



## BAPTIST MEMORIAL MEDICAL EDUCATION

### GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL

<b>Effective Date: July 2020</b>	<b>Evaluation, Promotion and Dismissal</b>
<b>Last Review/Revision: December 2020; February 2021; June 2023; October 2025</b>	
<b>Reference: BMME 0028</b>	

**PURPOSE:** To establish a policy for the academic evaluation, promotion and dismissal of Residents and Fellows (“RF”) that complies with the Accreditation Council for Graduate Medical Education (“ACGME”) guidelines and applicable federal and state law.

#### **POLICY:**

#### **EVALUATION**

##### **Evaluations of RFs:**

Following each rotation, every RF will be electronically evaluated using the New Innovations Residency Management Suite (“RMS”) and that evaluation considered by the Clinical Competency Committee (“CCC”) (see below) in preparation for the RF’s semi-annual review. The Program Director will meet with each RF semi-annually to review the RF’s evaluations and CCC report. Program goals and objectives are also discussed during this time. The semi-annual review report is then signed and placed in the RF’s file. RFs may review their files in the RMS system, at any time, or upon request.

In order to maximize learning development for RFs, regular, timely, and meaningful verbal and written feedback is required. All programs are responsible for the regular evaluation of each RF’s progress. The evaluation system must consist of both formative and summative evaluations. Evaluations of RF performance must be readily accessible for review by the RF.

##### **Formative Evaluation of RFs:**

The faculty must evaluate RF performance via the RMS in a timely manner during, or at the end of, each rotation or similar educational assignment. Programs that use block rotation schedules must complete evaluations at the end of each block rotation. Programs that utilize longitudinal schedules must complete evaluations at least quarterly.

Programs must:

- Provide objective assessments of competence of patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific milestones;
- Use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff);
- Document progressive RF performance improvement appropriate to educational level; and,
- Provide each RF with documented semiannual evaluation of performance with feedback.

### **Summative Evaluation of RFs:**

The Program Director must provide a final summative evaluation for each RF upon completion of the program. Specialty-specific milestones must be used as one of the tools to ensure RFs are able to practice core professional activities, autonomously, upon completion of the program.

This evaluation must:

- Become part of the RF's permanent record maintained by the institution;
- Be accessible for review by the RF in accordance with institutional policy;
- Document the RF's performance during the final period of education; and,
- Verify that the RF has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice.

### **RF Evaluation of Peers:**

At least annually, RFs should be evaluated by their peers through an evaluation administered via the RMS. To preserve anonymity, evaluations will be aggregated and include a confidential comment box. Comments included in the box will not be shared verbatim with the RF being evaluated.

### **Evaluations of Faculty:**

At least annually, each program must evaluate faculty performance as it relates to the educational program, through an evaluation administered through the RMS. These evaluations must:

- Include confidential written evaluation by RFs; and,
- Include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

The Graduate Medical Education Office determines program level RMS electronic evaluation settings related to the RF evaluation of faculty. Programs may not make modifications to evaluation settings. The RMS "Low Score Trigger" will not be applied and the following information will be suppressed from view by the faculty being evaluated:

- Identity of evaluator;
- Subject participation dates;
- Date(s) of specific activity;
- Due date range for the evaluation; and
- Activity site.

In order to minimize the possibility of a temporal association of an evaluation to a specific RF, program level download of RF faculty evaluations for the purpose of generating cumulative summaries must adhere to the following criteria:

- Programs with fewer than six (6) RFs must download data on an annual basis (once each year).
- Programs with rotational blocks longer than two (2) months must download data on an annual basis (once each year).
- All other programs may download data no more frequently than every six (6) months.

### **Evaluations of the Program**

#### **RF Evaluation of Program:**

At least annually, RFs must have the opportunity to confidentially evaluate the program in writing. Evaluations must be submitted and managed electronically through the RMS. Training programs must use these RF evaluations to assess the educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (“APE”) process.

#### **Faculty Evaluation of Program:**

At least annually, faculty must have the opportunity to confidentially evaluate the program in writing. Evaluations must be submitted and managed electronically through the RMS. Training programs must use these faculty evaluations to assess the educational effectiveness of the training program as part of the mandatory APE process.

