

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2017
RESOLUTION: B2**

INTRODUCED BY: Kelly Thibert DO, MPH, National President;

SCHOOL: Nova Southeastern University College of Osteopathic Medicine

SUBJECT: Principles Regarding Graduate Medical Education Evaluation (new principle)

TYPE: Resolution of Principles

WHEREAS the purpose of an evaluation is to let the resident know in a timely fashion how they are progressing in their training; and

WHEREAS timely feedback is critical for every resident, but it is particularly important if a resident is perceived to have performance deficits; and

WHEREAS a resident cannot improve what they do not know about; and

WHEREAS many residents may never see their evaluations until their bi-annual meeting when they haven't had a chance to act on the feedback and if they think a particular evaluation was inaccurate, they weren't able to address the issue in real time; and

WHEREAS some evaluations are not done until a significant time after a rotation has ended, which is particularly detrimental if a resident's performance is called into question and rotation evaluations that were missing suddenly appear in the file weeks or months later which have the potential to build a case of poor performance against the resident; and

WHEREAS residents have felt that requesting to see their file and/or specific evaluations other than at the scheduled bi-annual review is perceived as an aggressive or hostile act towards the program; and

WHEREAS a written remediation plan is an essential educational tool to assist a resident in improving their performance which works best when the resident is involved in the creation of the plan because they often have insight into what support would be most helpful to them; and

WHEREAS a written remediation plan is crucial because it sets clear expectations and goals, ensuring that both the program and the resident are on the same page regarding the resident's deficiencies and what needs to be achieved for the resident to maintain their position and/or advance in the program; and

WHEREAS it is currently not at all clear how a resident would bring a concern or a complaint to the ACGME about their program's violation of the common program requirements;

THEREFORE BE IT RESOLVED that the Principles on Graduate Medical Education Evaluation
ADDENDED to the PPP to state:

The American Medical Student Association:

35 1. In regard to evaluation of residents:

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- 37 a. SUPPORTS the ACGME requirement that faculty must evaluate resident performance in a timely
- 38 manner during each rotation or similar educational assignment, and document this evaluation at
- 39 completion of the assignment.
- 40 b. BELIEVES that the program should provide a copy of the evaluation to each resident upon its
- 41 completion, with space at the end for the resident to sign and date to acknowledge receipt of the
- 42 evaluation. The evaluation must not be placed in the resident's file until they have seen it.
- 43 c. BELIEVES that residents should be provided with their own copy of each evaluation simultaneous with
- 44 the placement of the evaluation in their file.
- 45 d. SUPPORTS the ACGME requirement that evaluations of resident performance must be accessible for
- 46 review by the resident, in accordance with institutional policy, but believes that this could be
- 47 strengthened by making it a requirement that the institutional policy publicizes residents' right to
- 48 routinely see their evaluations along with a simple process for doing so.
- 49 e. BELIEVES that programs must provide each resident whose performance is deemed substandard a
- 50 written remediation plan with specific goals for improvement and plan to achieve those goals in a
- 51 reasonable time period
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53 2. In regard to evaluation of the program:

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- 55 a. BELIEVES that the program must clearly publicize to all residents at least annually the procedure for
- 56 submitting a concern or a complaint with the ACGME about any aspect of the Common Program
- 57 Requirements within their own program
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59 FISCAL NOTE: None

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61 **REPORT OF REFERENCE COMMITTEE B**

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63 **DISCUSSION**

64 **BOT:** Adopt as written.

65 **BRD:** Adopt as written.

66 **PRD:** Adopt as written.

67 **IRD:** Adopt as written.

68 **ACTE:** Adopt as written.

69 **International Caucus:** None.

70 **Premedical Caucus:** None.

71 **Resident Caucus:** None.

72 **Other Groups:** None.

73 **Other Discussion:** None.

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75 **SYNTHESIS OF DISCUSSION**

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77 BOT, BRD, PRD, IRD and ACTE all adopt as written the resolution. No further testimonies provided.

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79 **REFERENCE COMMITTEE COMMENTS**

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81 AMSA’s perspective on evaluation provides clarity to support the cohesion of the students and their residency
82 programs. This best aligns medical residency education for future physicians.
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84 **REFERENCE COMMITTEE RECOMMENDATION**

85 Adopt as written.