Resident/Fellow Annual Summative Evaluation

(V.A.1.e) At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the training program.

PD’s must provide residents with a copy of the signed document and place copy in resident file.

Resident/Fellow Name: ________________________________________________________________

Residency/Fellowship Program: ___________________________________________________________

Residency/Fellowship Program Director: ___________________________________________________

Inclusive Dates of Training: From: __________________________ To: __________________________

Postgraduate year: ______

The following is derived from a composite of multiple evaluations by the Program Director and the program’s Clinical Competency Committee. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies, which define the essential components of clinical competence.

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Description</th>
<th>At /above expected level</th>
<th>Below Expected level *</th>
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</thead>
<tbody>
<tr>
<td>Patient Care:</td>
<td>Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.</td>
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<td>Procedural Skills:</td>
<td>Demonstrates competence in performing all medical, diagnostic, and surgical procedures considered essential for the area of practice.</td>
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<td>Medical Knowledge:</td>
<td>Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.</td>
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<td>Practice-Based Learning and Improvement:</td>
<td>Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.</td>
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<tr>
<td>Interpersonal and Communication Skills:</td>
<td>Demonstrates interpersonal and communication skills that result in effective information and exchange and collaboration with patients, their families, and health professionals.</td>
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<tr>
<td>Professionalism:</td>
<td>Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.</td>
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<td>Systems-Based Practice:</td>
<td>Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.</td>
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</tbody>
</table>

*If below expected level is checked an explanation must be given below
Annual Summative Evaluation, Page 2
Resident/Fellow Name

Milestone scoring comments to explain scores below expected level:

Disciplinary Action (check the appropriate box):

☐ During the dates of training at this institution, the resident/fellow was not subject to any institutional disciplinary action.

☐ During the dates of training, the resident/fellow was subject to disciplinary action. An explanation is attached.

Professionalism (check the appropriate box):

☐ During the dates of training, the resident/fellow did not show any signs of behavior, drug or alcohol problems.

☐ During the dates of training, the resident/fellow did show signs of behavior, drug or alcohol problems. An explanation is attached.

Breaks in training (check the appropriate box):

☐ During this academic year the resident/fellow had no breaks in training.

☐ During this academic year the resident/fellow took a break in training from _____ to _____ due to (explain):
Summary:

___ Promote to next year of training with no reservations
___ Promote to next year of training with a letter of deficiency (attached)
___ Extend or repeat current year of training (explanation attached)

___ Attach current ACGME milestone evaluations and case log report.

Comments:


Program Director Name/Signature/Title

Date

Resident verification:

I verify that I have been given a copy of this Annual Evaluation.

Name of Resident/Fellow/Signature

Date