[Name of Program]

[Specialty] Residency Program

Semi-Annual/Annual Evaluation

Name of Resident: Training Year:

Evaluation Period: (date) to (date)

The information contained in this evaluation is based on CCC discussion held (date).

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| Competency Areas. The Milestone report was sent to the resident prior to the meeting and is attached to this evaluation. |

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| --- | --- | --- |
| Competency Area | Areas for improvement/concern | Resident goals for next 6-month period |
| Patient Care |  |  |
| Medical Knowledge |  |  |
| Systems-based Practice |  |  |
| Practice-based Learning & Improvement |  |  |
| Professionalism |  |  |
| Interpersonal Skills & Communication |  |  |

Goals are mandatory for any scores below target. At least two areas must have goals when there are no areas below target. This will serve as the resident Independent Learning Plan [CPR V.A.1.d).(2)]

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| ITE Scores [CPR V.C.1.c.] |

|  |  |  |  |
| --- | --- | --- | --- |
|  | PGY 1 | PGY 2 | PGY 3 |
| Resident Percentile |  |  |  |
| National Percentile |  |  |  |

Action plans for ITE score improvement:

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| Procedures (ACGME required, program required and/or resident desired certification). Residents must continue to log after minimums are achieved. Attach case log summary report. [CPR V.a.a.1] |

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| **Procedure** | **ACGME Minimum or Program Required?** | **Notes/Concerns** | **Date Deemed Competent** |
| [Add specifics from specialty or board requirements] |  |  |  |
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| Scholarly Activities [CPR I.V.D.3.a] |

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| --- | --- |
| **Type of Project** | **Details (provide as much as possible)** |
| Articles |  |
| Current Research |  |
| Quality Improvement |  |
| Community Service |  |
| Hospital Leadership |  |
| Other |  |

How can the program support your scholarly activity?

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| --- |
| Professional Responsibilities [CPR IV.B.a.a] |

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| --- | --- | --- |
| Charts/Record keeping | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| Conference Attendance | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| Responsiveness to pages, texts, emails | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| Recording work hours | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| Recording Procedures | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| Evaluation Compliance | □ Unsatisfactory □ Satisfactory | Action plans to improve: |
| HR Compliance | □ Unsatisfactory □ Satisfactory | Action plans to improve: |

Action plans required only if area is rates unsatisfactory.

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| Multi-source Evaluations (Minimum of three sources required) [CPR V.a.1.c.1] |

|  |  |
| --- | --- |
| Faculty Evaluation | □ Unsatisfactory □ Satisfactory |
| Nursing Evaluations | □ Unsatisfactory □ Satisfactory |
| Patient Evaluations | □ Unsatisfactory □ Satisfactory |
| Medical Student Evaluations | □ Unsatisfactory □ Satisfactory |
| Presentation Evaluations | □ Unsatisfactory □ Satisfactory |
| Peer Evaluations | □ Unsatisfactory □ Satisfactory |
| Self-Evaluation | □ Unsatisfactory □ Satisfactory |

Comments/Trends from multi-source evaluations:

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| --- |
| Specialty Review (Located under Section V.A.1) |

|  |  |
| --- | --- |
| **Area of Review** | **Notes/Concerns/Issues** |
| [Add any required specialty items. i.e. psychiatry = CVS evaluation, radiology = able to take independent call] |  |
|  |  |

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| General Review [CPR.V.1.c) |

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| --- | --- |
| **Area of Review** | **Notes/Comments/Issues/Plans** |
| Career goals/career planning |  |
| Well-being  |  |
| Resident or PD initiated discussion |  |

How can the program help you?

|  |
| --- |
| Program Director Comments (Required) |

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| --- |
| Resident Comments |

|  |
| --- |
| Evaluation Type (Check one; required) [CPR V.A.1.e.; IR IV.D.1] |

□ Mid-Year. Resident is progressing as expected.

□ Promotion to next academic year. Resident has met all requirements and is ready to progress to the next year in the program.

□ Final Evaluation

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| Signatures |

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR – Common Program Requirement

IR – Institutional Requirement