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Graduate Medical Education Policy

Approved by the GMEC (Graduate Medical Education Committee) on August 26, 2025

Effective Date: July 1, 2023

Review Date: August 26, 2025

Next Review Date: August 2030

Policy Title: Trainee Evaluation Policy

Policy Type: Sponsoring Institution/Sponsored Program Policy

Purpose: To provide a minimum standard for Trainee evaluation during training at all Sponsored Programs under the Sponsoring Institution.

This Policy establishes and provides guidance for the following evaluations of Trainees:

- a) Clinical Competency Committee.
- b) Formative Evaluations.
- c) Summative Evaluation.
- d) State Medical Board requests.
- e) Employer/Credentialing Committee requests; and
- f) Personal Recommendations.

Each ACGME (Accreditation Council for Graduate Medical Education) accredited Sponsored Program is responsible for utilizing appropriate methods of performance evaluation of Trainees consistent with ACGME common program requirements and ACGME program-specific requirements. Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to Trainees and faculty either in writing or electronically and reviewed by the Trainee at the start of each rotation. Each Trainees' program evaluation policies and procedures must be in writing.

Trainees will be evaluated based on the Competencies and the specialty-specific Milestones. Additionally, all Trainees are expected to follow Sponsoring Institution procedures and policies as well as specific procedures and policies as outlined by the Sponsored Program. If there is discrepancy between the two policies and procedures, the more stringent of the two will be upheld, however the Sponsoring Institution and the Sponsored Program will work collaboratively to come to a consensus in the areas of debate.

The Clinical Competency Committee (CCC) is integral to the graduate medical education process. Each sponsored program's CCC should review all Trainee performance evaluations and assessments of progress at least semi-annually. The CCC will advise the Program Director regarding Trainee progress, including promotion, remediation, and dismissal.

The records of the activities of each CCC are designated as confidential and privileged. Trainee evaluation documentation and files that are reviewed by a program's CCC may be protected discovery, subpoena, or admission in a judicial or administrative proceeding, and there is a presumption of good faith to provide immunity for evaluators and will be determined on a case-by-case basis.

The Osteopathic Board additionally has specific subpoena authority: Oklahoma Administrative Code 510:1-3-8. Investigations. The Board may investigate any matter within its statutory authority. Licensees and applicants for licensure shall provide information requested by the Board and shall allow the Board to inspect their records and facilities. The Board may compel oral testimony, written responses to interrogatories, production of documents and inspection of property through subpoenas issued by the Board, Trainee, Board Secretary, Board Executive Director, any other persons authorized by the Board authorized to issue subpoenas, or search warrants issued by the district court. [59 O.S., Section 626(D) and 637(C)].

Procedure:

1. Composition of a CCC
 - a. A CCC must be appointed by the Program Director.
 - b. At a minimum, the CCC must include 3 members of the program's faculty, at least one of whom is a core faculty member.
 - c. Others eligible for appointment to the CCC include faculty from the same and other programs, or other health professionals who have extensive contact and experience with the program's Trainees.
 - d. All members should work directly with the program's Trainees.
 - e. Coordinators may not serve as voting members of the CCC but are encouraged members as they may have insight on the trainee as it relates to professionalism and systems-based practice.
 - f. If Program Directors sit on the CCC, the Sponsoring Institution advises that Program Directors be non-voting members.
2. Responsibilities of the CCC include:
 - a. Members must meet and review all Trainees, at a minimum, semi-annually.
 - i. Ad hoc meetings may occur as necessary as items that affect Trainee training and the need to move through non-reviewable or reviewable actions and needs for modifications to learning plans are incurred.
 - b. The Committee will select a Committee Chair who cannot be the Program Director.
 - c. Determine each Trainee's progress on achievement of the specialty specific Milestones.
 - d. Meet prior to the Trainees' semi-annual evaluation.
 - e. Advise the Program Director regarding each Trainee's progress.
 - i. Make recommendations to the Program Director for additional or revised formative evaluations needed to assess Trainee's performance in the Milestone sub-competency levels.

- ii. Assist the Program Director on issues that relate to individualized learning plans as well as corrective action plans.
 - iii. Make recommendations as it relates to placing the Trainee on non-reviewable or reviewable disciplinary actions
- 3. Feedback and Evaluation
 - a. Faculty members must directly observe, evaluate, and frequently provide feedback on Trainee performance during each rotation or similar educational assignment. Each program is encouraged to use the evaluation system in New Innovations to distribute a global assessment evaluation form.
 - b. Faculty will complete evaluations to document Trainee performance at the end of each rotation/educational assignment.
 - c. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
 - d. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
 - e. A group evaluation may be used for certain rotations or certain specialties that are responsible for simultaneous training of the Trainee, but this should not be the standard for the majority or all the evaluations of the Trainee.
 - f. Evaluations should be reviewed for completeness by program leadership, with follow-up by the Program Director or coordinator to address inadequate documentation, e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
 - g. Completed evaluations are reviewed by the Trainee. Any evaluations that are marginal or unsatisfactory should be discussed with the Trainee in a timely manner and signed by the evaluator and Trainee.
- 4. Methods of Evaluation
 - a. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the Trainee's competence and professionalism.
 - i. Methods may include narrative evaluations by faculty and nonfaculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, staff evaluations, patient evaluations, self-assessments, and patient satisfaction surveys.
- 5. Program Director Responsibilities
 - a. The program must utilize information garnered from the CCC for its synthesis of progressive Trainee performance and improvement toward unsupervised practice.
 - i. The Program Director (or designee) will prepare a written summary evaluation of the Trainee at least semi-annually.
 - ii. The Program Director or faculty designee will meet with and review with each Trainee their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement.
 - iii. The Program Director (or designee) and Trainee are required to sign the written summary that will then be placed in the Trainee's confidential file. The Trainee will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
- 6. Inadequate progress

