

**OHSU Department of Anesthesiology and Perioperative Medicine
Policy & Procedure Manual**

Name: **Resident Evaluation and Clinical Competency Committee (RECCC): Mission & Goals**

Effective Date: July 1st 2007

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Approved by: RECCC Committee on 06/15/07
Executive Committee on 06/20/07

1. Mission: To outline the process of resident evaluation within the Department, evaluate and report every resident's performance in accordance with Departmental and ABA standards, and communicate with the Department Chair and Program Director on all matters related to the evaluation process.
2. Scope: Resident and clinical fellow physician members of the Department of Anesthesiology and Perioperative Medicine.
3. Goals of the Evaluation Process: The goals of the evaluation process are:
 - To enable anesthesia residents and clinical fellows to develop professional attributes and competence in all aspects of their work by providing accurate and timely feedback.
 - To identify specific educational goals and essential attributes which are not met at each six month evaluation period for each resident and clinical fellow.
 - To determine whether the resident or fellow meets the Departmental standards expected of them for their level of training and define specific areas of deficiency.
 - To determine that the resident or fellow demonstrates the attributes specified by the ABA at the end of their training and define specific areas of deficiency.
 - To determine that the resident demonstrates proficiency in the ACGME Core Competencies at the end of their training.
 - Communicate findings of the committee to the program director so that the program director has adequate information to develop an individualized educational plan for the resident or fellow that allows for remediation.

4. Procedure

4.1 Role of the Program Director

The Program Director is ultimately responsible for the evaluation process related to anesthesiology residents. The Chair of the RECCC acts as an advisor to the Program Director. The Chair of the RECCC and the Program Director will work together closely to determine if a resident's performance requires corrective action, remediation, academic probation, suspension or dismissal according to Departmental and/or OHSU policy. The Program Director is also responsible for:

- a. Providing guidance as to the direction of the departmental evaluation effort.
- b. Advising the Department Chair and the RECCC about correction of problems identified by the review process.
- c. Providing advisory support and resources for RECCC-approved projects.

4.2 Role of the RECCC Chair

The Chair of the Evaluation Committee will be responsible for:

- a. After consulting with the Chair, selecting committee members from the department faculty to serve on the RECCC so as to ensure representation of different subspecialty areas within the Department.
- b. Scheduling quarterly meetings of the RECCC and ensuring that the agenda and minutes of the meetings are recorded by the Education Manager.
- c. To assure that the committee evaluates all trainees without regard to race, gender or sexual orientation.
- d. To assure that the conduct of the evaluation meeting is professional and is based on documented, relevant fact, rather than rumor or hearsay.
- e. Assigning Committee members by rotation to act as reviewers for batches of residents prior to the quarterly meetings.
- f. Integrating the various sources of resident performance data in order to provide a comprehensive picture to the Committee members at scheduled meetings.
- g. Providing each resident with a summative written evaluation detailing performance in the last quarter, outlining any deficiencies, and offering suggestions to remedy the deficiencies, in accordance with the deliberations of the Committee members at the RECCC meeting.
- h. Working with the Program Director to formulate a remediation plan for corrective action, academic probation, or dismissal, as determined by the RECCC in accordance with ABA, departmental and institutional policies.

- i. Ensuring the appropriate follow-up action is taken in response to identified problems, as described in 'f'.
- j. Ensuring timely and accurate completion of resident competency reports to the ABA in January and July each year.
- k. Reviewing the processes and tools used for evaluation, and coordinating efforts to develop or implement new tools or methods to evaluate residents.
- l. Emphasizing to the RECCC members the requirement for confidentiality of all aspects of the evaluation process.
- m. Performing an annual review of the RECCC and the resident evaluation process.

