

Resident: _____ **PGY:** _____ **Academic Quarter:** _____

Academic Year: _____ **Date:** _____

Faculty Advisor:

Adult Med Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
ER Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Geriatric Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Peds Inpatient Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Peds ER Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Newborn Encounters	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Acceptable Progress:	<input type="checkbox"/> on target	<input type="checkbox"/> needs improvement	<input type="checkbox"/> deficient
Percentage Tracked:			

COMMENTS:

Associate Program Director Signature: _____ Date: _____

INSTRUCTIONS: *Working together the resident and the advisor will complete this form with specific attention to defining improvement goals. The form will be included in the resident's permanent file to monitor progress and promotion by the program director. Global summary evaluation includes hospital nursing and clerical evaluations, FPC nursing and clerical evaluations, medical record evaluations, FPC faculty evaluation and patient satisfaction evaluations.*

LIST ROTATION EVALUATIONS REVIEWED: (note strengths and areas for improvement)

FAMILY MEDICINE CENTER: (please include feedback from faculty and staff)

SITE-SPECIFIC SESSION PARTICIPATION: List topics presented:

STRENGTHS:

PROGRESS TOWARD GOALS: Provide details of measurement used and quantifiable data:

Assigned at last evaluation:

1.

UPDATE:

2.

UPDATE:

3.

UPDATE:

COMMUNITY MEDICINE/RESEARCH/QI PROJECTS:

List project, specific details and include timeframes for completion:

QI PROJECT:

UPDATE: (in SMART format):

ABFM MOC:.

UPDATE: (in SMART format):

DEI Check-In: In the past three months since the last quarterly evaluation meeting, have you experienced any situation in which you were uncomfortable? If so, use this opportunity to discuss the situation and review reporting options.

GOALS FOR IMPROVEMENT: List measurement tool to be utilized:

1.

2.

3.

Promotion or Summative Letter (attach):

Promotion Letter Complete

Annual Summative Letter Complete

N/A at this time

Next Meeting Date with Advisor:

Faculty Signature: _____

Date: _____

Resident Signature: _____

Date: _____