

2018 GME PROFESSIONAL DEVELOPMENT

2019 ACGME Common Program Requirements
Ready or Not....Here They Come!



Reflection and/or Discussion of the hard ones

Steps/supports already in process

Next Steps



- FACULTY
- PD RESPONSIBILITIES AND SUPPORT
- PROGRAM EVALUATION AND IMPROVEMENT
 - *APEs and Self-Studies*
- SCHOLARSHIP
- RESIDENT AND FELLOW ELIGIBILITY
- LEARNING AND WORK ENVIRONMENT
- RESOURCES, PARTICIPATING SITES AND PLAs
- CURRICULUM AND COMPETENCIES
- RESIDENT AND FACULTY EVALUATIONS

FACULTY



Faculty – IIB1,3c

“Faculty” refers to the entire teaching force responsible for educating residents. The term “faculty,” including “core faculty,” does not imply or require an academic appointment or salary support.

At each participating site, there must be a sufficient number of faculty members **with competence** to instruct and supervise all residents at that location

ABMS **or AOA** certification

Any non-physician faculty members who participate in residency program education must be approved by the program director.

Faculty – IIB2a-g4

Faculty members must:

- **be role models of professionalism; (Core)**
- **demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)**
- devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; and, (Core)
- administer and maintain an educational environment conducive to educating residents (Core)
- regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)

Faculty – IIB2a-g4, VA1a

Faculty members must:

- **pursue faculty development designed to enhance their skills at least annually: (Core)**
 - *as educators; (Core)*
 - *in quality improvement and patient safety; (Core)*
 - *in fostering their own and their residents' well-being; and, (Core)*
 - *in patient care based on their practice-based learning and improvement efforts. (Core)*
- **directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.**

CORE FACULTY - IIB4-4b

- Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)
- Core faculty members must be designated by the program director. (Core)
- Core faculty members must complete the annual ACGME Faculty Survey. (Core)
- [The Review Committee must specify the minimum number of core faculty and/or the core faculty-resident ratio]

PROGRAM DIRECTOR RESPONSIBILITIES AND SUPPORT

PD Qualifications – IIA3-IIA3d

Qualifications of the program director must include:

- ABMS **or AOA** certification
 - *[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]*
- specialty expertise **and at least three years of documented educational and/or administrative experience**, or qualifications acceptable to the Review Committee; (Core)
- current medical licensure and appropriate medical staff appointment; and, (Core)
- **ongoing clinical activity. (Core)**

Program Director Responsibilities – IIA4

The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)

Program Director Responsibilities – IIA4a1- 3

The PD must:

- be a role model of professionalism; (Core)
- design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (i.e PROGRAM AIMS)
- administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)

Program Director Responsibilities – IIA4a8-10

The PD must:

- submit **accurate and complete** information required and requested by the **DIO, GMEC**, and ACGME;
- provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s); (Core)
- provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

Program Director Responsibilities – IIA4a8-10

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- submit **accurate and complete** information required and requested by the **DIO, GMEC**, and ACGME;
- **provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s); (Core)**
- **provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)**

This becomes more important as entrance eligibility expands....OGME is updating templates for what candidates must have....

Program Director Responsibilities – IIA4a11-16

The PD must:

- ensure the program's compliance with **...all rules and policies....**
- **document verification of program completion for all graduating residents within 30 days; (Core)**
- **provide verification of an individual resident's completion upon the resident's request, within 30 days**

Program Director Responsibilities – IIA4a4-7

The PD must:

- develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education and at least annually thereafter, as outlined in V.B.; (Core)
- have the authority to approve program faculty members for participation in the residency program education at all sites; (Core)
- have the authority to remove program faculty members from participation in the residency program education at all sites;(Core)
- have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)

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- have the authority to approve program faculty members for participation in the residency program education at all sites; (Core)
- have the authority to remove program faculty members from participation in the residency program education at all sites;(Core)
- have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)

ARE WE HERE?

Program Director - 2A1c

- **The program must demonstrate retention of the** program director position for a length of time adequate to maintain continuity of leadership and program stability. (Core)

PD and PC Support - IIA2 and IIC1-2

At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)

There must be a program coordinator. (Core)

At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)

PD and PC Support - IIA2 and IIC1-2

At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)

RRCs may set a higher minimum....and/or set minimums for associate PDs...many already do

Fellowship CPRs do not specify a minimum

At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)



PROGRAM EVALUATION AND IMPROVEMENT

PEC, APEs and Self-Studies



PROGRAM EVALUATION AND IMPROVEMENT

PEC, APEs and Self-Studies

Greatly expands the domains of APE.