#### **CCC:**

The CCC is composed of at least three members of the program faculty, including at least one core faculty member. Other faculty members may be selected if appropriate from other programs. The duties and responsibilities of the CCC include:

- Semi-annual review of all RF evaluations;
- Prepare and ensure accurate reporting of Milestones evaluations of each resident/fellow semi-annually to ACGME; and
- Advise the program director regarding RF progress, including promotion, remediation, and dismissal.

#### **Program Director:**

Each program director must ensure that the faculty evaluate RF performance in a timely manner during each rotation or similar educational assignment and provide documentation of the evaluation at the completion of the assignment. Additional duties and responsibilities of the program director concerning RF evaluation, promotion, and discipline include, but are not necessarily limited to, the following:

- Provision of objective assessments for each RF’s abilities and competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal

and communication skills, professionalism, and systems-based practice based on the specialty-specific milestones using multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);

- Documentation of progressive RF performance improvement appropriate to educational level;
- Provision of RF documented semiannual evaluation of performance with feedback to each RF; and,
- Provision of RF a summative evaluation to each RF upon completion of the program (see Summative Evaluation below).

### **Summative Evaluation:**

The specialty-specific milestones must be used as one of the tools to ensure RFs are able to practice core professional activities without supervision upon completion of the program. The program director must provide a summative evaluation for each RF upon completion of the program.

This evaluation must:

- Become part of the RF's permanent record maintained by the institution;
- Be accessible for review by the RF in accordance with institutional policy;
- Document the RF's performance during the final period of education; and
- Verify that the RF has demonstrated sufficient competence to enter practice without direct supervision.

### **RF REAPPOINTMENT AND PROMOTION**

Reappointment and promotion to the subsequent year of training require satisfactory progress in scholarship and professional growth as indicated by cumulative evaluations by faculty and as documented in the semi-annual RF evaluations. This includes demonstrated proficiency appropriate for the current program year in each of the ACGME Competencies listed below and most of the corresponding milestones:

1. Patient care;
2. Medical knowledge;
3. Practice-based learning and improvement;
4. Interpersonal and communication skills;
5. Professionalism; and
6. Systems-based practice.

In addition, all RFs must accomplish and maintain the following:

- Successful completion of the Step 3 examination (see below)
- All program-required licenses and certification requirements

- All requirements as Baptist employees including but not limited to:
  - Annual competency education (HealthStream)
  - Employee health requirements (TB, Flu, etc.)
- Advanced cardiac life support certification as well as other certifications as may be included in the ACGME specialty-specific requirements
- Fulfillment of program-specific criteria for promotion, dismissal and graduation

### **STEP 3**

All RFs are required to present proof of a passing score on Step 3 (COMLEX – USA or USMLE) to the GME office prior to entering their PGY-3 year and in no event later than July 1<sup>st</sup> of the new academic year. If the RF is unable to present a passing score, an appeal to the program director and the GME Committee is to be presented to include a plan to pass the examination.

Failure to pass the examination and present this documentation to the GME office in the approved timeline will result in suspension of the RF without pay until such time as appropriate documentation is provided. The unpaid suspension will not exceed thirty (30) days beyond the start of the new academic year. If a test score of pass/fail is not received within the thirty (30) day time frame, the program director will provide the RF with a final decision regarding renewal or nonrenewal of the RF's agreement.

A resident may not exceed a total of one year's maximum away from training (e.g., 52 weeks) due to leave or as an extension of training for remediation purposes.

All approved leave, whether paid or unpaid, is counted. This includes cumulative time away due to personal and family issues, periods of statutorily mandated leave, participation in the Tennessee Medical Foundation treatment programs, as well as extension of training time for military leave and jury duty. Time away from a prelim program will be included in the maximum duration for the follow-on categorical program. However, absences during a residency will not be included in a follow-on fellowship.

After exhaustion of the one-year maximum time away period, no further extension of training for remedial purposes will be granted, and the resident shall be terminated from training upon the next period of absence.

The maximum time away is separate from various review committee and board requirements to extend training due to missed training time.

A program director has the discretion, upon consultation with the GME office, to extend the total number of days allowable. Generally, the program director may consider such things as the length of the residency program, the availability of unique training opportunities in the future, or the completion of a federal or state law-protected time off that commenced prior to the exhaustion of the one-year maximum.

### **DISMISSAL**

Academic performance and professional deficiencies, as well as related remediation and consequences, are discussed with each RF when appropriate. Disciplinary actions, including dismissal, are addressed in the following Baptist GME policies: disciplinary, remediation and due process. Applicable hospital, institutional or system policies may also apply.