PULMONARY AND CRITICAL CARE MEDICINE FELLOWSHIP
FELLOWS EVALUATION POLICY

Policy: Evaluations will be completed to provide feedback to the fellow and attendings on their performance and to the program director(s) regarding the quality of the rotations.

Procedures:

Part A

Evaluation of Fellows

1. ROTATION/BLOCK EVALUATIONS

Each fellow will be evaluated by all supervising faculty who interact with the fellow at least 3 days per week for each week of the rotation. The supervising physician should discuss the fellow’s performance at the mid point of the attending’s rotation and complete a written evaluation at the end of that rotation. This written evaluation should be discussed with the fellow by the supervising physician/evaluator. This feedback may occur in person or by phone but it should be signed by the fellow and recorded in the fellow database by the Fellowship program coordinator.

2. ASSOCIATE RATINGS

Other members of the health care team, which may include students, residents, nurses or advance practice practitioners (APP’s) will evaluate each fellow anonymously. Fellows will be evaluated on the Internal Medicine subspecialty milestones. These evaluations will be entered by the evaluator into New Innovations.

3. LONGITUDINAL CLINIC EVALUATION

The faculty supervisors for each fellow clinic will complete a quarterly evaluation similar to the block evaluation described above for each of the fellows in the fellow clinic supervised by them. This evaluation will cover a three month time period and should be reviewed with the fellow upon submitting the evaluation to the program coordinator.
4. **RESEARCH EVALUATION:**

The research supervisor should enter an evaluation on fellows involved in research at least quarterly. Unsatisfactory progress should be discussed directly with the fellow and noted on the evaluation. It is expected that each fellow involved in research must have at least one abstract by the completion of his or her research experience and should have one peer reviewed paper by the completion of their fellowship.

5. **CLINICAL EVALUATION EXERCISE (CEX)**

It is recommended that each fellow will have at least one clinical evaluation exercise performed annually by a supervising physician. The subject of the evaluation exercise should be a “new” patient to the fellow and the supervising physician should complete the evaluation form and provide feedback to the fellow shortly after completion. This clinical evaluation exercise should be reviewed with the fellow and acknowledged by signature and recorded by the Fellowship program coordinator. These assessments may occur during any rotation where the fellow provides patient care.

6. **SEMI-ANNUAL EVALUATIONS**

A semi-annual evaluation will be completed on each matriculated fellow with at least 6-months experience in the program. This evaluation will be performed by the Clinical Competency Committee and will be based upon the clinical monthly evaluations, the clinical evaluation exercise (CEX), any research evaluations and general discussion of the fellows performance during the time frame covered by the semi-annual evaluation. Any fellow with an unsatisfactory performance suggesting the need for improvement will have a plan instituted to achieve improvement, designed by the Program Director or Associate Program Director in consultation with the fellow. That plan and progress will be reviewed monthly with the fellow. Performance reviews will be established and failure to improve or to comply with the improvement program will result in a review by the Clinical Competency Committee. A vote by the Clinical Competency Committee will be taken to determine if the fellow should be placed on probation at that time. Failure to improve by the end of a probation period will subject the fellow to a Clinical Competency Committee vote for dismissal from the program.

7. **REVIEW OF EVALUATIONS**

All evaluations of the fellows will remain in their file and hard copies may be accessed on request to the fellowship program coordinator. The fellow may not remove their file from the program coordinator’s office. The fellow may also request that evaluations be emailed to them.

8. **SUMMATIVE EVALUATION**

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

1. **ROTATIONS**

Each fellow will complete a rotation evaluation at the completion of each rotation and should submit this evaluation to the Fellowship program coordinator. These should be completed in a timely manner i.e., within 1-month of the completion of the rotation.

2. **EVALUATION OF SUPERVISING PHYSICIANS**

Fellows will complete an evaluation in New Innovations of each of their supervising physician(s) during each rotation. A 12-month summary of these evaluations will be submitted to the Program Director and Division Chief at the end of the calendar year.

3. **TRaineE’S RESEARCH SELF ASSESSMENT**

This series of forms is part of self-assessment module designed to be useful to the fellow in gauging their research competency and measuring progress. These include:

   A. **INITIAL SELF-ASSESSMENT**
      This evaluation helps the fellow formulate a brief description of their research and outline responsibilities and goals for the up-coming research year.

   B. **SEMI-ANNUAL TRAINEE’S SELF ASSESSMENT OF RESEARCH TRAINING AND ENVIRONMENT**
      This semi-annual evaluation of their research experience is due at the mid-point of the research year. An assessment and feedback on their research training and environment are essential and should be provided to the fellowship program director.

   C. **FINAL TRAINEE’S SELF ASSESSMENT OF RESEARCH TRAINING AND ENVIRONMENT**
      This final evaluation of their research experience is due at the completion of their research year. A final assessment and feedback on their research training and environment are essential and should be provided to the fellowship program director.

4. **INCOMPLETE EVALUATIONS**

No leave will be approved for any fellow who has incomplete evaluations at the time a request is made. All rotation and supervising physician evaluations should be completed before leave is approved by the Program Director.