UNIVERSITY OF MARYLAND MEDICAL CENTER

SUMMARY EVALUATION OF RESIDENT/FELLOW PERFORMANCE

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMMC GME Program Name/Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inclusive dates of Training: From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

|  |  |  |
| --- | --- | --- |
|  | 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. |  |  |
| 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 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. |  |  |

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| \* Below expected performance (required comments) |

Summary of Program Faculty Assessments

\_\_\_\_\_\_\_\_ The resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice of [insert name of specialty or subspecialty] and has successfully completed the training program.

\_\_\_\_\_\_\_\_\_ The resident/fellow has demonstrated the knowledge, skills and behaviors necessary to progress to the next career level and has successfully completed pre-requisite training in [insert name of prelim year(s) specialty, ex. Surgery, Medicine, Pediatrics ]

\_\_\_\_\_\_\_\_\_\_ Resident/fellow has NOT successfully completed training program

\_\_\_\_\_\_\_\_\_\_ Additional information attached

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Resident/Fellow signature Date Program Director signature Date

Maintain copy in program and trainee permanent academic record. Share with resident/fellow upon completion of the program.

Revised/Approved by GMEC: 01.20.2022