIDACTIC PROGRAM AND OVERSIGHT

The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must oversee and ensure the quality of the didactic and clinical education. The intent would be to review in aggregate at least semi-annually that feedback from all previous evalluators concerning resident/fellow performance, and to help the resident identify an individual learning plan. Please Practice Based Learning in this Guide for additional information on the individual learning plan that is part o this semi-annual evaluation and Systems Based Practice in this Guide for the Systems error project as the progress of these activities should be assessed no less frequently than semi-annually by the program director. Residents/fellows are also required to provide an update on their procedure [case]logs.

An approach to monitoring clinical experiences and procedural competence is described in the semi-annual evaluation tool, as it prompts the program director to review the current procedure logs of the resident/fellow as well as competency in several other aspects in the assessment of resident/fellow performance. A form has been developed by the program leadership in UMMC Pediatrics for this purpose and this document is found at http://umm.edu/professionals/gme/forms/evaluations

SUGGESTED TOOL(S) For Evaluation of Resident/Fellow by Program Director AT LEAST Semi-annually

[Insert Program Name] SEMI-ANNUAL REVIEW BY PROGRAM DIRECTOR

Resident/Fellow Name: _____ **Date:** _____

Program Director Name: _____

Complete this document prior to meeting with your program director. Each item will be discussed and assessed with your program director.

1. KNOWLEDGE

Insert your In-Training Examination score into the grid below.

PG Level	Your Score	National Mean
1		
2		
3		
4		
5		

2. Surgical Skills

Review of Case Log

Are you up to date with entries: ____ Yes _____No Date of most recent entry: _____

Number of procedures as Assistant: _____

Below expectations	**Meets Expectations**	**Exceeds Expectations**

Number of procedures as Surgeon: _____

Below expectations	**Meets Expectations**	**Exceeds Expectations**

3. Patient Care Skills
Number of Outpatient visits to date: _____
Number of outpatient visits directly supervised by faculty to date: _____

4. Review of Competency Based Evaluations Submitted by Evaluators by Program Director (or designee) with resident/fellow.

This discussion includes feedback from <u>multiple methods of assessment</u> *(e.g., direct observations, feedback from formal evaluations; feedback from patient surveys; scores on in-service examination scores; review of technical skills, attendance and participation at conferences; and chart review / recall; review of presentation skills)*

This discussion includes feedback from <u>multiple raters</u> *(e.g., faculty, program director, mentor, other allied health professionals, peer, medical student, resident/fellow self-assessment; patients/families)*

Please check one of the statements below:

- ❑ One or more evaluations reflect an overall performance that is below expected levels
- ❑ Evaluations reflect an overall performance that is at expected levels but document a few items that are below expected levels
- ❑ All evaluations reflect both an overall performance that meets expected levels and document that all individual items meet expected levels
- ❑ All evaluations meet expected levels and some exceed expected levels

5. Individualized Learning Plan
Based on the above as well as your evaluations, feedback from others, and your own self-assessment, list three learning objectives that you will focus on during the next six months.
1.

2.

3.
Plans for areas that require remediation:

Overall Assessment of Progress on Individual Learning Plan

- ☐ Below Standards indicates that resident/fellow is not on target for successful completion
- ☐ Meets Standards indicates that resident/fellow is on target for successful completion

8. System-Error Project Evaluation/Update

SYSTEMS-BASED PRACTICE

Based on a case you have encountered, please address the following issues in a one-page summary:

V. Identify at least one problem with the system.
VI. Identify at least one solution to the problem. This solution should be aimed at correcting or improving "the system." Include potential ways to implement the solution (who and what resources in the system would be necessary to implement your solution).

Project Evaluation

	Level of Competence	
	Below Standards	**Meets Standards**
Criterion		
1. Problem	□ Problem identified is not systems-based	□ Problem identified is systems-based
2. Solution	□ Solution not systems-based	□ Solution is systems-based and potentially achievable

Criteria for and Overall Assessment of Systems-Based Practice Project:

- ☐ Below Standards indicates that resident/fellow is not on target for successful completion
- ☐ Meets Standards indicates that resident/fellow is on target for successful completion

Comments:

Resident Fellow Signature Date Program Director(or designee) Signature Date

ACGME Expectations for Evaluations in Residents' and Fellows' Files

Ingrid Philibert, PhD, MBA

The ACGME periodically receives questions about the information to be included in individual resident files and the period of time during which documents in resident files need to be retained. The context is the review of randomly selected resident files during the accreditation site visit, to assess documentation related to a number of program requirements, including procedural volume in surgical specialties and documentation of the periodic evaluation of residents.

Content of Resident Files

Although review of resident files is an important component of the site visit, the ACGME does not narrowly specify the content of residents' files and has just a small number of common program requirements that directly relate to resident files, such as the requirements that residents receive formal documented evaluations every six months, and that residents have access to their evaluations, irrespective of whether they are in paper or electronic form. A prior clarification in the *e-Bulletin* (February 2005 and September 2007) focused on expectations for documentation to be included in the files of residents who transferred into the program, and maintenance of documents when programs use electronic evaluation systems. It did not provide general guidance on the documents to be included in resident files.

