



Resident/Fellow Final Evaluation

NOTE: This confidential final written evaluation will be maintained in the permanent personnel record of the resident/fellow and used to verify training for outside agencies.

Resident/Fellow Name: _____

Residency/Fellowship Program: _____

Residency/Fellowship Program Director: _____

Inclusive Dates of Training: From: _____ **To:** _____

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. The specialty-specific Milestones (and if applicable, the specialty-specific Case Logs) were used as tools to ensure that the resident/fellow is able to engage in autonomous practice upon completion of the program.

Core Competency	Description	Milestone Level	
		At /above expected level	Below Expected level *
Patient Care:	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Procedural Skills:	Demonstrates competence in performing all medical, diagnostic, and surgical procedures considered essential for the area of practice.		
Medical Knowledge:	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement:	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.		
Interpersonal and Communication Skills:	Demonstrates interpersonal and communication skills that result in effective information and exchange and collaboration with patients, their families, and health professionals.		
Professionalism:	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice:	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.		

*If below expected level is checked an explanation must be given below

Resident/Fellow Name _____

Milestone scoring comments to explain scores below expected level:

Resident/Fellow performance during the final period of training (check the appropriate box):

Satisfactory

Unsatisfactory

Verification of Training (complete the appropriate response and check the box):

Based on a composite of multiple evaluations by supervisors in this resident's/fellow's rotations and experiences during his or her residency/fellowship training, the Program Director and the Clinical Competency Committee of The George Washington University School of Medicine and Health Sciences attest that the training program has been successfully completed and the resident/fellow has demonstrated sufficient competence to engage in autonomous practice in the specialty of _____.

The resident/fellow was recommended for the certifying examination administered by the applicable Medical Specialty Board.

Based on a composite evaluation, the Program Director and Clinical Competency Committee of The George Washington University School of Medicine and Health Sciences attest that the resident/fellow has successfully completed _____ months of the training program.

The resident/fellow has NOT successfully completed the training program.

Resident/Fellow Name _____

Verification of Training for residents in Preliminary training programs (designated or non-designated):

Based on a composite of multiple evaluations by supervisors in this resident's rotations and experiences during his or her preliminary year of residency training, the Program Director and the Clinical Competency Committee of The George Washington University School of Medicine and Health Sciences attest that resident has successfully completed the preliminary year of training in the specialty of _____

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.

Summary:

A summary of the Resident's Milestone scoring from the final ACGME report is attached.

A summary of the ACGME specialty-specific Case Log is attached.

An explanation for disciplinary action or professionalism is attached.

Comments:

Program Director Name/Signature/Title

Date

Resident/Fellow Name _____

Resident verification and release:

I verify that I have been given a copy of this Final Evaluation and that I understand that this Final Evaluation may be used to provide information on my performance and/or satisfactory completion of the program to requesting hospitals, programs, and other institutions.

Name of Resident/Fellow/Signature

Date