

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Department of Medicine

ASSOCIATE CHAIR for EDUCATION MEMORANDUM

August 10, 2002

Policy on Resident Evaluation and Feedback

- I. **PURPOSE:** To describe the evaluation and feedback process for medicine residents.

- II. **POLICY:**
 - The Committee on Housestaff Evaluation and Feedback (CHEF) is the primary departmental committee responsible for resident evaluation and feedback. The committee is comprised of program and associate program directors, site directors, and other key faculty directly involved in residency education. CHEF meets quarterly, with a discussion of each resident's performance at each meeting. The chairperson of CHEF is the Associate Chair for Education.
 - A paper file (also called permanent file) is maintained for each resident in the locked office of the Education Office and is available for the resident to review on request. This record contains all correspondence. Residents are encouraged to submit copies of scholarly activities for inclusion into this record. In addition, an electronic record, E*VALUE, is maintained for each resident and can be viewed by the resident. E*VALUE contains all electronic evaluations as well as the procedure log record.
 - Resident evaluations address the six competencies outlined by the ACGME, which include patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.
 - Each resident's clinical competence is evaluated on a regular and on-going basis.
 - i. A resident's performance is evaluated in writing by the attending at the end of each rotation. These evaluations are entered into E*VALUE. In addition, the resident's performance is reviewed with the attending verbally on completion of each rotation.
 1. All six competencies are evaluated by the attending.

 - ii. A resident's performance in the outpatient continuity clinic is evaluated bi-annually by the resident's clinic preceptor. These evaluations are entered into E*VALUE. The resident's performance in the clinic is reviewed with the preceptor verbally at the time of each evaluation.
 1. All six competencies are evaluated by the attending

- iii. A resident is observed by a faculty member performing a focused history and physical examination and developing a diagnostic and treatment plan at least yearly. This is generally accomplished using the mini-CEX exercise and is entered into E*VALUE.
 - 1. The competencies of patient care, medical knowledge, practice based learning, interpersonal and communication skills, and professionalism are evaluated.

- iv. A resident is observed by a faculty member while he/she is leading a journal club discussion or is giving a presentation (R3 talk, meeting presentation, etc). An evaluation is filled out by the faculty member, discussed with the resident and entered into E*VALUE.
 - 1. The competencies of medical knowledge, interpersonal and communication skills, system based learning are evaluated.

- v. A resident is evaluated on a yearly basis by his/her patients. The resident chooses at least 3 patients to evaluate his/her performance. The evaluations are sent to the education office and entered into the E*VALUE system. The evaluations (without identifiers) are available to the resident and his/her CHEF advisor for review.
 - 1. The competencies of patient care, practice based learning/improvement, interpersonal and communication skills, professionalism are evaluated.

- vi. A resident is evaluated on a yearly basis by other members of the health care team (i.e.nurses, social workers and clerks). The resident chooses at least 3 people to complete these evaluations. The evaluations are sent to the education office and entered into the E*VALUE system. The evaluations (without identifiers) are then available to the resident and his/her CHEF advisor for review.
 - 1. The competencies of patient care, practice based learning/improvement, interpersonal and communication skills, professionalism are evaluated.

- vii. A resident maintains a logbook in E*VALUE in which he/she documents his/her experience with invasive procedures, including the indications and complications of the procedure and the supervising physician. These logbooks are used in the future credentialing of residents. The procedure log is reviewed with each resident during their CHEF advisor meeting.
 - 1. The competency of patient care is assessed.

- viii. At each CHEF advisor meeting, the resident does a self assessment of his/her performance.

1. All competencies are assessed.

- Each resident meets with his/her program director or his/her designee (also called CHEF advisor) at least semi-annually. These meetings typically are scheduled after the CHEF meeting and address the professional growth of each resident including his/her performance in each of the 6 domains of competence (patient care, medical knowledge, practice-based learning and improvement, professionalism, interpersonal and communication skills, system based practice). This is accomplished with a review of all evaluations in the relevant time frame, completion of a self-assessment and a discussion of career interests and professional goals. In addition, the program director or designee may discuss other issues that were raised during the CHEF meeting. A formal record of these meetings, including any counseling needed, is entered into E*VALUE.
- A resident whose performance is judged to be substandard will have an action plan developed by CHEF in conjunction with his/her program director and CHEF advisor. The program director or CHEF advisor is responsible for communicating in writing the issues raised and the action plan with the individual resident. If the resident does not meet the requirements outlined in the action plan, he/she may be placed on probation. The details of the policy on the Academy Due Process and Leave Policy can be found on the School of Medicine website at:

<http://www.som.ucsf.edu/som/education/gme/academic-due-process.asp>

III. SCOPE:

The Department of Medicine training programs comply with the ACGME program requirements for residency education in Internal Medicine and the ABIM requirements for evaluation. This policy applies to all residents at any of the 4 teaching sites (Moffitt/Long Hospital, San Francisco General Hospital, San Francisco Veterans Affairs Medical Center and Mt Zion Clinics)

IV. REFERENCES

1. If you have any questions regarding this policy, please contact the Associate Chairs for Education, Patricia Cornett, MD (pcornett@medicine.ucsf.edu) or Sharad Jain, MD (sharad@itsa.ucsf.edu) at 502-5366.
2. ACGME Program Requirements for Residency Education in Internal Medicine, VI