4.3 Role of the Committee

The RECCC, chaired by the Evaluation Chair, will meet at least quarterly and assume oversight for all evaluation activities, including but not limited to:

- a. Review the clinical and academic performance and professional development of all residents in the program on a regular basis.
- b. Determine whether the resident meets criteria for an overall satisfactory performance with respect to Departmental standards, institutional guidelines, ABA attributes, and ACGME core competencies.
- c. Identify residents who are experiencing problems with their clinical, academic or professional development, and take steps to rectify these problems by making recommendations to the Program Director.
- d. Determine if a resident should be placed on academic probation, and advise the Program Director accordingly.
- e. Identify, with the Program Director what measures the resident needs to take to be removed from academic probation.
- f. Assessing the Department's evaluation process, including methods and frequency of evaluation, criteria for satisfactory performance, and instruments used for evaluation.

4.4 Review of the Evaluation Process

When indicated, and at least annually, the RECCC Chair will review the evaluation process as part of the annual Education Group retreat.

The review and evaluation will include but not be limited to the following:

- a. Objectives
- b. Organization
- c. Appropriateness of designated authority and responsibility
- d. Effectiveness of information/reporting flow
- e. Adequacy of evaluation activities
- f. Evidence of resolution of identified problems
- g. Identification of areas for improvement

4.5 Mechanisms for Evaluation and Determination of Clinical Competence

The RECCC will use some or all of these methods to evaluate residents' performance and clinical competence each quarter, or more frequently if required. On occasion, other sources of reliable information not listed below may also be considered in assessing performance and/or competence.

- a. Daily resident evaluations via departmental web-based system.
- b. Clinical rotation evaluations from faculty and rotation chiefs.
- c. Written correspondence from faculty, patients, or other OHSU staff.
- d. Standardized test scores on the Anesthesia Knowledge Tests (AKT) and ABA in-training examinations (ITE).
- e. Attendance at educational activities.
- f. Consistent problems with accurate recording of case log data.
- g. Consistent problems with recording controlled drug use and/or disposal.
- h. Journal club presentation evaluations.
- i. Resident educational portfolio content.
- j. Management of standardized scenarios on the patient simulator.
- k. Adherence to Departmental or institutional compliance requirements.
- l. Adherence to Departmental policies and procedures pertinent to resident duties and obligations.
- m. Written responses of attendings, patients, or other staff who have been asked to clarify events or comments that the RECCC has been made aware of.
- n. Information from a resident's faculty advisor.
- o. Professional opinions from experts in communication or conflict resolution etc., as required by the RECCC.

4.6 Overall assessment for the Quarter

Residents' performance will be assessed for the quarter on a five point scale, similar to the daily evaluation form (terminology used previously is given in parentheses).

- 1= Unsatisfactory
- 2= Novice (Marginal)
- 3= Proficient (Satisfactory)
- 4= Excels (Above average)
- 5= Masters (Excellent)

5. Management of Resident Deficiencies

5.1 Classification of Deficiencies

Resident deficiencies will be classified into three categories for the purpose of the evaluation process. It must be noted that departmental and institutional policies are in place that allow a resident to be placed on administrative leave pending investigation of concerns, or have hospital privileges revoked immediately in the interests of patient safety; these processes do not require involvement of the RECCC.

- Minor Concerns

These concerns are either minor and/or isolated in nature. It is anticipated that following notification via the quarterly summative evaluation letter and discussion with the resident advisor, the resident will address the concern/s rapidly and satisfactorily.

- Any score of 1 or 2 on the daily resident evaluation.
- Attendance at educational activities that do not meet the required minimum (currently 80%) after excusable absences.
- Examination results below the 30th centile for ITE/AKT.
- Any issues that are brought to the attention of the RECCC and are deemed to be a minor concern.

- Major Concerns

These are more serious issues (clinical or otherwise) that may result in immediate referral to the Program Director, or minor issues that have not been resolved in a 3 month time period. The RECCC expects that major concerns will be corrected within a defined period of time that will be specified in the quarterly summative evaluation letter. These issues may also result in a more formal remediation plan by the Program Director that will elucidate the problem, outline supportive and/or corrective intervention/s, specify a monitoring mechanism until reevaluation, and describe consequences that may ensue if not corrected.

