

**STONY BROOK UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES**

POLICY: ANNUAL PROGRAM REVIEW OF PROGRAM, FACULTY & RESIDENTS/FELLOWS

PURPOSE

To establish an institutional policy on the annual program review of graduate medical education (GME) programs, faculty and residents/fellows.

POLICY

The educational effectiveness of all GME programs, faculty and residents/fellows of Stony Brook University Hospital must be evaluated annually in a systematic manner by the GMEC and the DIO.

Program Evaluation and Improvement

The overall program evaluation must include (but not be limited to) the following:

Goals and Objectives of the program	Procedures
Competency-based Curriculum	Medical Records system
Program structure and quality	Conferences
Program Administration	Duty Hours
Resources/Space/Computers	Supervision
Work Environment	Resident Performance
Support Services	Evaluations/Milestones
Medical/Legal issues	Faculty/Faculty Development
Cost containment issues	Ethics/Integrity
Practice management	Research/Scholarly activity
Safety and security	Quality Assurance/Quality Improvement
Affiliations/Rotations	Patient Safety/Transfer of Care
Strengths/weaknesses of program	Best Practices
Graduate Performance (including performance on certification exams)	

Residents/Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing. The program must use the results of residents'/fellows' assessments of the program together with other program evaluation results to improve the program. This includes all affiliated sites where the residents/fellows rotate.

Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
 - a) resident performance;
 - b) faculty development;
 - c) graduate performance, including performance of program graduates on the certification examination; and,
 - d) program quality. Specifically:
 - (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - (2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Faculty

1. At least annually, the program must evaluate faculty performance as it relates to the educational program.
2. These evaluations should include a review of the faculty's clinical teaching abilities, the commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
3. This evaluation must include at least annual written confidential evaluations by the residents.

Residents/Fellows

1. Formative Evaluation
 - a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
 - b) The program must:
 - (1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
 - (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
 - (3) document progressive resident performance improvement appropriate to educational level; and,
 - (4) provide each resident with documented semiannual evaluation of performance with feedback.
 - c) The evaluations of resident performance must be accessible for review by the resident through New Innovations with acknowledgment of receipt electronically.

2. Summative Evaluation

The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:

- a) document the resident's performance during the final period of education, and
 - b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.
 - c) must be completed for all residents/fellows that have left regardless of time spent in the program.
 - d) the summative evaluation form is available on the GMEC website
- 3) a copy of the completed evaluation must be forwarded to the Medical/House Staff office as part of their permanent record.

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