**Department of Otolaryngology-Head & Neck**

**Virginia Commonwealth University Health System**

**Policies and procedures for the Assessment of Performance of Resident in Graduate Medical Education**

The policies and procedures for resident assessment used by the Department of Otolaryngology – Head and Neck Surgery adhere to the general policies and procedures set forth in the Policies and Procedures for the Assessment of Performance of Residents in Graduate Medical and Dental Education approved by the Graduate Medical Education Committee of Virginia Commonwealth University. The specific policies and procedures used in assessment of resident performance within the Department of Otolaryngology – Head and Neck Surgery are detailed in the following paragraphs.

**I. Background**

 Resident assessment is a continuous process intended to enhance resident performance, focus the educational experience on areas in need of improvement, and also verify the resident’s attainment of the competencies required to enter independent practice. As resident education is multifaceted, there is no one perfect assessment instrument able to effectively demonstrate resident competence in all required areas of resident training. Assessment of resident performance in the Department of Otolaryngology – Head and Neck Surgery will be carried out according to the guidelines set forth below.

**II. Measures of Resident Performance**

**a) Faculty Competency Based Evaluations:** Residents will have written global evaluations at the completion of each rotation. This evaluation (see Resident Milestones Evaluation Form) will be conducted by specific faculty having contact with the resident during each rotation, including research mentor(s). A summary of these evaluations will be compiled and placed in the resident record, for review by the Clinical Competency Committee, and by the resident and Program Director. The resident will have a semi-annual performance evaluation with the Program Director or Associate Program Director to review their entire portfolio, consisting of a compilation of performance evaluations of each rotation in the 6 core competencies, scholarly activity, milestones, in-service scores, operative logs, well-being, and career planning. This review will be instrumental in identifying areas in need of further work, and tracking each resident’s progress throughout the training program.

*Competencies Assessed:* Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, System-Based Practice.

**b) 360 Degree Surveys:** Residents will have semiannual written 360 Degree Surveys. This evaluation (see Resident 360 Degree Survey) will be completed by all fellow residents, the Nurse Manager of the VCUHS Otolaryngology – Head & Neck Surgery Clinic, operating room personnel, members of the office and nursing staff, patients, as well as the resident him/herself. A summary of these global evaluations will be compiled to maintain anonymity of reviewers, and placed in the resident record to be reviewed at the semi-annual evaluation with the Program Director or Associate Program Director.

*Competencies Assessed:* Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism.

**c) Portfolio Review:** The resident “Portfolio” will consist of the following elements, all to be kept in the resident record: ABO In Training Examination scores, curriculum vitae (including research/publications and meetings attended), QAI log, Evidence-Based Medicine analysis , ABO Operative Experience Report, and Quality Improvement Project details. These components will be reviewed on a semiannual basis with the Program Director and/or Associate Program Director at the formal evaluation. *Competencies Assessed:* Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, System-Based Practice.

**d) American Board of Otolaryngology In Training Examination:** All residents will be required to sit for the annual ABOto ITE, typically given each spring. Performance will be reviewed at the end of year evaluation. *Competencies Assessed:* Patient Care, Medical Knowledge.

**III. Criteria for Resident Assessment**

Specific criteria for resident evaluation for each resident rotation are provided in the Goals and Objectives specific to each rotation. In general, resident performance in each of the six core competencies will be based upon the following:

i) Competency in **patient care** will be evaluated by direct observation of resident performance during patient care activities, including outpatient clinic visits, operative procedures, and inpatient consults. Medical decision-making will also be evaluated during formal and informal patient presentations during conferences and rounds. Operative case logs will also be assessed on a semiannual basis to verify the adequacy of surgical experience. Quality of care, in terms of patient outcomes, will be assessed during monthly departmental quality assessment and improvement conferences. Residents are expected to increasingly function as independent practitioners, and demonstrate increasing responsibility, skill, and maturity in caring for their patients.

ii) Competency in **medical knowledge** will be evaluated using a combination of the American Board of Otolaryngology In-Training Examination scores, Home Study Course self-test scores, direct observation during patient care, and direct questioning during clinical care and teaching experiences (such as case presentations or discussions at teaching conferences). Evaluation of competency in the cognate sciences (i.e. epidemiological and social-behavioral sciences) will primarily be evaluated during directed discussion in such forums as departmental evidence-based medicine, teaching and research conferences, or during patient or research-specific discussions.

