

**INSTITUTIONAL GME POLICY - Evaluation of Residents/Fellows**  
**Approved by GMEC – March 27, 2015, November 12, 2021**

To fulfill the educational mission of the Sponsoring Institution, each trainee's performance must be evaluated in a timely manner, at regular intervals, and by multiple evaluators. The assessments must be based on the specialty-specific milestones and must objectively address performance in the following areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. In addition, documentation must address progressive resident/fellow performance improvement appropriate to the trainee's educational level and consistent with their specialty-specific Resident Review Committee requirements. The trainee must have ready access to the evaluations for review.

Any questions or concerns raised by the trainee or faculty about a trainee's performance that may be related to a medical or serious personal circumstance should be discussed in a timely manner with the Designated Institutional Official (DIO) and, as applicable, with the Hawaii Residency Program's Chief Operating Officer and/or Human Resources Office.

The evaluation process is described as follows:

- Trainee will receive timely verbal feedback from their supervisor during the course of the educational assignment.
- All evaluations are reviewed by the Program Director and/or designee. Semi-annually, the Program Director, and/or designee, collates competency-based performance evaluations from the prior six months, documents the summary in a semi-annual evaluation, and reviews this with each trainee. This is considered a formative evaluation. The Clinical Competency Committee (CCC) will incorporate evaluations into recommendations for progression along Milestones. Persistent concerns will be discussed with the Program Director or designee and documented in writing as part of formative evaluation.
- The Program Director or designee will discuss recommendations or concerns with the trainee and will document the discussion.
- The Program Director will inform the DIO of any significant concerns early, so that the DIO can provide guidance to the Program Director as needed.
- For any sanctions as listed in C.1-5 below, the Program Director will inform the DIO at the start and end of the academic sanction with documentation of the result.
- An individualized learning plan (ILP) should be developed for each resident and fellow to capitalize on their strengths and identify areas for growth, as required by the 2021 *ACGME Common Program Requirements (CPR) V.A.1.d).(2)*.
- The CCC will recommend to the Program Director one or more of the following:
  - A. Trainee is meeting expectations for the level of training. Continue standard curriculum.
  - B. No formal academic sanctions required, but close observation and enhanced formative feedback will be provided and documented. Trainee's ILPs are modified to a targeted performance intervention, including goals and specific objectives with a finite timeline. This formative internal intervention is not an academic sanction and is not reportable to licensing or credentialing bodies. *ACGME CPR V.A.1.d).(3)*.

**C. The following academic sanctions are all reportable and, for items 1-3, are listed in ascending order of severity:**

1. **Academic Notice.** Performance is unsatisfactory; correction of deficiency is required; remediation is required, and failure to improve or correct deficiencies may result in an academic warning or academic probation if there is no significant improvement in the time prescribed.
  2. **Academic Warning.** Performance is unsatisfactory; correction of deficiency is required; remediation is required, and failure to improve or correct deficiencies may result in an academic probation if there is no significant improvement in the time prescribed.
  3. **Academic Probation.** Performance is unsatisfactory; Correction of deficiency is required; remediation is required, and failure to improve or correct deficiencies may result in dismissal from program or failure to renew contract, if there is not significant improvement in the time prescribed.
  4. Suspension with or without pay.
  5. Probation and suspension.
  6. Non-renewal of a trainee's agreement.
  7. Non-promotion of a trainee to the next level of training.
  8. Dismissal.
  9. Conditions on any of the above recommendations.
- A trainee with an academic sanction as listed in items C.1-9 above will not be in good academic standing.
  - When there are concerns, the CCC shall recommend a written plan of remediation, correction and/or other action to address identified deficiencies following the template that is attached (Remediation Plan Worksheet, **Figure 1.**)
  - The Program Director shall then consider the recommendation of the CCC and make the final decision regarding the trainee's status and remediation plan (if applicable) after discussion with the Designated Institutional Official (DIO) or their designee.
  - The Program Director and/or designee shall then meet with the trainee per the evaluation process timeline in order to provide both verbal and written notice of change in status (and remediation plan, if applicable) to the trainee.
  - The recommended timeline from CCC recommendation to meeting with the resident is no longer than 6 weeks under most circumstances. The Program Director has discretion to expand the timeline if unusual circumstances occur. (**Figure 2** is intended to help illustrate the process)
  - During semi-annual meetings, the resident and PD will review the status of the academic sanction (e.g., continuation, closure, etc.) and this will be documented.

