

EVALUATION

Each program will develop educational goals and objectives for its House Staff which are consistent with the ACGME criteria or other accreditation body criteria for the specialty, when applicable. Evaluations shall use criteria and procedures appropriate to the program and shall include, but are not limited to, the core competencies (Patient Care, Medical Knowledge, Communication and Interpersonal Skills, Problem-Based Learning and Improvement, Professionalism, and Systems-Based Practice) as defined by ACGME. All programs, even non-ACGME accredited programs, must adhere to these educational standards for best practice. Please note that those candidates who have been accepted and approved as “exceptionally qualified candidates” from non-ACGME prerequisite programs, or those House Staff in Non-Standard Training programs (NST programs) may have additional evaluation requirements, and program policies and/or requirements should be reviewed. Regarding rotation evaluations, semi-annual evaluations, and annual evaluations, the following must take place:

1. A written (or electronic) evaluation of a House Staff addressing medical knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement will be completed at the end of each rotation or assignment.
2. Programs should use multiple evaluators when possible, including examples such as faculty members, peers, patients, self, and other professional staff members.
3. The Program Director or faculty designee will share evaluations with the House Staff and provide feedback. These meetings must occur at least semi-annually, will include a written review of performance, and should also include a discussion of areas of deficiency and plans for improvement. If a House Staff member needs it, the Program Director or their designee must develop plans for House Staff failing to progress, following institutional policies and procedures.
4. At least annually, there must be a summative evaluation of each House Staff that includes their readiness to progress to the next year of the program, if applicable. The final summative evaluation must be completed within 30 days of completion of the program or, in the case of transfer to another program prior to VUMC program completion, 30 days of termination from VUMC.

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5. The Program Director or their designee must meet with and review with each resident or fellow their documented semi-annual evaluation of performance, including progress along the competencies above. The Program Director or their designee must assist residents and fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
6. The written evaluation and any documentation regarding semi-annual meetings should be maintained in the departmental file until the final summative evaluation is completed, after completion of or leaving the program.
7. Any information, materials, incident or other reports, statements, memoranda, or other data which are subject to the Tennessee Patient Safety and Quality (Medical Peer Review) statutes (T.C.A. §63-1-150 and T.C.A. §68-11-272) are privileged and are not to be copied or released without the prior authorization of the ACGME DIO or their designee.
8. Copies of correspondence between the House Staff and the Program Director, or any other correspondence directed to or on which the House Staff was copied, will be provided for review by the House Staff upon request to the Program Director. This provision only applies to correspondence maintained in program, departmental, or GME files.
9. Additional correspondence, for example electronic communications used in the evaluation process to inform the Program Director regarding a House Staff member's performance and/or conduct, and/or is used as an evaluation and/or part of determination of promotion or status, will be considered part of the departmental file.
10. The evaluations, evaluation summaries and/or other non-privileged documents provided by the GME Office and/or department to a Review Committee may be reviewed by the House Staff with the Program Director, the DIO, or an individual designated by the DIO upon request. Peer names in the above referenced documents and/or communications will be redacted, as will reference letters and verifications which are expected to be provided without review by the House Staff.
11. If a member of the House Staff requests to review their departmental or GME file an appointment will be scheduled with the GME office and the individual house staff member. Either the DIO or designee will be present at the time of review. The House Staff may not remove anything, make copies or photographs of the contents of the file. The House Staff may take notes. Peer names in the above referenced

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