- a. If adequate progress is not being made, the policy and processes for Academic and Non-Academic and Non-Academic Grievances, Disciplinary Actions and Due Process and should be done in conjunction with the CCC
- 7. End-of-Year Evaluations for Trainees progressing to the next year in their academic training
 - a. At least annually, the Program Director will provide an end-of-year evaluation for each Trainee documenting their readiness to progress
 - i. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's CCC.
 - b. The end-of-year evaluation will be discussed with the Trainee and a copy signed by the Program Director and Trainee will be placed in the Trainee file.
 - c. Milestones used in end of year and final evaluations are designed only for use in evaluation of Trainee physicians in the context of their participation in ACGME Sponsored Programs.
 - i. Milestones do not represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context, precluding the use of the Milestones in the context of physician licensure, or any other higher stakes use (i.e., hiring committees, certification, and credentialing requests).
- 8. End-of-Year Evaluations for Trainees progressing to autonomous practice.
 - a. The end-of-program final evaluation must:
 - i. Verify that the Trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
 - ii. It should contain an affirmative statement of qualification to sit for a certifying board, if applicable.
 - iii. This must be provided only to the Trainee, unless otherwise requested in writing by the Trainee.
- 9. VGMET (Verification of Graduation Medical Education Training)
 - a. Each Sponsored Program is required to complete a VGMET on each Trainee in their program.
 - b. The VGMET will be used by either the Sponsored Program or the Sponsoring Institution GME (Graduate Medical Education) office (if for some reason the program is unable to complete) will forward or provide the final evaluation to other programs, institutions, boards, credentialing committees, or prospective employers only if the Trainee requests in writing to transmit the final evaluation.
 - c. A final evaluation is also required even if a Trainee does not complete the residency training program due to dismissal, non-renewal, voluntary resignation, transfer, etc. Program Directors shall confer with the GME Office whenever there is derogatory information included in a final evaluation.
 - d. Trainees are recommended to sign Form 1 prior to completing training at the sponsored program (this includes completion of training, dismissal, voluntary resignation, etc.).

Communication with State Medical Boards

1. It is the policy of GME to fully cooperate and provide all information requested by State Medical Boards
2. Communications with a State Medical Board are considered a protected communication. The Oklahoma Professional Review Body statutes (76 O.S. § 24 et seq) provides protection to participants. *The Osteopathic Board additionally has specific subpoena authority: Oklahoma Administrative Code 510:1-3-8. Investigations. The Board may investigate any matter within its statutory authority. Licensees and applicants for licensure shall provide information requested by the Board and shall allow the Board to inspect their records and facilities. The Board may compel oral testimony, written responses to interrogatories, production of documents and inspection of property through subpoenas issued by the Board, Trainee, Board Secretary, Board Executive Director, any other persons authorized by the Board authorized to issue subpoenas, or search warrants issued by the district court. [59 O.S., Section 626(D) and 637(C)].*
3. Program Directors and evaluators shall confer with the GME Office and University legal counsel prior to any disclosure of participation by a Trainee in a drug rehabilitation or addiction program, whether successful or unsuccessful.

Communication with Potential Employer/Credentialing Committee

1. It is the policy of the Sponsoring Institution to not respond to form requests for detailed evaluations of past Trainees or faculty from prospective employers or hospital credentialing committees or other entities. This policy applies regardless of the former Trainee having signed a waiver or release of information.
2. All such requests should be responded to using Form 2 as an ACGME approved document that provides the dates of attendance, if the program was completed, and if the Trainee was recommended for the certifying examination of the applicable specialty board.
3. If derogatory information is requested, Program Directors or evaluators shall confer with the GME Office. Form 3 can be used as a template if this is to be pursued but must be approved by the GME Office.

Personal Recommendations

1. Personal Recommendations by Faculty: Faculty have the academic freedom to provide their personal evaluations and recommendations. If faculty decide to provide such a recommendation, the following guidelines should be observed.
 - a. Must disclose any conflicts of interest if they exist.
 - b. Must state that the recommendation is provided in the faculty member's personal capacity and not as a representative of the Sponsoring Institution

If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

References:

Common Program Requirements:

5.3. Clinical Competency Committee A Clinical Competency Committee must be appointed by the program director. (Core)

5.3.a. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)

5.3.b. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)

5.3.c. The Clinical Competency Committee must review all resident evaluations at least semi-annually. (Core)

5.3.d. The Clinical Competency Committee must determine each resident's progress on achievement of the specialty-specific Milestones. (Core)

5.3.e. The Clinical Competency Committee must meet prior to the residents' semiannual evaluations and advise the program director regarding each resident's progress. (Core)