

Preview Form

Printed on Apr 14, 2016

Anesthesiology Critical Care Medicine - Semi-Annual Evaluation

[Insufficient contact to evaluate](#) (delete evaluation)

Fellow Name:

Date of review meeting:

Please indicate timing of review

1st 6-Month Review

EDUCATIONAL PROGRAM (CPR IV.)

Curriculum and Scholarly Activity - review the following data from the previous six month period

Conference Participation and Attendance

Percent Attended:

Program Director Comments:

Scholarly/Research (Include Quality Improvement & Patient Safety Activities)

Topic/Title

Mentor

Presentation date

Presentation format

Program Director Comments:

Ultrasound and Procedure Case Logs (attach current reports)

Case Log Entries On Track

Yes

Program Director Comments:

EVALUATIONS (CPR V.A.)

Fellow Formative Evaluation - Review all data, aggregate and summarize evaluations (all evaluation forms must be competency based) of the fellow from the previous six month period

Faculty Evaluation of Fellow Performance

Mean scores on ACGME competencies, based on how many faculty evaluations completed?

Patient Care

Medical Knowledge

Practice-based Learning and Improvement

Interpersonal and Communication Skills

Professionalism

Systems-based Practice

Program Director Aggregate Summary of Faculty Comments:

Professional Staff Evaluations (other members of the team: NP, PA, PT, Nurses, clinic staff, etc.)

Mean scores on ACGME competencies, based on how many multi-source evaluations completed?

Interpersonal and Communication Skills

Professionalism

Program Director Aggregate Summary:

Other Evaluations (Patient, Family, Students, Peer)

Program Director Comments:

Fellow Self-Evaluation (Based on ACGME competencies)

Fellow self-evaluation summary:

Program Director assessment of resident self-evaluation:

Fellow had the opportunity to confidentially evaluate faculty, rotation and/or program

Yes

Fellow is up-to-date on completing these required evaluations:

Completion Rate %

Program Director Comments:

RESIDENT DUTY HOURS IN THE LEARNING & WORKING ENVIRONMENT (CPR VI.)

Duty Hours, Fatigue, Moonlighting - Review all data from the previous six month period.

Duty Hours Compliance (logging of work hours, survey completion, issues, violations)

Are the fellows' duty hours in compliance? Yes

Action plan to address and resolve issues/violations:

Moonlighting Status

Is the fellow moonlighting? Yes

If yes, is the annual approval form on file? Yes

Comments:

ADDITIONAL ITEMS FOR REVIEW

Institution and Program Specific Requirements - Review all data from the previous six month period.

Anesthesiology (ABA) Board Exam Yes

ACLS Yes

Comments:

OVERALL PERFORMANCE RATING AND SUMMARY

Below Expectations	Meets Expectations	Exceeds Expectations	N/A


The Clinical Competency Committee met and assessed the fellow's performance based on all objective evaluations and provided input to the evaluation process. The Committee deems this fellow to be performing as follows:

Strengths:

Areas for Improvement/Weaknesses:

Learning goals for next training interval and action plans:

Program Director Comments:

* Required fields  Option description (place mouse over field to view)

Submit completed evaluation