

Final Evaluation by Program Director

PC	Tools	Below Standards	Satisfactory Meets Standards	Significantly Superior Consistently
	1. PATIENT CARE			
	*Annual Mock Orals, City Wide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Global Clinical Rotations Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*M&M Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Monthly Mock Orals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OSATS			
	ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ATLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ANESTHESIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	APPENDECTOMY, LAPAROSCOPIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	APPENDECTOMY, OPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BREAST BIOPSY, STEREOTACTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHEST TUBE INSERTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHOLECYSTECTOMY, LAPAROSCOPIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	COLONOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	COMPREHENSIVE BREAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DRAGON DICTATION PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOTRACHEAL INTUBATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FEMOROPOLITEAL BYPASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FLS JUNIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INTRAOSSEOUS LINE PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INFERIOR VENA CAVA (IVC) FILTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INGUINAL HERNIA, OPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INGUINAL HERNIA, LAPAROSCOPIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:	
DATE:	
PGY Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Midterm <input type="checkbox"/> End of Year
Comments: Strengths/Weaknesses	

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PC	Tools	Below Standards	Satisfactory Meets Standards	Significantly Superior Consistently
	1. PATIENT CARE / CONTINUED			
	OSATS/CONTINUED			
	HEMICOLECTOMY, LAPRACOPIC, RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEMICOLECTOMY OPEN, RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OPERATIVE REPORT DICTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PERCUTANEOUS ENDOCOPIC GASTROSTOMY (PEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PERCUTAENOUS TRACHEOSTOMY (PERC TRACH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VENTILATOR MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ULTRASOUND GUIDED INTERNAL JUGULAR CENTRAL LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER ENDOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIMULATION CURRICULUM I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIMULATION CURRICULUM II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIMULATION CURRICULUM III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIMULATION CURRICULUM IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIMULATION CURRICULUM V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. MEDICAL KNOWLEDGE			
	Year 1 ____ Year 2 ____ Year 3 ____ Year 4 ____ Year 5 ____ Year 6 ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*MONTHLY Basic Science Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pre-Absite Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Step III – PGY3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Daily Quizzes (Socratic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Journal Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:	
DATE:	
PGY Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Midterm <input type="checkbox"/> End of Year
Comments: Strengths/Weaknesses	

Final Evaluation by Program Director

PC	Tools	Below Standards	Satisfactory Meets Standards	Significantly Superior Consistently
	4. PRACTICE-BASED LEARNING AND IMPROVEMENT			
	Self Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*ACGME Operative Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Portfolios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IRB (NIH Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SJCC Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. INTERPERSONAL AND COMMUNICATION			
	Critical Care Nurse Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation by OR Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Evaluation by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation by Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic Science Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Critique for Mock Oral Exam Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluations as Moderator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Journal Club Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Monthly Grand Rounds and Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. PROFESSIONALISM			
	Altruism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Critical Care Nurse Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation by OR Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. SYSTEMS-BASED PRACTICE			
	*Evaluation By Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Core Curriculum Modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operative Dictation Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meditrek Online Daily Learning Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meditrek Resident Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Tools Cover More than 1 Competency			

Name:

DATE:

Comments: Strengths/Weaknesses

This resident demonstrated sufficient ability to practice competently and independently Yes No

OVERALL RATING

- Role Model
 Satisfactory
 Marginal
 Below Standards

ACTION

- Advance with Honors
 Advance
 Warning/Probation-Letter-Remedial Action
 Non-Advancement

RESIDENT SIGNATURE:

DATE:

PROGRAM DIRECTOR SIGNATURE:

DATE: