

1. The program must advance residents to positions of higher responsibility on the basis of their satisfactory demonstration of achievement of program-developed milestones in the Competencies.
 2. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration.
 3. Each resident must be assigned at least 24 months of the 36 months of residency education in settings where the resident personally provides, or supervises junior residents who provide, direct patient care in inpatient or ambulatory settings.
 4. These inpatient and ambulatory assignments must include development of diagnostic strategies, planning, record keeping, order or prescription writing, management, discharge summary preparation, and decision making commensurate with residents' abilities and with appropriate supervision by the attending physician.
- I. Grievance procedures and due process
1. In the event of an adverse annual evaluation, a resident must be offered an opportunity to address a judgment of academic deficiencies or misconduct before a formally constituted clinical competence committee.
 2. There must be a written policy that ensures that academic due process is provided.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) **Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.**

- b) **Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations**, that includes formal evaluations of knowledge, skills, and professional growth of residents and required counseling by the program director or designee. **Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.**
- c) Permanent records of both of the evaluation and counseling sessions (and any others that occur) for each resident must be maintained in the resident's file and must be accessible to the resident and other authorized personnel.
- (1) The record of evaluation should be based on close observation of residents performing specific tasks of patient management such as the interview and physical examination, choice of diagnostic studies, formulation of differential diagnosis or problem lists, development of plans for short-term and long-term medical management, communication of treatment plans, invasive procedures, and (when on inpatient services) discharge planning.
 - (2) The record of evaluation should document that residents have demonstrated an in-depth understanding of the basic mechanisms of human biology, and the application of current knowledge to practice, by the integration of pathophysiologic processes into the diagnosis, treatment, and management of clinical disorders.
 - (3) The record of evaluation should document that prior to the completion of training, each resident has demonstrated:
 - (a) acceptable scholarly activity such as: original research, comprehensive case reports, or review of assigned clinical and research topics;
 - (b) basic scientific literacy and understanding of the fundamental principles of clinical study design and evaluation of research findings;
 - (c) the effective application of knowledge and clinical skills (patient care), utilizing the synthetic skills of clinical judgment.
 - (4) The record of evaluation should document that structured clinical evaluations were conducted during the first year

(for examples see ACGME Website's Outcome Toolbox).

- (5) The record of evaluation should document that the review of residents' clinical documentation for format, quality of data entry, accuracy of the assessment, and appropriateness of the plan was completed on resident inpatient and outpatient records (including inpatient discharge summaries) during each rotation, with feedback to the residents. The program director should ensure that the review of medical records is incorporated into residents' evaluation.
- (6) The record of evaluation should document that records were maintained by documentation logbook or by an equivalent method to demonstrate that residents have achieved competence in the performance of invasive procedures. These records must state the indications and complications, and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.
- (7) The record of evaluation should document that residents were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period.
- (8) The record of evaluation should document that residents were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semiannual basis.

d) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, including nurses, to achieve progressive improvements in residents' competence and performance.

2. Final (Summative) Evaluation

The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

- a) The program director must also prepare annually a written summative evaluation of the clinical competence of each resident. (N.B.: This summative evaluation is in addition to the completion of the ABIM tracking form.)
- b) The summative evaluation must stipulate the degree to which the resident has achieved the level of performance expected in each Competency (i.e., patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice).

B. Faculty

1. **The performance of the faculty must be evaluated by the program annually. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.** Provision must be made for residents to confidentially provide written evaluations of each teaching attending at the end of a rotation, and for the evaluations to be reviewed annually with faculty.
2. The results of the evaluations must be used for faculty-member counseling and for selecting faculty members for specific teaching assignments.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. **Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' annual confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.**
 - a) The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative

support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of residents.

- b) The residents must have the opportunity to assess formally the effectiveness of ambulatory teaching on an ongoing basis.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

- a) The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of inpatient and ambulatory teaching
- b) A program's graduates must achieve a pass rate on the certifying examination of the ABIM of at least 70% for first-time takers of the examination for the most recently defined 3-year period.
- c) At least 80% of those completing their training in the program for the most recently defined 3-year period must have taken the certifying examination.

VIII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

B. Performance Improvement Process

- 1. The program should identify and participate in at least 2 ongoing performance improvement (PI) activities which relate to the Competencies.

2. The PI activities must involve both residents and faculty in planning and implementing.
3. The PI activities should result in measurable improvements in patient care or residency education.

IX. Certification

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the registration section of the board regarding fulfillment of requirements for certification. Residents must be certified in internal medicine prior to seeking certification in a subspecialty.

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