

**I. PURPOSE:**

To provide a policy for evaluation of residents, fellows, faculty and residency and fellowship training programs at Children's National Hospital (CH), which must develop and maintain academic requirements which adhere to the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements.

**II. POLICY SCOPE:**

All ACGME-accredited and Non-ACGME residency and fellowship programs sponsored by CH.

**III. DEFINITIONS:***Trainee*

Trainee refers to all interns, residents and fellows participating in an ACGME or Non-ACGME accredited training programs sponsored by CH.

*Training Program*

Training program or program refers to an ACGME or Non-ACGME accredited internship, residency or fellowship training program sponsored by CH.

**IV. POLICY:***Assessment of Learning*

1. Each training program must have a written policy governing the training program's process for evaluation of the Trainee and training program by the Faculty, and evaluations of the Faculty and training program by the Trainees.
2. Each training program must delineate the criteria and tool used for evaluation of Trainees in the six core competencies and specialty milestones.
3. Each training program policy must be approved by the GME leadership and distributed to the Trainees and Faculty.
4. Each Program Director must appoint a Clinical Competency Committee (CCC) with composition as defined by the ACGME Common Program Requirements.

### ***Evaluation of Trainee***

1. In accordance with the ACGME policy for Graduate Medical Education, the training program must demonstrate that it has an effective plan for assessing Trainee performance throughout the training program and for utilizing the results to improve Trainee performance.
2. The Faculty must evaluate Trainee performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment.
3. All training programs must provide objective assessments of competence in the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Training programs must evaluate Trainees using the specialty milestones as they are implemented by the ACGME for training programs.
4. Training programs must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff) in the evaluation process of Trainees. Evaluations of Trainees must include a 360-degree peer evaluation and other multisource assessments. This process involves assessments of both clinical competence and performance.
5. All training programs must document progressive Trainee performance improvement appropriate to each educational level. Training programs must provide each Trainee with documented semiannual evaluation of performance with written feedback.
6. The Program Director is responsible for maintaining Trainees' evaluations on record and must be accessible for review by the Trainee.

### ***Evaluation of Faculty***

1. At least annually, Trainees must evaluate Faculty performance as it relates to the training 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. This evaluation must include at least annual written confidential evaluations by the Trainees.
2. The Program Director is required to document and maintain these evaluations as evidence, when notified on an annual basis, to present before the GMEC.

### ***Annual Program Evaluation***

At least annually, Trainees must have the opportunity to evaluate the training program confidentially and in writing. Each training program must use these Trainee assessments, combined with confidential Faculty input, to evaluate the educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process. The APE must use these evaluations, along with other training program evaluation results to determine areas for growth across the program. These areas for growth and written action

plans for improving performance must be documented in a final report that is reviewed by the training program's teaching Faculty and subsequently submitted to the GMEC.

### ***Program Evaluation Committee***

Program Directors must appoint a Program Evaluation Committee (PEC) with composition and responsibilities as defined in the Common Program Requirements. The PEC must be composed of at least two members of the training program's Faculty, and include at least one Trainee. The PEC is responsible for the following:

1. Planning, developing, implementing, and evaluating all significant activities of the training program.
2. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives.
3. Addressing areas of non-compliance with ACGME standards.
4. Reviewing the training program annually, using evaluations of Faculty, Trainees, and others as specified above.

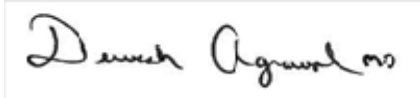
### ***Transfer***

To determine the appropriate level of education for a Trainee who is transferring from another training program, the Program Director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring Trainee. A copy of the transferred evaluation should be maintained in the Trainee file.

### ***Summative/Final Evaluation***

1. The ACGME core competencies, specialty-specific milestones, and when applicable the specialty-specific Case Logs must be used as tools to ensure Trainees are able to practice core professional activities without supervision upon completion of the program. The Program Director is responsible for providing a Final Evaluation for each Trainee who completes the training program. The evaluation must include:
  - a. A review of the Trainee's performance during the final period of education
  - b. Verification that the Trainee has demonstrated sufficient competence to enter autonomous practice.
2. A copy of the Final Evaluation for each Trainee upon completion of the training program which becomes part of the Trainee's permanent record maintained by the institution must be accessible for review by the Trainee in accordance with institutional policy.

V. **APPROVAL**  
Approved by:



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DIO/Vice Chair, Medical Education

10/13/2021

Date

VI. **REVIEW OR REVISION DATE**

Approved by the GMEC: September 9, 2020

Reviewed and Approved by the GMEC: October 13, 2021