The brief list below provides the expectations for the minimum content in current residents' "educational files" maintained by the program:

- written evaluations from the faculty and others;
- periodic evaluations (at minimum every six months) by the Program Director, his/her designee and/or a resident evaluation committee;
- records of resident physician's rotations and other training experiences, including surgical and procedural training as applicable;
- records of disciplinary actions, as pertinent to the given resident;
- for residents engaged in moonlighting, a prospective, written statement of permission from the program director (as specified by the institutional requirements);
- materials required by ACGME institutional and special program requirements; and
- other content as determined by the Program Director and/or the sponsoring institution.

For residents successfully completing the program, the permanent file should contain a succinct summary of the resident's evaluations and/or a letter documenting the resident's ability to practice competently and independently.

The term "files" in this context is not limited to paper formats. The resident files in a given program may be paper-based, retained in electronic storage or a combination of the two. It is important that for all media, secure storage is used to prevent loss of the records, and that for electronic storage, the program has file back-up and recovery protocols that are consistently followed.

Document Retention

The ACGME does not have standards for document retention, which specify the period for which records need to be kept after a resident's graduation. It defers to institutional document retention standards. Legal experts recommend that the period for which files need to be retained is at least seven (7) years after the resident has graduated.

The following core files should be kept indefinitely by the sponsoring institution, to accommodate requests for primary source verification for residents who have completed the program:

- a summation of the resident's evaluations and/or the final letter by the program director;
- records of resident physician's rotations, training experiences and procedures; and
- documentation of disciplinary action, if any.

For residents who do not complete the program or who are not recommended for Board certification, most programs will keep the entire file indefinitely in case of subsequent legal action.

Additional information about resident evaluations can be found in the Program Director Guide to the Common Program Requirements (http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp). Programs with specific questions about what documents to include in their resident files and for how long they should be retained also should consult with their designated institutional official and, as needed, institutional general counsel.

Program Director Guide to Common Requirements
http://www.acgme.org/acgmeweb/tabid/237/GraduateMedicalEducation/InstitutionalReview/ProgramDirectorGuidetotheCommonProgramRequi.aspx

SITE VISIT FAQS

Below are responses to general questions about the site visit process. Specific questions not covered below should be addressed to the staff of the Department of Field Activities or the applicable Review Committee team.

What are the different types of accreditation site visits are there?

All ACGME site visits are either **Full** or **Focused** site visits. The ACGME uses **Full** visits: (1) for all core program applications and applications for some subspecialty programs (the applications for other subspecialty programs and those for sponsoring institutions are generally reviewed without a site visit); (2) at the end of the two-year Initial Accreditation period, to ensure that a program or sponsoring institution with Initial Accreditation is compliant with the accreditation standards; (3) to address broad concerns identified during the review of data submitted to the ACGME annually; (4) to assess the merits of a complaint or for other circumstances as requested by a specific Review Committee; and (5) to assess overall compliance and ongoing improvement in a program or sponsoring institution during the scheduled 10-year site visit.

The ACGME uses **Focused** visits: (1) to conduct a timely, in-depth explorations of potential problems arising out of a Review Committee's review of annually-submitted accreditation data; and (2) to assess the merits of a complaint or for other circumstances as requested by a specific Review Committee.

Detailed information about site visits for applications can be found in a separate set of FAQS ADDRESSING THE ACCREDITATION OF NEW PROGRAMS, PROGRAM MERGERS, AND CHANGES IN SPONSORSHIP

What documentation needs to be prepared prior to an accreditation site visit?

For most site visits, the site visitors will use only the information collected via the Accreditation Data System (ADS), and program staff will not need to complete documentation prepared specifically for the site visit. A small number of site visits require documentation prepared specifically for the visit. These include: 1) applications for accreditation; 2) the full site visit at the end of the two-year period of initial accreditation, which requires completion of an updated version of the specialty-specific portion of the application document; and the 10-year site visit, which requires completion and uploading of the self-study summary 12 to 18 months before the site visit data, and completion of a summary of achievements realized through the self-study, uploaded 12 days before the visit.

Programs and sponsoring institutions should ensure currency of all data in ADS prior to a site visit, with a focus on responses to citations, changes in the program since the last Review Committee review, and additional changes the program requests for the site visit. The site visit announcement letter sent by the ACGME contain specific instructions if the given site visit requires the completion and uploading of any documents. It also offers detailed instructions for how and when to update the information in ADS, and any specific instructions for the particular program or sponsoring institution.

How much lead time does a program receive for a site visit?

Programs scheduled for a full or focused site visit arising out of the review of data submitted annually through ADS are given a minimum of 30 days of advance notice, with the option of one postponement if the request meets ACGME justification criteria. Because site visits no longer use a program document prepared specifically for the site visit (i.e., the PIF), a shorter announcement period is feasible. The letter from the Review Committee indicating the need for a site visit, and the areas of the program that will be assessed, includes a tentative date, which is generally stated as the first day of the month in which the visit is to occur. This is not the actual site visit date, which is communicated subsequently in a letter sent by the Department of Field Activities.