- An overall unsatisfactory grade for any rotation in the quarter.
- Unsatisfactory Core Competency: Any score of 1 or 2 on the daily resident evaluation by three or more faculty in any ACGME core competency each quarter.
- Failure to take corrective action for previously identified concerns.
- Failure to demonstrate any ABA "Essential Attribute".
- Examination results below the 20th centile for AKT/ITE

- Failure to follow departmental or institutional policies or procedures.
- Failure to consistently report duty hours and case logs, or perform faculty, program, or educational session evaluations.
- Consistent problems with controlled drug discrepancies.
- Complaints or concerns (either substantiated if verbal, or in writing) from patients or any member of staff may be classified as a major concern. Complaints will be followed by the RECCC if appropriate, and referred to the Department Chair and/or the Program Director, and/or to Risk Management and/or GMEC as deemed necessary.

- Academic Probation

A resident may be recommended for placement on academic probation when in the majority opinion of the Committee **the resident has achieved an overall grade of unsatisfactory for any rotation, or an overall unsatisfactory grade for the quarter, or has failed to demonstrate any of the ABA “Essential Attributes”, or has failed to take corrective action to remedy previously identified deficiencies, even if they have not resulted in an overall unsatisfactory rotation or quarter.**

It must be noted that a single incident with potentially serious clinical or professional consequences may necessitate immediate referral to the Program Director, and/or academic probation, and/or recommendation for immediate suspension and/or dismissal, as outlined in departmental and OHSU policies.

The Committee will advise the Program Director of their decision and make suggestions for improvement which may be incorporated into the remediation plan that will be devised by the Program Director.

It must be noted that academic probation becomes a part of the resident’s permanent file, and may be disclosed to other agencies or persons when the physician seeks hospital privileges or licensure.

Reevaluation to remove probation status will occur when the Program Director and the RECCC or the RECCC Chair agree that the remediation plan has been completed satisfactorily, and this will be noted at the subsequent RECCC meeting.

Failure to satisfactorily complete the remediation plan with corrective action may result in extension of probation, an unsatisfactory report to the ABA for the 6 month period, failure to be promoted, non-renewal of appointment, or dismissal in accordance with departmental and OHSU policies. In the event of there being a decision by the RECCC for dismissal or non-renewal of appointment, the trainee will be provided with all of their rights of due process as defined by OHSU School of Medicine Guidelines and Policies.

5.2 Determination of an Overall 'Unsatisfactory' Grade for the Quarter

A resident may receive an overall unsatisfactory grade for the quarter based on the following:

- An overall unsatisfactory grade for any rotation in the quarter.
- Unsatisfactory Core Competency: 3 or more overall unsatisfactory Core Competency proficiencies as defined in 'Major Concerns'.
- Failure to take corrective action for previously identified concerns.
- Failure to demonstrate any ABA "Essential Attribute."
- Failure to follow departmental or institutional policies or procedures
- Failure to consistently report duty hours and case logs, or perform faculty, program, or educational session evaluations.

5.3 Determination of an Overall 'Novice' Grade for the Quarter

A resident may receive an overall novice grade for the quarter based on the following:

- Unsatisfactory Core Competency: 2 overall unsatisfactory Core Competency proficiencies as defined in 'Major Concerns'.
- Failure to take corrective action for previously identified concerns
- Incidents or areas of concern, which, in the opinion of evaluators or the Committee, are significant enough to warrant a 'novice' grade.

5.4 Consequences of an Overall 'Unsatisfactory' Grade for the Quarter

An appropriate remediation plan will be developed to suit that particular resident's needs. The resident's schedule of clinical rotations may be adjusted to facilitate closer observation in the problem area. This could defer start of particular subspecialty rotations, depending on the exact nature of the problem that is identified in order to facilitate the process intensive evaluation and remediation.

