



_____ Program

Semi-Annual /Summative (Promotion) Evaluation

Name of Resident: _____ Training Year: _____

Evaluation period: _____

Type of Evaluation: _____ Mid-year _____ Promotion to next training year

The information contained in this evaluation is based on CCC discussion, held on _____.

Attached:

1. Final milestones scores from CCC meeting
2. Comments/concerns from CCC meeting
3. Current procedures log, if applicable
4. Composite Faculty Evaluations

Competency Areas (Milestones are sent to _____ prior to the meeting). The milestone report is attached to this evaluation.

Competency Area	Areas for Improvement/Concerns	Resident Goals for next 6-month period
Patient Care		
Medical Knowledge		
Systems-based Practice		
Practice-based learning and Improvement		
Professionalism		
Communication and Interpersonal Communication Skills		

Note: Goals are mandatory for any below target scores (more than 0.5 below the target on table below). Optional when there are "none," however at least 2 categories must have goals even when there are no milestones below target.

Levels by PGY-Year – based on ACGME Milestone Data – National Reports

Year	Mid-Year	End of the Year
PGY-1	1.0	1.5
PGY-2	2.0	2.5
PGY-3	3.0	3.5

Faculty Feedback

NOTE: Composite evaluation by evaluation by faculty is attached to this evaluation

Trended faculty comments:

_____ Scores (In-service, if applicable)

PGY-_____	PGY-_____	PGY-_____	PGY-_____

Concerns about ITE Scores:

NOTE: Percentile for the training year

Procedures Section

Procedure	Date Deemed Competent by CCC	Not yet competent	Number to Date (Optional Column)
<i>List your specialty procedures</i>			

Scholarly Activities (Send to resident/fellow before meeting for updating)

Type of Project	Details (provide as much detail about each of your projects)
Articles	
Current research	
Quality improvement	
Community Service	
Hospital leadership	
Other	

How can the program support your scholarly activity?: _____

Teamwork Skills

Feedback regarding current healthcare teamwork skills

1. Area of improvement (required):
2. Area of strength (required):

360 Evaluation of Resident

Summary of **trended** comments from the following sources:

Ancillary Staff/Nursing:

Patient:

Peers:

Self:

Action Plans, if indicated by summary comments:

Professional Responsibilities

NOTE: This is information provided by the **program coordinator**

Chart/Records	UNSAT/SAT/EXCELS	Action plans to improve:
Conference Attendance	UNSAT/SAT/EXCELS	Action plans to improve:
Responsiveness to pages/texts/emails	UNSAT/SAT/EXCELS	Action plans to improve:
Recording work hours	UNSAT/SAT/ EXCELS	Action plans to improve:
Evaluation Compliance	UNSAT/SAT/ EXCELS	Action plans to improve:
Recording procedures	UNSAT/SAT/ EXCELS	Action plans to improve:

NOTE: Only needs action plans if this an area that is unsatisfactory.

General Comments

Career goal plans/career planning:

Well-being Issues/Concerns:

How can the program help you?

Comments from Program Director (Mandatory)

Data to be included in Individual Learning Plan:

Check One

___ Mid-year evaluation

___ Annual evaluation. Resident has demonstrated competence, has met all requirements and is ready to progress to the next level of training.

Promotion Criteria

Insert your promotion criteria. Ideal to have promotion criteria for each training year. This example is too generic.

PGY-1 Year

- ☐ Achievement of competency and sub-competency milestones, informed by the Milestone Predictive Probability Value (PPV) tables.
- ☐ Passed all rotations for the training year
- ☐ Score/Performance on RITE
- ☐ Acceptable Performance on Simulation exercises
- ☐ Faculty evaluations of observed performance – comments do not indicate a severe concern
- ☐ Has completed the procedures required for this training year
- ☐ Completed Milestones self-assessment
- ☐ Met the logging of work hours requirement
- ☐ Met the compliance requirements for evaluations

Is this resident ready to supervise? ___ Yes ___ No

If any of these criteria are not met, provide remediation plan:

If this resident will be extending their year, which will impact their training, has this been discussed with the GME office? ____ Yes ____ No

Has the resident signed the agreement for the extension of training? ____ Yes ____ No

Document the plan for the extension here:

PGY-2

- ☐ Achievement of competency and sub-competency milestones, informed by the Milestone Predictive Probability Value (PPV) tables.
- ☐ Passed all rotations for the training year
- ☐ Score/Performance on RITE
- ☐ Acceptable Performance on Simulation exercises
- ☐ Faculty evaluations of observed performance – comments do not indicate a severe concern
- ☐ Has completed the procedures required for this training year
- ☐ Completed Milestones self-assessment
- ☐ Met the logging of work hours requirement
- ☐ Met the compliance requirements for evaluations
- ☐ Demonstrated leadership skills needed for the PGY-3 year

If any of these criteria are not met, provide remediation plan:

If this resident will be extending their year, which will impact their training, has this been discussed with the GME office? ____ Yes ____ No

Has the resident signed the agreement for the extension of training? ____ Yes ____ No

Document the plan for the extension here:

PGY-3 -- Completion of Training

- ☐ Achievement of competency and sub-competency milestones, informed by the Milestone Predictive Probability Value (PPV) tables.
- ☐ Passed all rotations for the training year
- ☐ Score/Performance on RITE
- ☐ Acceptable Performance on Simulation exercises
- ☐ Faculty evaluations of observed performance – comments do not indicate a severe concern
- ☐ Has completed the procedures required for this residency
- ☐ Completed Milestones self-assessment
- ☐ Met the logging of work hours requirement
- ☐ Met the compliance requirements for evaluations
- ☐ Has completed all quality improvement/scholarly activities

Signatures

Name: _____

____ Program Director: _____

Signature: _____ Date: _____

Signature: _____ Date: _____