Programs scheduled for a 10-year site visit will receive a 90-day advance notice of the date. Programs are also given an advance notice by the ACGME of the date when they should begin their self-study.

For all site visits, the ACGME sends an e-mail notice, and simultaneously posts a detailed site visit announcement letter in the program's folder in ADS. Programs should review the letter carefully.

What is the role of the ACGME field staff members who conduct accreditation site visits?
Accreditation site visits for programs and sponsoring institutions are conducted by members of the ACGME field staff. The members of the field staff are professional site visitors employed by the ACGME.
Biographical sketches outlining their professional backgrounds and tenure with the ACGME are available on the ACGME website.
Site visits for larger programs, and for most sponsoring institutions, are conducted by a team of two site visitors. Site visits for smaller programs may use a team at the discretion of the Department of Field Activities. The site visit announcement letter will indicate the type of visitor (team or individual), and the name and contact information for the assigned site visitor(s).

What happens during the site visit?
During the site visit, the site visitor or team uses the data from ADS, the results of the Annual Resident and Faculty Surveys, and other information, such as data on procedural experience, as indicated for the specialty. The site visitor or site visit team conducts interviews with the program director (and associate directors, if the program has them), residents/fellows, faculty members, and the designated institutional official (DIO) and/or other administrative representatives.

The site visitor or team also reviews documentation the program has made available on-site. A list of such required documents will be provided with the letter announcing the accreditation site visit. For some specialties, or if there were prior citations related to facilities, the site visitor or team will tour the physical facilities.

Site visits for a sponsoring institution use a somewhat different set of relevant data, and the interviews involve the DIO, members of the graduate medical education committee (GMEC), institutional leadership, and a representative group of residents and fellows.

A clarification interview conducted with the program director or DIO at the end of the site visit can include preliminary feedback from the site visitor/team. This feedback is provided in the form of a succinct summary that highlights two to three key strengths and offers suggestions for improvement in two to three areas. Both are based on the site visitor's/team's understanding of the accreditation standards and familiarity with relevant best practices. The site visitor/team **will not** offer any predictions regarding accreditation outcomes; these decisions are the sole purview of the Review Committee.
Which residents/fellows should be selected to meet with the site visitor? What is expected of the residents/fellows who meet with the site visitor?
The resident/fellow interview is crucial to the site visit. If a program has 15 or fewer residents/fellows, the site visitor will interview 12-15 of the residents on duty the day of the visit. If a program has more than 15 residents/fellows, the site visitor(s) will interview 15-20 peer-selected residents/fellows representing all required years of education. Chief residents**beyond** the required years of residency (e.g., fourth-year internal medicine chief residents) may not participate in the interview (they may be included in the faculty interview). For programs with a combined program track, such as internal medicine-psychiatry, representative residents from the combined program must be included in the interview. For the site visit of a sponsoring institution, the interview group should consist of 15 to 18 residents and fellows that are representative of the programs sponsored by the institution.

For program and institutional site visits, residents/fellows may be interviewed in smaller groups, by training year, or individually. The site visitor who contacts the program/institution to plan the logistics for the site visit day will indicate

the format for the resident/fellow interview. Residents/fellows should be made available for the entire interview period, with their pagers and cell phones turned off.

What happens after a site visit?
After a site visit, the site visitor/team writes a detailed narrative report that is used by the Review Committee, together with the information in ADS, to make its accreditation decision. Site visitors do not participate in making the accreditation decision.

All Review Committees meet at least two times per year, and the ACGME strives to review all programs and sponsoring institutions in a timely fashion. The schedule of Review Committee meetings and the agenda closing dates for each meeting are listed on each Review Committee's web page on the ACGME website. Programs can contact the staff of the Review Committee team to find out if their program will be reviewed at a given meeting.

A few days after the meeting at which the program is reviewed, the Review Committee sends an electronic notice indicating the accreditation status that resulted from the meeting. The detailed accreditation decision will be posted in the program's ADS account 60-90 days after the date of the meeting.

Can the date of a site visit be changed?
Due to the logistics involved in conducting a large number of site visits, once the date of a visit is set, it generally will not be changed. Exceptions may be made in certain circumstances. All requests to change a site visit date must be made by telephone to Jim Cichon (312.755.5015) or Penny Iverson-Lawrence (312.755.5014) in the Department of Field Activities. Requests must be made within five calendar days of receipt of the site visit announcement letter.

Requests for changes or postponements made more than five days after the date of the site visit announcement must be accompanied by a letter from the institution's DIO or Chief Executive Officer. Such letter must indicate that the institution agrees with the request for a change in the site visit date, and understands it may be charged a fee for the late notice of the request to postpone the visit.

How will the self-study visit be initiated?
The ACGME is conducting a large-scale pilot that will encompass the self-study and 10-year site visit for all Phase I programs scheduled for their 10-Year accreditation site visit between April 2015 and June 2016. Information about the pilot was announced in a MEMORANDUM BY ACGME CHIEF EXECUTIVE OFFICER THOMAS J. NASCA, MD, MACP distributed in February 2015.
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