Raises the bar for PEC scope of responsibilities for APE development and oversight, PD and guidance, ongoing SWOT analysis

REGULATION AND MOVEMENT

PEC, APEs and Self-Studies

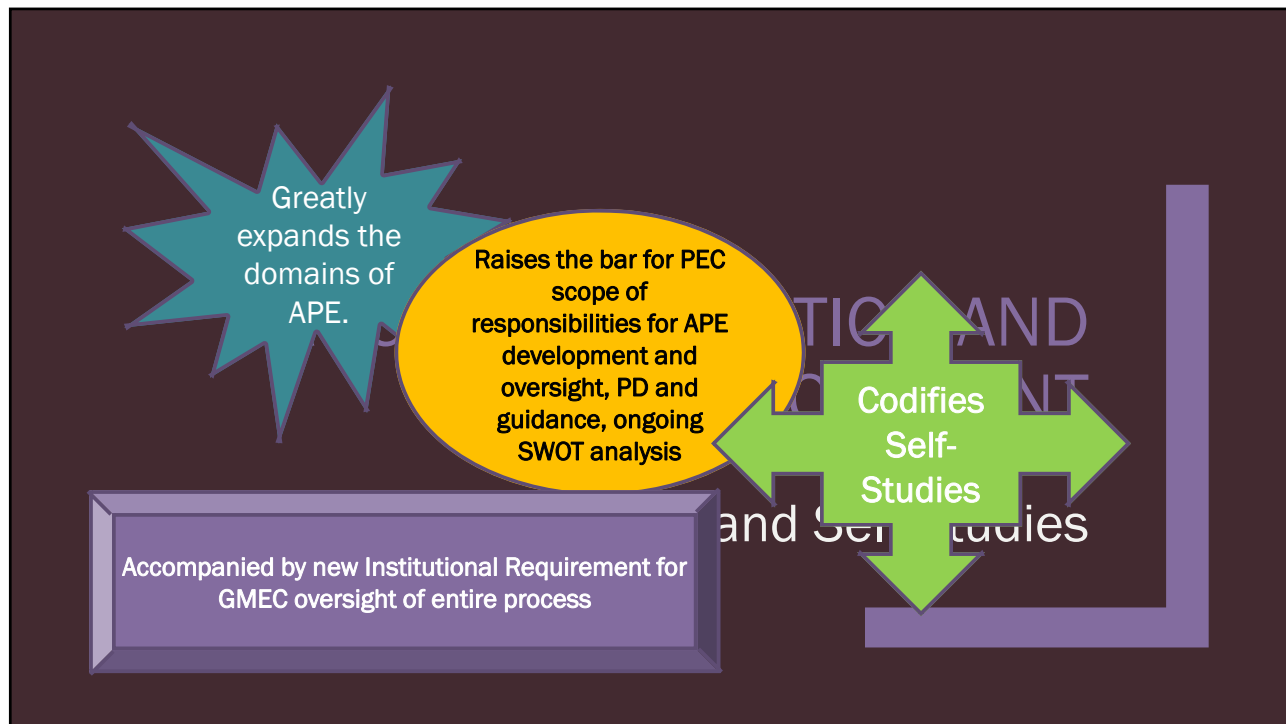
Greatly expands the domains of APE.

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Codifies Self-Studies

REGULATION AND MOVEMENT

PEC, APEs and Self-Studies



Program Evaluation and Improvement VC1-1b4H

- The program director must appoint the Program Evaluation Committee **to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.** (Core)
- The Program Evaluation Committee must be composed of at least two program faculty members, **at least one of whom is a core faculty member**, and at least one resident. (Core)
- Program Evaluation Committee responsibilities must include:
 - **acting as an advisor to the program director, through program oversight;** (Core)
 - **review of the program's self-determined goals and progress toward meeting them;** (Core)
 - **guiding ongoing program improvement, including development of new goals, based upon outcomes; and,** (Core)
 - **review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.** (Core)

Program Evaluation and Improvement - VC1c-d

The Program Evaluation Committee should consider the following elements in its assessment of the program:

- curriculum; (Core)
- outcomes from prior Annual Program Evaluation(s); (Core)
- ACGME letters of notification, **including citations, Areas for Improvement, and comments;** (Core)
- **quality and safety of patient care; (Core)**

Program Evaluation and Improvement - VC1c-d, con't

The Program Evaluation Committee should consider the following elements in its assessment of the program:

