

## Evaluation of Resident Progress

Competence in the goals and objectives of each rotation will be that which is deemed acceptable to the supervising Faculty member(s), the Resident, the Patient and/or Family, and the standards of the Program. It is expected that Residents will obtain at least a minimum proficiency level of each skill and preferably will strive for the highest level obtainable. In order for Residents to reach a high skill level, it is expected that as competency is demonstrated, they will assume progressive responsibility for providing direct patient care. Thus, both the Residents and the Faculty have specific responsibilities throughout each rotation.

Residents have the following responsibilities:

1. Maintain a patient activity log for all inpatients and selected outpatients, documenting (must also be entered into the ACGME Case Log System):
  - a. Date
  - b. Patients name, age and condition/diagnosis
  - c. Procedures performed, conditions managed
  - d. Level of involvement and procedures in care of patients
2. Submit a confidential, timely written evaluation (via New Innovations) of the Faculty (and if applicable, supervising Senior or Chief Residents) and the Rotation itself, **at the end of each rotation**.
3. If applicable, Senior and Chief Residents must also submit timely evaluations (via New Innovations) of any Junior Residents whom they have supervised during a particular rotation, **at the end of that rotation**.
4. At the end of each academic year, ALL Residents must submit timely confidential evaluations (via New Innovations) of the Program in general.

The Faculty have the following responsibilities:

1. Monitor closely a Resident's performance as increasing responsibility and graded autonomy for direct patient care is delegated and assumed by the Resident.
2. Periodically review with the Resident his or her performance while on the rotation, and verify that it meets the requirements of the rotation. A timely written summary will be submitted by the Faculty at the conclusion of the rotation (via New Innovations).

A standard document is utilized, in the ACGME competency format, comprising assessment of the six domains of Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Systems-based Practice, Interpersonal and Communication Skills, and Professionalism.

Written comments are also solicited regarding a Resident ' s strengths, weaknesses, and overall deportment. Resident evaluations are securely kept and all information is confidential. However, Residents have the right to view their file contents upon request, and their files will be reviewed with them. At least twice during each academic year Residents will meet with both their Faculty Advisors and the Program Director to review their evaluations.

In addition to end of rotation evaluations, a Resident should receive verbal feedback from Faculty on a regular basis. If a Resident does not feel that he or she is receiving the proper guidance, then it should be discussed with either the Director of Surgical Education at the Hospital in which they are rotating, their Faculty Advisor, or the Program Director and Chairman.