

## Department of Surgery Resident Evaluation Policy

Residents are evaluated in each of the six ACGME core competencies. Multiple methods are used to assess each of these areas. Written evaluations for each rotation are performed by the attending staff, chief residents and nursing personnel (360° evaluation).

### **Patient Care**

- Daily service rounds
- Attending rounds
- Clinic
- Surgical technique
- Conference presentation

### **Medical Knowledge**

- Daily rounds
- Attending rounds
- Clinic
- ABSITE
- Mock orals examination
- Conference participation

### **Practice Based Learning**

- M&M preparation
- Skills lab participation
- SCORE curriculum completion
- Conference attendance

### **Professionalism**

- Interaction with multidisciplinary team and other services
- Conference preparation
- Adherence to policies and procedures
- Patient evaluations

### **Interpersonal Relationships and communication**

- Interaction with multidisciplinary team and other services
- Comments from patients and families
- Medical student evaluations
- Evaluation by other residents

### **Systems Based Practice**

- Conference attendance
- Conference preparation
- Medical record and case log completion
- Duty hour log completion
- Compliance with policies and procedures

The evaluation process is based on the "Next Accreditation System," and uses "Milestones" of progress. The Clinical Competency Committee (CCC), which includes five (5) faculty and the program director is responsible for determining residents' progression on the educational milestones, making recommendations on promotion and graduation decisions, and recommending remediation or disciplinary actions to the program director.

In the middle and at the end of each residency year, the Program Director will provide a summative evaluation for each resident documenting progression or promotion to the next year. This evaluation assesses current performance based on written evaluations, faculty observations, simulation lab participation, VR modules completion and other documented performance measures that have been reviewed by the program's QIC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident and will be placed in the confidential resident file.

The program director will also provide a summative evaluation to graduating residents upon completion of the program. The end-of-program summative evaluation will include: Documentation of the resident's performance during the final period of education, and verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident. There is an implied responsibility by the Department of Surgery and the resident surgeon to renew this appointment on a yearly basis as long as work is satisfactory, the position is desired by the resident and the needs of the department and the institution are met. It must be emphasized, however, that not everyone learns at a consistent rate and that additional training may be necessary.