- **aggregate resident and faculty:**
 - *well-being; (Core)*
 - *recruitment and retention; (Core)*
 - *workforce diversity; (Core)*
 - *engagement in quality improvement and patient safety; (Core)*
 - *scholarly activity; (Core)*
 - *ACGME Resident and Faculty Surveys; and, (Core)*
 - *written evaluations of the program. (Core)*

Program Evaluation and Improvement - VC1c-d, con't

- **aggregate resident:**

- **achievement of the Milestones;**
- *in-training examinations (where applicable); (Core)*
- *board pass and certification rates*
- *graduate performance*

- **aggregate faculty:**

- **evaluation; and, (Core)**
- **professional development. (Core)**

The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

Board Pass Rates

If your specialty Boards has a/an...	First Time Takers.....
Annual written and/or oral exam	3 year rolling pass rate > 5%ile for specialty OR 80% Pass rate
Bi-Annual written or oral exam	6 year rolling pass rate 5%ile for specialty OR 80%
AND	
Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	

Program Evaluation and Improvement – VC1e

- The annual review, including the action plan, must:
 - *be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)*
 - *be submitted to the DIO. (Core)*

Program Evaluation and Improvement – VC1e

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 - *be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)*
 - *be submitted to the DIO. (Core)*

Some process requirements removed...
Approval of Action Plan by Faculty, documentation in faculty meeting minutes, written responsibilities of PEC

Program Evaluation and Improvement – VC1e

- The annual review, including the action plan, must:
 - *be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)*
 - *be submitted to the DIO. (Core)*

Some oversight pieces
added....Review by GMEC

Sub-Committee on APE
Reviews

Self Studies - VC2a

The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)

A summary of the Self-Study must be submitted to the DIO. (Core)

OGME has/will....

- Update APE Manual and all Templates
- GMEC SubCommittee on APE Reviews
- GMEC Review of Program Self-Study Goals
- Library of Self-Studies/Goals/PDSAs/Site Visit Outcomes

SCHOLARSHIP

Scholarship: Program Responsibilities -IVD1a-c

- **The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)**
- The program, in partnership with its Sponsoring Institution, **must** allocate adequate resources to facilitate resident **and faculty** involvement in scholarly activities. (Core)
- **The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)**

Scholarship: Program Responsibilities -IVD1a-c

Asking meaningful questions to stimulate residents to utilize learning resources to create a differential diagnosis, a diagnostic algorithm, and treatment plan

Challenging the evidence that the residents use to reach their medical decisions so that they understand the benefits and limits of the medical literature

When appropriate, dissemination of scholarly learning in a peer-reviewed manner (publication or presentation)

Improving resident learning by encouraging them to teach using a scholarly approach

Faculty Scholarly Activity - IVD2a

Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

Faculty Scholarly Activity -IVD2b-b2

The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

RRCs will choose to require EITHER or BOTH of these:

- faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)
- peer-reviewed publication. (Outcome)

Resident Scholarly Activity - IVD3a


Residents **must participate** in scholarly activity.



SLEIGHBELLS
RING, ARE
YOU
LISTENING?



RESIDENT AND FELLOW ELIGIBILITY



RESID
FELLOW
ELIGIBILITY

Greater level of flexibility for great Internationally Trained Candidates



Resident Appointments IIIA1-1b2

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)

- LCME accredited schools in US or Canada
- AOA accredited schools
- International Medical School AND
 - *ECFMG Certificate*
 - OR
 - *Permanent, unrestricted license in same state as program*

Resident Appointments IIIA2-2a

- All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in:
 - *ACGME-accredited residency programs*
 - ***AOA-approved residency programs***
 - *Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada*
 - ***or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.*** (Core)
- Residency programs must receive verification of each **resident's level of competency in the required clinical field using** ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program **upon matriculation.** (Core)

Resident Eligibility Exception – IIIA4a

An ACGME- accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A. 1.-III.A.3., but who does meet all of the following additional qualifications and conditions:

- evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and
- review and approval of the applicant's exceptional qualifications by the GMEC,
- verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

Resident Appointments IIIA3

A physician who has completed a residency program that was not accredited by ACGME, **AOA**, RCPSC, CFPC, **or ACGME-I (with Advanced Specialty Accreditation)** may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program **and with approval by the GMEC**, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. (Core)

Fellowship Appointments – IIIA1

Review Committee to choose one of the following:

- **Option 1:** All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an
 - *ACGME-accredited residency program*
 - *AOA-approved residency program*
 - *Program with ACGME International (ACGME-I) Advanced Specialty Accreditation*
 - *Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)*
- **Option 2:** All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an:
 - *ACGME-accredited residency program*
 - *AOA-approved residency program. (Core)*

Fellow Eligibility Exception IIIA1c

An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)

- evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)
- review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)
- verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)

Fellow Eligibility Exception IIIA1c

An ACGME-accredited fellowship program may accept an exceptionally qualified international applicant who does not meet the eligibility requirements listed in III.A.1., but only if the program meets the following conditions:

- evaluate the applicant's qualifications, including a summative competency-based performance evaluation of the applicant by the program's faculty, and a review of the applicant's curriculum vitae by the program's GMEC; and,
- verification of Educational Council for Foreign Medical Graduates (ECFMG) certification. (Core)

What does this mean for Board Eligibility?

