

# Evaluation Form

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## GME - Semi-Annual Review of a Trainee Template

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

This semi-annual meeting with the Trainee named above was held to discuss this resident's performance and progress.

	No	Yes
Milestone ratings from the CCC were reviewed with the trainee.	<input type="checkbox"/>	<input type="checkbox"/>

Provided trainee with data to show personal clinical effectiveness (e.g., faculty feedback, patient feedback, and allied health team member feedback).	<input type="checkbox"/>	<input type="checkbox"/>
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Aggregate Evaluations Reviewed with Trainee.	<input type="checkbox"/>	<input type="checkbox"/>
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Summary of discussion of aggregate evaluations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case logs were reviewed with trainee.	<input type="checkbox"/>	<input type="checkbox"/>
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The fellow is entering cases concurrently into the ACGME Case Log.	<input type="checkbox"/>	<input type="checkbox"/>
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Why are cases below the required numbers or not at peer level?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has participated in a Quality Improvement/Patient Safety Project:	<input type="checkbox"/>	<input type="checkbox"/>
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Name of QI Project /Description of QI Activities:


Has been evaluated with respect to Transfer-of-Care (hand-over, hand-off, and sign-out).

<input type="checkbox"/>	<input type="checkbox"/>
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Date of Transfer-of-Care (Hand-over, hand-off, sign-out etc.) evaluation:

\_\_\_\_\_

Duty Hours reviewed and discussed with trainee.

<input type="checkbox"/>	<input type="checkbox"/>
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Scholarly research efforts/projects reviewed with trainee.

<input type="checkbox"/>	<input type="checkbox"/>
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Number of publications during training:

\_\_\_\_\_

Number of conference presentations during training:

\_\_\_\_\_

Number of other presentations/posters?

\_\_\_\_\_

Career planning and career goals discussed with trainee?

<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments (Strengths, Areas to Work on/Action Planning)

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