Name of Policy:				
Policy Number:			THE UNIVERSITY OF TOLEDO	
Approving Officer: Dean, College of Medicine and Life Sciences			Review/Revision date:	
Responsible Agent: Director, Graduate Medical			1	September 5, 2023
Education				Original Effective date : March 6, 2018
Scope:	UT College of Med	icine Res	sidents	Waten 0, 2018
New policy proposal X Minor/techn			cal revision of existing policy	
Major revision of existing policy Reaffirmation of existing policy				

POLICY

A mechanism must be in place to assess each resident's performance throughout the program, both verbally, face to face, and in writing and utilizing the results to improve resident performance.

PURPOSE

To provide an interactive evaluation and feedback process for residents to address resident and faculty concerns that produces an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, attitudes, interpersonal relationships and communication skills, professionalism, systems-based practice, and residents as educators.

PROCEDURE

- 1. The Program Director or designee shall evaluate the resident verbally in a face to face meeting and in writing, at periodic intervals, not less than semi-annually, consistent with his/her training schedule.
- 2. The above written evaluations are to be available to the resident, in accordance with the Departmental Chairman/Program Directors policy, for review to enable him/her to assess his/her progress. This will allow the resident the opportunity to personally assess and improve performance. Residents shall, at the time of their evaluation with the Program Director or designee, review their evaluation file.
- 3. The written periodic evaluations shall be reviewed by the Program Director or designee on a regular basis (not less than quarterly). The Program Director must provide a final evaluation for each resident who completes the program.
- 4. Each resident shall have an individual performance review with the Program Director or a designee semi-annually. Residents experiencing difficulty at any time shall be scheduled for such meetings at more frequent intervals.

- 5. Prior to corrective or disciplinary action, the Program Director shall provide the Associate Dean for Graduate Medical Education copies of the documentation which supports the intended corrective or disciplinary action for review. In addition, a draft copy of the course of remediation for the corrective or disciplinary action must be provided using the Remediation Report in GME Policy 3364-86-008-00. All documents must be reviewed and approved by the Associate Dean for Graduate Medical Education prior to any corrective or disciplinary action against the resident.
- 6. When corrective or disciplinary action is to be implemented, the program director shall follow the outlined procedure in GME Policy 3364-86-008-00, Inadequate Resident Performance and Due Process:
 - a. .

Written documentation is essential in any remediation or disciplinary action. Copies of all correspondence must be maintained by the program and copies must be provided to the Associate Dean for Graduate Medical Education.

Approved by:	Policies Superseded by This		
** •	Policy:		
/s/	• None		
Chair, Graduate Medical Education	Initial effective date: 2/01/97		
/s/	Review/Revision date: <i>Reviewed</i>		
	1/00, Reviewed 1/02, Revised 3/04,		
Dean, College of Medicine and Life	<i>Revised</i> , 3/07/06, <i>Revised</i> 3/4/08,		
Sciences	Reviewed 3/2/10, Reviewed 3/6/12,		
	Revised 3/4/14, Revised 3/1/16,		
Review/Revision Completed by:	Reviewed 3/5/18, Reviewed 9/5/23		
Graduate Medical Education Committee			
	Next review date: 9/2026		

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