Resident Transfers IIIC

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation **prior to acceptance of** a transferring resident, **and Milestones evaluations upon matriculation.** (Core)

LEARNING AND WORK ENVIRONMENT

Recruitment – 1C

The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Will have to assess/track this in APEs

Join forces with office of Diversity, Equity and Inclusion. Suspect most efforts will be on departmental level, not program.

THE LEARNING AND WORK ENVIRONMENT - VIC2a-b

- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, **and parental leave**. Each program must **allow an appropriate length of absence for residents** unable to perform their patient care responsibilities. (Core)
- **The program must have policies and procedures in place to ensure coverage of patient care. (Core)**
- These policies must be implemented without fear of negative consequences for the resident who is **or was** unable to provide the clinical work. (Core)

Other Learners and Other Care Providers -

The presence of other learners **and other care providers**, (including, but not limited to, residents from other programs, subspecialty fellows, **and advanced practice providers**, in the program **must enrich the appointed residents' education**. (Core)

The program must report **circumstances when** the presence of other learners **has interfered with the residents' education** to the DIO and GMEC

Other Learners and Other Care Providers -

The presence of other learners **and other care providers**, (including, but not limited to residents from other programs, subspecialty fellows, **advanced practice providers**, in the program **who are appointed** **residents' education** **GMEC Policy on Other**

Learner or Care Providers

The program must determine **when** the presence of other learners **has interfered with** **the residents' education** to the DIO and GMEC

RESOURCES,
PARTICIPATING SITES AND
PLAS

Resources - 1D4 and III

The program's educational **and clinical** resources must be adequate to support the number of residents appointed to the program. (Core)

The program director **must** not appoint more residents than approved by the Review Committee

All complement increases must be approved by the Review Committee.

PARTICIPATING SITES - 1B-1B3a

A participating site is an organization providing educational experiences or educational assignments/rotations for residents.

The program, with approval of its Sponsoring Institution, must designate a primary clinical site. [The Review Committee may specify which other specialties/programs must be present at the primary clinical site]

The program must monitor the clinical learning and working environment at all participating sites. (Core)

At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)

PARTICIPATING SITES - 1B-1B3a

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Lots of RRC Variability
Regarding approval of
Participating Sites

The program must monitor the clinical learning and working environments at participating sites. (Core)

At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)

Resources - 1D1-1D2e

The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core)

- access to food while on duty; (Core)
- safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)
- **clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)**
- security and safety measures appropriate to the participating site; and, (Core)
- **accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)**

Program Letters of Agreement - 1B2-1B2a

There must be a program letter of agreement (PLA) between the program and each participating site **that governs the relationship between the program and the participating site** providing a required assignment. (Core)

The PLA must:

- be renewed at least **every 10 years**; and, (Core)
- **be approved by the designated institutional official (DIO)**
- **Suggested** elements to be considered in PLAs include:
 - *Identifying the faculty members who will assume educational and supervisory responsibility for residents*
 - *Specifying the responsibilities for teaching, supervision, and formal evaluation of residents*
 - *Specifying the duration and content of the educational experience*
 - *Stating the policies and procedures that will govern resident education during the assignment*

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 - *Stating the policies and procedures that will govern resident education during the assignment*

OGME will update PLA template and process for programs to document DIO Approval.

Keep working with ACGME to understand the different Participating Site Expectations

Work with HSBOD on most helpful support for nursing residents



CURRICULUM AND COMPETENCIES

EDUCATIONAL PROGRAM - IVA1-3

The curriculum must contain the following educational components:

- **a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)**
- **The program's aims must be made** available to **program applicants**, residents, and faculty. (Core)
- Competency-based goals and objectives for each educational **experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available** to residents **and faculty members.**
- delineation of resident responsibilities for patient care, progressive responsibility for patient management, and **graded** supervision

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- **a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)**
- **The program's aims must be made** available to **program applicants**, residents, and faculty. (Core)
- Competency-based goals and objectives for each educational **experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available** to residents **and faculty members.**
- delineation of resident responsibilities for patient care, progressive responsibility for patient management, and **graded** supervision

Greater emphasis and integration of program aims into curriculum, scholarship, to drive Self-Studies....