Trainees may submit a grievance in accordance with the institution's grievance policy which may be accessed on the GME Webpage: <http://jabsom.hawaii.edu/ed-programs/gme/gme-policies/>

**Summative Evaluations:**

- Annual Summative Evaluation: Per the 2021 ACGME Common Program Requirements V.A.1.e and f, "at least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident." The Annual Summative Evaluation need not be a lengthy document but should

summarize the major elements used to determine if the trainee is ready to progress to the next year of the program.

- Final Evaluation: The Program Director must complete a summative final evaluation for each trainee upon completion of the Program using the Institution's Final Summative Evaluation template. The evaluation must document the trainee's performance during the final period of education and verify that the trainee has demonstrated sufficient competence to enter autonomous practice upon completion of the program. For preliminary year residents, the summative evaluation must verify that the resident has demonstrated sufficient competence and has successfully completed the preliminary year program requirements. This evaluation, like all intermediate formative evaluations, is part of the trainee's permanent record. This summative evaluation should be completed prior to the trainee's departure from the Program and should be reviewed face to face with the trainee. If the trainee is not available to meet in person, then it should be documented in the final summative evaluation. Providing copies of the summative evaluation to the trainee is prohibited. This summative evaluation may only be released directly to another program which the trainee is transferring to or to outside parties upon receipt of permission by the trainee to do so. This final summative evaluation will be the primary basis for the initial response to any other program or third-party requester such as credentialing or licensing authorities.
  - The trainee may submit a grievance to the contents of the summative evaluation. The grievance is not sent with the summative evaluation. The institution's grievance policy may be accessed on the GME Webpage: <http://jabsom.hawaii.edu/ed-programs/gme/gme-policies/>

### Figure 1. Remediation Plan Worksheet

(fillable worksheet may be obtained through your Program Administrator)

#### REMEDIATION PLAN

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_ Program & Level of training: \_\_\_\_\_

- Action Taken:
- Academic Notice
  - Academic Warning
  - Probation
  - Suspension

Identify the Problem(s)	Corresponding Milestone/Competency
1. 2.	1.
<b>Feedback given</b>	
<p>The above issues were brought to your attention in a timely manner by attending supervisors, the Associate Program Director (APD) and the Program Director (PD). You were also given multiple resources to improve your performance, Examples include:</p> <ul style="list-style-type: none"> <li>● On DATE I met with you and gave you the DOCUMENT, and we discussed TOPIC.</li> <li>● During your ROTATION, your attending supervisors including Dr.     and Dr.     gave you ongoing verbal feedback, including on DATE and other dates, as to TOPIC.</li> </ul>	
<b>Expectations</b>	
<ul style="list-style-type: none"> <li>● Measurable</li> </ul>	
<b>Timeline</b>	
<ul style="list-style-type: none"> <li>● We expect you to meet the above expectations by DATE.</li> <li>● If you successfully meet these expectations by DATE, we will     .</li> </ul>	
<b>Monitoring</b>	
<ul style="list-style-type: none"> <li>● [Immediate supervisor] will.</li> <li>● PD or Associate PD will [monitor multisource evaluations].</li> <li>● Clinical Competency Committee (CCC) will meet on DATE to review [overall performance].</li> <li>● Based on your performance, the CCC will recommend a further course of action.</li> <li>● The PD or designee will review monthly progress and meet with the resident to provide updates on performance and feedback.</li> </ul>	
<b>Consequences</b>	
<p>In the absence of any adverse reports or evaluations, and if you pass all the rotations, your training will be advanced to the next level. Failure to meet the expectations of this academic remediation will result in additional corrective action, non-renewal of contract, or termination. Any activity that places a patient at risk for harm will be considered cause for immediate dismissal from the training program.</p>	

Identify the Problem(s)	Corresponding Milestone/Competency
optional to include: This document serves as 90-day notice for a non-renewal of contract if you fail to meet the objectives of this plan.	

**Remediation actions and academic sanctions are all reportable to licensure or credentialing agencies upon request.**

*I have read and discussed this Remediation Plan with my Program Director. I understand what is expected of me during this remediation period. In addition to the specific areas of improvement noted above, I understand that I am expected to meet all performance, attendance and behavioral standards associated with my responsibilities in the residency program.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature indicates receipt of this report)

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Name (print): \_\_\_\_\_

**Figure 2. Timeline of evaluation process**

