I. Purpose

To establish a policy for all post-graduate training programs at Inova Fairfax Medical Campus to use in the formal evaluation of house officers’ performance and for the house officers’ evaluation of the hospital and the program. Evaluation is utilized to enhance the educational process.

II. Scope

This policy will apply to all graduate medical education programs at Inova Fairfax Medical Campus. All information contained in this policy shall be used as minimum criteria for evaluation. More detailed evaluation criteria shall be delineated by each clinical department in its respective departmental policy(s).

III. Definitions

House Staff/House Officer – refers to all interns, residents and fellows enrolled in a post-graduate training program.

Remediation – the act or process of correcting.

Probation – A formal level of academic or professional discipline.

IV. Responsibilities/Requirements

A. Evaluation of House Officers

1. The program director must appoint the members of the Clinical Competency Committee.
   a. At a minimum, the Clinical Competency Committee must be comprised of three members of the program faculty.
   b. Other members may include faculty from other programs as well as non-physician members of the health care team.

2. A written description of the responsibilities of the Clinical Competency Committee must be created by each department and be made available to all members.

3. The Clinical Competency Committee should complete all of the following:
   a. Review all resident evaluations semi-annually.
   b. Prepare and assure the reporting of Milestones evaluations to the ACGME for each resident semi-annually.
c. Advise the program director regarding the progress of the resident including recommendation for promotion, remediation and dismissal.

4. All documentation of house officer’s performance by the faculty, formal or informal, must be maintained as permanent documentation by the department.

5. The Program Director shall be responsible for communicating the departmental policy(s) for evaluation to house staff and faculty.

B. Formative Evaluation

1. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and provide documentation of this evaluation at the completion of the assignment.

2. The program must complete the following:
   a. Provide objective assessments of competence based on the specialty-specific Milestones in the following areas:
      (i) patient care and procedural skills
      (ii) medical knowledge
      (iii) practice-based learning and improvement
      (iv) interpersonal and communication skills
      (v) professionalism
      (vi) systems-based practice based
   b. Use multiple evaluators which can include but is not limited to:
      (i) Faculty
      (ii) Peers
      (iii) patients
      (iv) self
      (v) other professional staff
   c. Document progressive resident performance improvement appropriate to education level.
d. Provide each resident with documented semiannual evaluation of performance with feedback.

3. In accordance with institutional policy, the evaluations of resident performance must be accessible for review by the resident.

C. Summative Evaluation

1. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.

2. The program director must provide a summative evaluation for each resident upon completion of the program.

3. The summative evaluation must:
   a. Become part of the resident’s permanent record maintained by the institution.
   b. Must be accessible for review by the resident in accordance with institutional policy.
   c. Document the resident’s performance during the final period of education.
   d. Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

D. Faculty Evaluation

1. At least annually, the program must evaluate the performance of faculty members as it relates to the educational program.

2. These evaluations should include a review of the faculty member’s:
   a. Clinical teaching abilities
   b. Commitment to the educational program
   c. Clinical knowledge
   d. Professionalism
   e. Scholarly activities
3. The evaluation must include at least annual written confidential evaluations completed by the house staff.

4. At least annually, the program must provide faculty members with this written feedback.

E. Disciplinary Action

1. House Officers are expected to meet and adhere to academic, clinical and professional standards set forth by the Institutional and Program Requirements, as well as the Institution and the Department. If at any time a house officer exhibits unsatisfactory performance, remediation is necessary. In most circumstances, the house office will continue to perform his/her daily duties during the remediation process.

2. Inadequate performance should be clearly communicated, in writing, to the house officer as early as possible, and at minimum, at the six-month formal evaluation.

3. If the Program Director deems it necessary, the house officer may be placed on one of two levels of discipline:

   a. DEPARTMENTAL REMEDIATION: Any house officer whose performance is assessed to be unsatisfactory by the Program Director may be placed on Departmental Remediation.

   (i) The Program Director shall notify the house officer in writing of the deficiencies noted in academic, clinical or professional performance.

   (ii) A specific program for Departmental Remediation should clearly be identified, in writing, as well as criteria for successful completion of the remediation.

   (iii) Departmental Remediation must be assigned for a specific period of time, not to exceed six (6) months in duration.

   (iv) Upon successful completion of Departmental Remediation, the house officer will be removed from this disciplinary status. Documentation will remain part of the house officer’s permanent file, but will only be disclosed upon written authorization of the house officer or through legal process.

   (v) If the Departmental remediation is not successfully completed, the Remediation may be repeated for up to another six (6) month period, or the Program Director may increase the level of discipline to Institutional Probation (see below).

   (vi) Departmental Remediation is not considered to be a reportable disciplinary action.
b) **INSTITUTIONAL PROBATION**: If a house officer fails to meet the requirements set forth in the Departmental Remediation, then Institutional Probation, may result.

   (i) The Program Director shall notify the house officer in writing of the decision to place him/her on Institutional Probation status. This letter must be copied to the Office of Graduate Medical Education.

   (ii) This letter should contain a very specific program for remediation, as well as goals and objectives for successful completion of the probation.

   (iii) Institutional Probation must be assigned for a specific period of time, not to exceed six (6) months in duration.

   (iv) Upon successful completion of Institutional Probation, the house officer will be removed from this disciplinary status. Documentation will remain part of the house officer’s permanent file, but will only be disclosed upon written authorization of the house officer or through legal process.

   (v) If the Institutional Probation is not successfully completed, the Probation may be repeated for another six (6) month period, or the house officer may be recommended for termination (Refer to the Policy for Termination and the Policy for non-Renewal of Contracts).

   (vi) Assignment of Institutional Probation is considered to be grounds for a house officer to request a Fair Hearing.

4. In most circumstances, house officers should be placed on Departmental Remediation prior to being assigned to Institutional Probation. Egregious offenses, however, especially in the area of Professionalism, may lead to immediate Institutional Probation and/or termination.