EDUCATIONAL PROGRAM - IVA4-6

The curriculum must contain the following educational components:

- **a broad range of structured didactic activities.....Residents must be provided with protected time toparticipate in core didactic activities. (Core)**

- **advancement of residents' knowledge of ethical principles foundational to medical professionalism; and, (Core)**

- **advancement in** the residents' knowledge of the basic principles of **scientific inquiry**, including how research is **designed**, conducted, evaluated, explained to patients, and applied to patient care. (Core)

CURRICULUM ORGANIZATION AND RESIDENT EXPERIENCES-IVC1-2

- **The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.**

- **The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction. (Core)**

CURRICULUM ORGANIZATION AND RESIDENT EXPERIENCES

- The curriculum must be structured to provide a variety of educational experiences, the length of the program, the number of experiences, and supervisory control.
- The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction. (Core)

Best left to programs...or collective effort?

COMPETENCIES

Competencies - Professionalism

- respect sensitivity and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, **national origin, socioeconomic status**, and sexual orientation;
- **ability to recognize and develop a plan for one's own personal and professional well-being; and,**
- **appropriately disclosing and addressing conflict or duality of interest.**

Competencies – Interpersonal Skills and Communication

- **educating patients, families, students, residents, and other health professionals;**
- **Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.**

Competencies – Systems Based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including **the social determinants of health**, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- incorporating considerations of **value**, cost awareness, **delivery and payment**, and risk- benefit analysis in patient and/or population-based care as appropriate; and,
- **understanding health care finances and its impact on individual patients' health decisions.**
- **Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.**

RESIDENT AND FACULTY
EVALUATIONS

Feedback and Evaluation – VA1-1c2

- Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
- Evaluation must be documented at the completion of the assignment. (Core)
 - *for block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)*
 - *Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)*

Feedback and Evaluation – VA1-1c2

- The program must provide an objective **performance evaluation based on the Competencies** and on the specialty-specific Milestones, and must:
 - *use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)*
 - *provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.*

Feedback and Evaluation – VA2a-d

The program director or their designee, with input from the Clinical Competency Committee, must:

- meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)
- assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)
- develop plans for residents failing to progress, following institutional policies and procedures. (Core)

At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)

The evaluations of a resident's performance must be accessible for review by the resident

Final Evaluation - VA2a-d

The program director must provide a **final** evaluation for each resident upon completion of the program. (Core)

- The specialty-specific Milestones, **and when applicable the specialty-specific Case Logs**, must be used as one of the tools to ensure residents are able to **engage in autonomous practice** upon completion of the program. (Core)

The final 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; (Core)
- verify that the resident has demonstrated the **knowledge, skills, and behaviors** necessary to enter **autonomous practice**; (Core)
- **consider recommendations from the Clinical Competency Committee**; and, (Core)
- **be shared with the resident upon completion of the program.** (Core)

Final Evaluation - VA2a-d

The program director must provide a **final** evaluation for each resident upon completion of the program. (Core)

- The program director must use **OGME will update Final Eval Template** tools to ensure residents are able to **engage in autonomous practice** during the program. (Core)

The final 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; (Core)
- verify that the resident has demonstrated the **knowledge, skills, and behaviors** necessary to enter **autonomous practice**; (Core)
- **consider recommendations from the Clinical Competency Committee; and, (Core)**
- **be shared with the resident upon completion of the program. (Core)**

Primacy of case #s!

Clinical Competency Committee - VA3-3b3

At least one of the three faculty members must be a Core Faculty

The Clinical Competency Committee **must**:

- review all resident evaluations **at least** semi-annually; (Core)
- **determine each resident's progress on achievement of the specialty-specific Milestones, (Core)**
- **meet prior to the residents' semi-annual evaluations** and advise the program director regarding **each** resident's progress, (Core)



Faculty Evaluation - VB1-3

- The program must **have a process** to evaluate **each** faculty member's performance as it relates to the educational program **at least annually**. (Core)
 - This evaluation **must** include a review of the faculty member's clinical teaching abilities, **engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance**, professionalism, and scholarly activities. (Core)
 - This evaluation must include written, **anonymous, and** confidential evaluations by the residents. (Core)
- **Faculty members must receive feedback on their evaluations at least annually.** (Core)
- **Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.** (Core)

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Remember...all of this must be developed and Overseen by the PD

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FINAL THOUGHTS

REFLECTIONS

NEXT STEPS?