

**V. Evaluation**  
**A. Resident Evaluation**  
**2. Summative Evaluation**

**Common Program Requirement:**

2. *Summative Evaluation*  
*The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:*
- a) *document the resident's performance during the final period of education, and*
  - b) *verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.*

**Explanation:**

Summative evaluations are needed when critical “high stakes” decisions must be made. Currently in GME, these decisions are related to promotion and graduation, and so they are typically made at the end of each residency year (for progression or promotion to the next year) and at the completion of the program. In addition to the principles for formative assessment (assessment based on identified learning objectives/outcomes related to the six competency domains; use of multiple tools by multiple evaluators on multiple occasions; and tools with descriptive criterion-based anchors for the rating scale to aid in ‘fairer’ evaluations), the psychometric characteristics of summative evaluation tools are important. That is, both the evaluator and resident should believe that an assessment tool used for summative evaluations provides evidence that can be used to make valid and reliable decisions.

The program director must provide a summative evaluation for each resident at the completion of the program. Characteristics of good summative assessments include:

- decisions are based on pre-established criteria and thresholds, not as measured against performance of past or current residents;
- decisions are based on current performance, not based on formative assessments, which capture the process of developing abilities;
- residents are informed when an assessment is for summative purposes rather than formative purposes; and
- written summative evaluation is discussed with the resident and is available for his/her review.

The end-of-program verification statement that the ACGME requires all program directors to record has changed in the new CPR. Rather than verifying that the resident has “demonstrated sufficient professional ability to practice competently and independently,” program directors must now verify that the resident has “demonstrated sufficient competence to enter practice without direct supervision.” The new statement clearly applies only to the resident’s abilities at the time of graduation. It summarizes in

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very succinct language the goal of all GME programs. If the program director does not feel comfortable signing such a statement for a resident, that resident should not be allowed to graduate, even if the specified time for residency education has expired. Such a situation is less likely if ACGME requirements for evaluation have been systematically implemented. Problems will have been identified much earlier, opportunities for remediation provided, and dismissal decisions considered well before the end of residency/fellowship education.

Both the end-of-program summative evaluation and the end-of-program verification statement for all graduates should be retained in perpetuity in a site that conforms to reasonable document security standards (protected from fire, flood, and theft). To ensure that the institution can demonstrate appropriate due process for dismissed residents, program directors should seek the advice of the DIO on the documents to keep for dismissed residents.