

SUMMATIVE END OF TRAINING EVALUATION/PD RECOMMENDATION

Privacy Act Statement. The authority to request the information in this form is contained in 5 U.S.C. 301 and 10 U.S.C. 5031. The principal purpose for which this information is used is to assist officials and employees of the Department of Defense in evaluating your performance while in Graduate Medical Education (GME) Training and determining your eligibility and request for continued GME training. Other routine uses of this information are to determine course and training demands, requirements, achievements, analyze student groups of courses, provide academic and performance reports, and for other training, administration, and planning purposes. Disclosure of this information is voluntary; however, failure to disclose requested information may result in non-selection for training.

This form must be completed by the applicant's most recent program director (or current program director) to provide an appraisal of the applicant's performance which will be used in the selection for further GME training.

1. APPLICANT'S NAME
 Last _____ First, MI _____ Rank _____

2. SPECIALTY CHOICE (PD REC ONLY)

3. PROGRAM DIRECTOR'S NAME
 Last _____ First, MI _____ Rank _____

4. TRAINING PROGRAM

5. LEVEL OF TRAINING BEING EVALUATED
 INTERN (90 Days) INTERN (Year Only) RESIDENCY FELLOWSHIP

6. PURPOSE OF FORM
 Program Director Recommendation Summative Evaluation

7. DATES OF TRAINING EVALUATED 8. LOCATION OF TRAINING
 _____ UNTIL _____
 MM/DD/YYYY MM/DD/YYYY

9. COMPARE THIS INDIVIDUAL'S PERFORMANCE TO OTHER TRAINEES IN THE PROGRAM
 # trainees in peer group in each category

Top 25% _____

Middle 50% _____

Bottom 25% _____

10. CORE COMPETENCIES (scores less than or equal to 2 or greater than or equal to 4 require comment)	Competency Rating	(inferior) 1	2	(average) 3	4	(superior) 5
Patient Care:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Knowledge:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based Learning and Improvement:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and Communication Skills:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based Practice:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Skills:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. ACGME REQUIREMENTS

- A. Was the trainee ever on academic probation during training? Yes No
- B. Has resident demonstrated sufficient competence to enter practice without direct supervision? Yes No
- C. Completed _____ months of residence / fellowship training in _____ as required by the governing board for the speciality program.
- D. Meets requirements for core privileges in _____ Yes No

12. SUMMARY

Provide specific comments on this individual's performance including any significant problems noted during training or reservations about qualification for further training.

13. Based upon my assessment of this individual's performance,

- I highly recommend her/him for further GME
- I recommend her/him for further GME
- I do not recommend her/him for further GME

14. SIGNATURE OF TRAINEE

15. DATE

16. SIGNATURE OF PROGRAM DIRECTOR

17. DATE