Department of Surgery Resident Evaluation Policy

Residents will be evaluated following each rotation. Faculty and chief residents who have supervised residents will receive an electronic evaluation form from New Innovations to complete. The Faculty Quality Improvement Committee (QIC) meets semi-annually to review each resident's progress and make suggestions for improvement. In addition, each resident has an assigned faculty mentor who meets with the resident semi-annually, review their letter and evaluations. The mentor and resident will both sign the letter and submit to the program director or coordinator. The program director will also provide comments that were made at the Faculty QIC meeting for discussion. The mentor will attach a note summarizing the meeting.

The program director and chair also meet with problem residents to make recommendations for improvement, and/or reformulate goals and objectives as indicated.

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

I. Patient Care
   A. Skills lab
   B. Daily Service Rounds
   C. Attending Rounds
   D. Written evaluations
      1. by Faculty (including mid-rotation feedback sessions)
      2. by Nursing Staff (360° evaluation)
   E. Operating room technique evaluation by Faculty

II. Medical Knowledge
   A. ABSITE
   B. Annual Mock Oral Examinations
   C. Attending Rounds
   D. Journal Club
   E. Written evaluation by faculty

III. Practice-Based Learning
   A. M&M Preparation and presentation
   B. Attending Rounds
   C. Skills Lab
   D. ACS Website hits
   E. Fundamentals of Surgery Curriculum
F. Conference Attendance

IV. Professionalism

A. Faculty critique of M&M
B. Attending Rounds presentations
C. Adherence to policies & procedures of the department of surgery and affiliated hospitals
D. Written evaluations
   1. by Faculty (including mid-rotation feedback sessions)
   2. by Medical Students
   3. by Nursing Staff

V. Interpersonal Relationships & Communication

A. Written evaluations by:
   1. Faculty
   2. Chief residents
   3. Nursing Staff
   4. Medical Students
B. Comments from faculty and residents of other services

VI. Systems-based Practice

A. Committee attendance
B. Faculty evaluation of M&M presentations
C. Medical record completion
D. Completion of duty hour reports and operative logs

In June, all residents of the program will evaluate not only the rotations in terms of their education merit, but also the faculty assigned to each rotation. This is done in an anonymous fashion via New Innovations. The program director notes positive and negative trends in both areas and gives feedback, along with the chairman, to the appropriate site directors or faculty members. The chairman of the department also uses data on faculty members in their yearly academic appraisal. Changes in the structure of rotations and faculty may be made based upon trends of this evaluation.

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 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.