5.5 Consequences of an Overall 'Novice' Grade for the Quarter

A resident who receives an overall 'novice' grade for the quarter will be required to discuss specific measures to correct deficiencies within a specified time period with his or her advisor and the Program Director

5.6 Consequences of an Overall 'Unsatisfactory' Grade for a Rotation

A resident receiving an overall unsatisfactory evaluation in a subspecialty rotation will be required to repeat all or at least one month of this rotation, to demonstrate his/her competence in this area. This will result in loss of time in other advanced clinical track rotations or, should this be unacceptable to the resident, added residency training time

5.7 Overall 'Unsatisfactory' Grade for an ABA Reporting Period (6 months)

A resident's performance may be reported as unsatisfactory to the ABA for the 6 month reporting period if he or she:

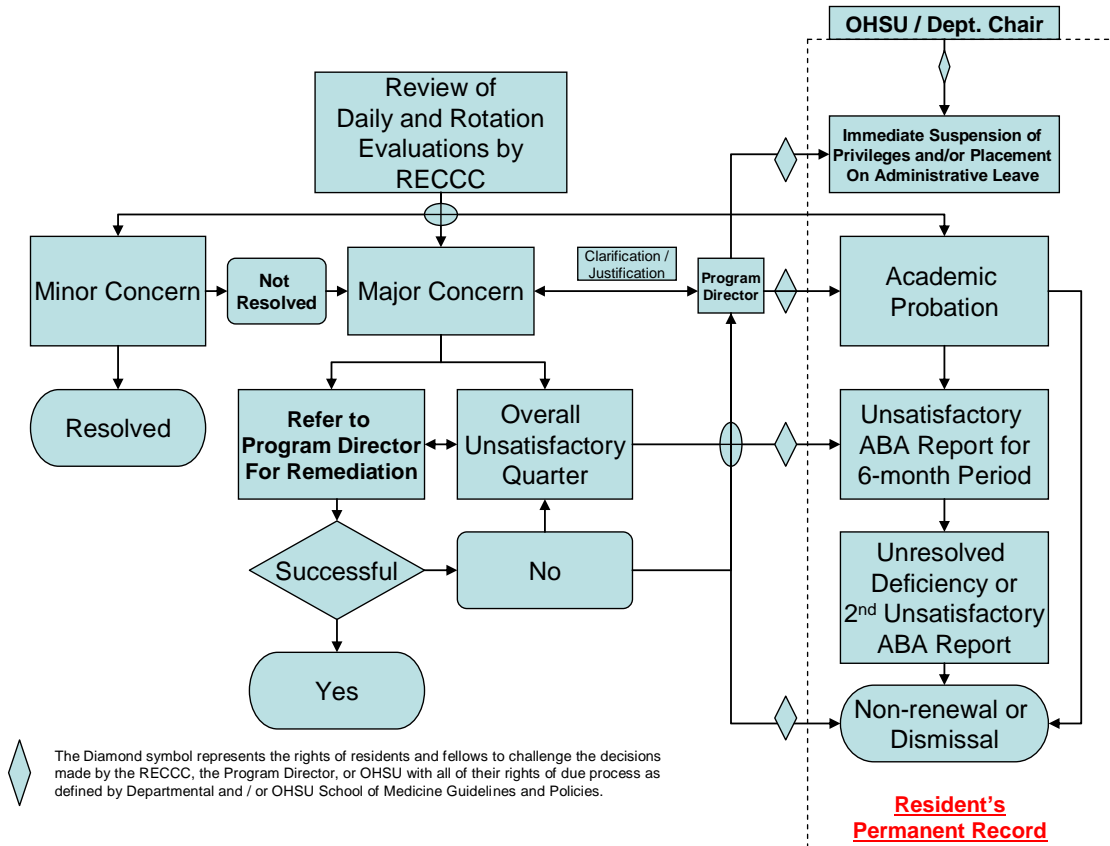
- Is placed on academic probation.
- Does not satisfactorily complete the remediation plan.
- Does not demonstrate any one of the ABA "Essential Attributes."
- Achieves an overall unsatisfactory grade for any quarter in the reporting period.