iii) Competency in **practice-based learning and improvement** will be assessed by direct observation of improvement in the resident's clinical care as patient experience, knowledge and feedback grow, and through observation of improvements in surgical technique with repeated performance of procedures. In addition, the use of evidence-based medicine, evaluation of available evidence, and use of best-available evidence is stressed at departmental evidence-based medicine and quality assessment and improvement conferences, and during routine clinical care.

iv) Competency in **interpersonal and communication skills** will be assessed by direct observation of the resident during communications with other residents, Otolaryngology attending physicians, physicians from other services, nursing staff, support staff, and patients and their families, as well as on 360 evaluations. In addition, residents will be evaluated during any oral presentations during patient or research related educational activities. Lastly, resident written communication will be evaluated by daily review of written notes made in patient care activities, and resident preparation of scientific material (ie posters or manuscripts).

v) Competency in **professionalism** will be assessed by direct observation of the resident's responsibility in carrying out their professional duties - including continuity of care, responsiveness to changes in clinical situations, overall responsiveness and availability, self-sacrifice, and their following of ethical principles in their dealings with patients, their families, and other physicians and health care workers. The resident's sensitivity to different patient populations will be evaluated by direct observation and comparison of the professionalism and responsibility demonstrated when caring for patients of different socio-economic backgrounds.

vi) Competency in **systems-based practice** will be assessed by direct observation of the resident's use of the entire health care system in caring for their patients, as well as their teamwork within the system and participation in departmental QI initiatives.

**IV. Clinical Competency Committee**

The program director will appoint the Clinical Competency Committee (CCC). At a minimum the CCC must be composed of three members of the core program faculty. Others eligible for appointment to the CCC include faculty from the Department or alternately faculty from other programs or non-physician members of the health care team who have substantial interaction with and/or involvement in training department housestaff. The Clinical Competency Committee (CCC) will:

(a) Meet at least semi-annually to review all resident performance measures (see above) and any other applicable information. During the CCC meeting, the program coordinator will collate the data on each resident, manage the logistics for the meetings, and keep meeting minutes. The coordinator will be responsible for recording the decisions made by the committee regarding which milestone levels each resident achieves during the actual CCC meeting and uploading this data to New Innovations and the ACGME website during the appropriate time frame.

(b) Following review of resident performance measures, prepare and assure the reporting of Milestones evaluations of each resident directly via ADS semi-annually to ACGME during the fall and spring reporting windows.

 (c) Advise the program director regarding resident progress, including resident suitability for promotion or need for remediation or dismissal.

**IV. Performance Reviews**

1. The CCC will meet semiannually to review resident performance on the 17 published milestones from the joint initiative of the ACGME and the American Board of Otolaryngology. The milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty.
2. The Program Director or Associate Program Director will meet with each resident on a semiannual basis to review performance reviews, including Milestones assessments, and discuss strategies to address deficiencies in resident performance. The Program Director or Associate Program Director will compile a written review of the resident’s performance based upon the items listed above, which will be kept in the resident record.
3. The Program Director will prepare a final written evaluation of each resident upon completion of the program. The evaluation will include a review of the resident’s performance during his/her tenure as chief resident, and, when appropriate, verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation will become part of the resident’s permanent record.
4. Each resident will have a permanent file that will be kept confidential. This will only be accessible to the resident, Program Director, Associate Program Director, Program Coordinator, Department Chairman, and other full-time departmental faculty. No other access to this file will be allowed without the consent of the resident.

**V. Promotion**

1. The CCC at the year-end meeting will review the performance of each resident as described in Section IV above and determine promotion eligibility based upon the assessment criteria detailed above.



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Laurence J. DiNardo, MD, FACS Date

Professor and Chair

Department of Otolaryngology – Head and Neck Surgery

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Kelley M. Dodson, MD Date

Professor and Residency Program Director

Department of Otolaryngology-Head and Neck Surgery