

	Johns Hopkins School of Medicine <b>Graduate Medical Education (GME)          Policies and Forms</b>	<i>Policy Number</i>	P&F006
		<i>Effective Date</i>	09/09/2020
	<i>Subject</i> <b>Policy on Evaluation, Promotion, and Non-Renewal of Residents/          Clinical Fellows</b>	<i>Page</i>	1 of 2
		<i>Supersedes</i>	11/08/2017

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## **I. EVALUATION**

- A. Each program shall maintain an effective plan for assessing residents'/clinical fellows' performance throughout the period of appointment, including during periods of service at affiliated institutions. Assessment shall include competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, in addition to program specific standards.
- B. Regular and timely feedback shall be provided; this shall include evaluation at the completion of each assignment (at a minimum every 3 months) as well as written semi-annual evaluations. These evaluations must be accessible to the residents/clinical fellows and used to achieve progressive improvement in competence and performance.
- C. Evaluations of the resident/clinical fellow must identify the faculty or staff member providing the evaluation. Evaluations done as a group must list each faculty or other contributor's name. A separate, optional component of the evaluation may provide an opportunity to provide confidential comments directly to the program director, but those comments will not be included in the resident's/clinical fellow's training file.
- D. Evaluations of residents/clinical fellows done by medical students or peers must be anonymous. A peer is defined as anyone in the same training category as the individual being evaluated (i.e. resident to resident, or clinical fellow to clinical fellow, regardless of PGY in program.) Evaluations of residents by clinical fellows are analogous to evaluations of residents by faculty, and thus, must not be anonymous.
- E. Each program shall collect anonymous evaluations by residents/clinical fellows of the faculty and of the training program in accordance with the ACGME Common Program Requirements and specialty-specific requirements. Unless otherwise stated in the Common or specialty-specific requirements, these evaluations shall be performed at least annually. In conducting these evaluations, the GMEC has mandated the use of a GMEC-approved electronic evaluation system, unless the program has presented an alternative which is found acceptable by the GMEC.

## **II. PROMOTION**

Departmental evaluation for promotion shall consider compliance with institutional policies and departmental policies, as well as progress in meeting expected goals in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Academic and performance standards and methods of GME training and evaluation are to be determined by each clinical department and program.

## **III. NONRENEWAL**

If performance is deemed unsatisfactory and attempts at correcting the problem have been unsuccessful, a written notice of non-renewal or decision to delay promotion to the next PGY level shall be provided no later than four months prior to the end of the current period of appointment. However, if the primary reason(s) for the nonrenewal or non-advancement occurs within the four months prior to the end of the agreement, the program shall provide the resident/clinical fellow with as much written notice of the intent not to renew or not to promote as the circumstances will reasonably allow. The resident/clinical fellow may appeal a notice of non-renewal or non-advancement to the Dean of the School of Medicine by notifying him/her in writing

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within 7 days of the decision. The Dean's review will be limited to review of whether the procedures set forth in this policy were followed and his/her decision will be final.