Unsatisfactory performance before the final six month period of the CA-3 year can be rectified with a satisfactory evaluation in the subsequent six month training period. However, if the final six month evaluation for a resident is unsatisfactory, the resident will be obliged to engage in a period of remedial training for a period of time to be determined by the Resident Evaluation Committee, the Resident Education Committee and the Chairman of the Department of Anesthesiology. This period of remedial training will extend beyond the conventional three year training period.

If a resident receives an unsatisfactory evaluation for two consecutive ABA evaluation periods (1 year), the Resident Evaluation and Clinical Competence Committee will recommend to the Department Chairman that the resident's contract with the Department of Anesthesiology at Oregon Health and Science University be terminated.

6. Evaluation Process Flowchart

Evaluation Process



7. ACGME General Core Competencies

These encompass six broad areas: patient care; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism and systems-based practice.

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

8. American Board of Anesthesiology Clinical Competence Report

ABA Clinical Competence Report

Every 6 months the residency program submits a clinical competency report to the ABA. This may be satisfactory or unsatisfactory. The attributes reported to the ABA in this report are described below. If a resident receives an unsatisfactory report for the last 6 months of training, or 2 consecutive unsatisfactory reports the ABA requires that the resident completes additional training before a satisfactory certificate of clinical competence is awarded.

Essential Attributes (*Must all be satisfactory for an over all satisfactory report*)

1. Demonstrates high standards of ethical and moral behavior
2. Demonstrates honesty, integrity, reliability, and responsibility.
3. Learns from experience; knows limits.
4. Reacts to stressful situations in an appropriate manner
5. Has no documented abuse of alcohol or illegal use of drugs during this report period
6. Has no cognitive, physical, sensory or motor impairment that precludes acquiring and processing information in an independent and timely manner.
7. Demonstrates respect for the dignity of patients and colleagues, and sensitivity to a diverse patient population.

(A resident may still be overall satisfactory if some of the attributes below are unsatisfactory)

Professional Skills

1. Demonstrates patient care that is compassionate, appropriate and effective
2. Respects patient privacy.
3. Demonstrates effective interpersonal and communication skills with patients, their families and other healthcare professionals.
4. Demonstrates appropriate concern for patients and a commitment to carrying out professional responsibilities.
5. Has a commitment to practice-based learning and improvement.
6. Is adaptable and flexible.
7. Is careful, and thorough.
8. Is complete and accurate in record keeping.
9. Possesses business skills important for effective practice management.
10. Uses information technology to optimize patient care.
11. Is an advocate for quality care.
12. Is appropriately self-confident; recognizes gaps in knowledge and expertise.
13. Demonstrates an understanding of the healthcare system and the ability to effectively call on system resources to provide optimal care.

Knowledge

1. Possesses an appropriate fund of medical knowledge.
2. Critically evaluates and applies this medical knowledge to patient care.

Judgment

1. Demonstrates use of a sound background in general medicine in the management of problems relevant to the specialty of anesthesiology.
2. Recognizes the adequacy of preoperative preparation of patients for anesthesia and surgery, and recommends appropriate steps when preparation is inadequate.
3. Selects anesthetic and adjuvant drugs and techniques for rational, appropriate, patient-centered and cost-effective anesthetic management.
4. Recognizes and responds appropriately to significant changes in the anesthetic course.
5. Provides appropriate post-anesthetic care.
6. Provides appropriate consultative support for patients who are critically ill.
7. Evaluates, diagnoses, and selects appropriate therapy for acute and chronic pain disorders.

Clinical Skills

1. General preparation
2. General Anesthesia
3. Regional anesthesia and pain management
4. Special procedures

Related Information

Related Policies: Resident Manual, Education Policy, Dismissal Policy, Administrative Leave, Suspension of Privileges, Substance Abuse Policy, OHSU Policies and Procedures Manual.

Responsible Office: Department of Anesthesiology and Perioperative Medicine.
Chair, RECCC, Program Director, and Department Chair.

Electronic Location: J:\ANES\EducationCommittee\Evaluations

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(KL: 6-2007, Chair, RECCC)
