I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the **Graduate Medical Education Directory**: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition) and that MSM (the sponsor), residency programs, Residents, and faculty are evaluated as prescribed in the Accreditation Council for Graduate Medical Education (ACGME) "Institution Requirements" and "Program Requirements."

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, Residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and Resident appointments at Morehouse School of Medicine.

III. THE GRADUATE MEDICAL EDUCATION COMMITTEE:

3.1. The MSM Graduate Medical Education Committee (GMEC) provides governance of Graduate Medical Education programs on behalf of Morehouse School of Medicine (MSM).

3.2. This academic committee comes under the structure of the MSM-Academic Policy Council.

3.3. The leadership of the GMEC is under the Associate Dean for Educational Affairs, who is also the Designated Institutional Official (DIO) for matters of accreditation with the ACGME.

3.4. The committee shall be composed of:

a) Selected faculty members

b) Peer-selected Residents

c) Affiliate members (when possible)

d) Staff

3.5. This multi-disciplined, standing committee will be assigned the tasks of institutional policy development, periodic program review, and the evaluation of the administrative and academic functioning of residency programs and their affiliates.

IV. RESIDENCY ADVISORY COMMITTEE:

4.1. Clinical departments that have residency programs shall have faculty members, representatives from of the affiliated institutions, and a peer-selected Resident and/or a Chief Resident to comprise a Residency Advisory Committee.

4.2. The Residency Advisory Committee will meet a minimum of twice in a post graduate year.

4.3. The Committee will advise the program administration and evaluate the performance of Residents.

4.4. The RAC will also conduct the following types of activities:

a) Development and coordination of the residency program and its curriculum

b) Recommendation of applicants to enter the program as Residents

c) Resident evaluation, promotion, and disciplinary action (including recommendation for non renewal of appointment or dismissal when warranted)

d) Ongoing evaluation of the quality of the residency program

V. RESIDENT ASSESSMENT AND EVALUATION:

5.1. Evaluative opinion concerning performance and progression in the residency program shall be provided to the Resident throughout the duration of the program. Assessments and evaluations will measure performance against curricular standards.

5.2. One activity within a residency program is to identify deficiencies in a Resident's academic performance. This requires ongoing monitoring for early detection, before serious problems arise. The requirement is to provide the Resident with notice of deficiencies and the opportunity to cure.

5.3. The Resident will be provided with a variety of supervisors, including clinical supervisors, Resident trainers, and faculty advisors, with whom to discuss professional and personal concerns.

5.4. Besides personal discussions, the Resident will receive routine feedback and periodic written evaluations on his or her performance and progress in the program. These measurements should highlight both positive performance and deficiencies.

5.5. There must be an opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.

5.6. At the end of each rotation, the Resident will have an ACGME, competency-based, global assessment of performance for the period of assignment.

5.6.1. Faculty must evaluate Residents in a timely manner during and after each rotation or educational assignment.

5.6.2. Faculty Attending will complete an evaluation to document Resident performance at the end of each rotation and educational assignment. The supervisor will review this evaluation with the Resident.

5.7. The Residency Program Director will be responsible for monitoring the quality (and quantity) of the educational experience based on the “Program Requirements,” program objectives, and other educational and professional criteria matched to the predetermined goals of the rotation.

5.8. At least twice in the Post Graduate Year, the Residency Director, or his or her designee will discuss evaluations and performance with each Resident during the semi-annual evaluation. Documentation of these meetings and of all supervisory conferences will remain in the Resident’s permanent educational file.

5.9. Non-cognitive skills and behaviors are observed and measured as an integral part of the evaluation process. Professionalism must be demonstrated, including the possession of a positive attitude and behavior along with moral and ethical qualities that can be objectively measured in an academic/clinical environment.

5.10. A Resident will be assigned supervisory and teaching responsibilities for medical students and junior Residents as he or she progresses through the program.

5.10.1. Residents will be evaluated on both clinical and didactic performance by faculty, other Residents, and medical students.

5.10.2. The results of all Resident evaluations and examinations will remain in the Resident's permanent educational file.

5.11. Residents will evaluate the quality of the residency education program annually.

5.11.1. The instruments to be used by Residents will be generated by either the residency program or the graduate medical education office.

5.11.2. The compiled results of these evaluations shall ensure anonymity.

5.11.3. The Chair of the Graduate Medical Education Committee will review the results of the evaluation and will determine the disposition beyond the residency program.

5.12. In addition to the global assessment, evaluation by faculty, using multiple methods and multiple evaluators will be used to provide an overall assessment of the Resident's competence and professionalism. These 360-degree methods may include:

a) Narrative evaluations by faculty and non-faculty evaluators

b) Clinical competency examinations

c) In-service examinations

d) Oral examinations

e) Medical record reviews

f) Peer evaluations

g) Self-assessments

h) Patient satisfaction surveys

VI. FACULTY EVALUATIONS:

6.1. Faculty evaluations are performed annually by department chairs, in accordance with the faculty bylaws.

6.2. In addition, faculty members involved in Residency education will be evaluated as a part of the program. The Resident will complete an anonymous and confidential evaluation of his or her assigned supervisors at the end of each rotation.

VII. PROGRAM EVALUATION:

7.1. Programs will be evaluated confidentially and anonymously on an annual basis by both the Residents and the faculty. The results of these evaluations will be used by the program to monitor the program.

7.2. A program improvement plan shall be formulated based on the annual feedback received from the program evaluations.

7.3. The improvement plans and results of the annual evaluation will be submitted to the GMEC for review, comment, and monitoring.