The University of Toledo, Internal Medicine Residency Program

Semi-Annual Evaluation and Feedback Session Competency Score Card

Competency		Expected	pected Minimum score before			Mid Year	End of
,			Remediation			score	year score
			PGY 1	PGY 2	PGY 3		1
Medical Knowledge	Milestone Evaluations	10					1
	In training Exam	10					1
	Monthly Test-NEJM Module	10					
Resident's Total Score for Medical Knowledge		30	15	18	22		
Patient Care	Milestone Evaluations	10					
	Procedures at Target for the level	6					
	Simulation lab sessions completion	4					
	Mini-CEX –Continuity Clinic	10					
Resident's Total Score for		30	15	18	22		
Patient Care		30	15	10	22		
Practice based Learning (PBL)	Milestone Evaluations	10					
	Quality Improvement project -attendance	10					†
	Publications /ACP /Symposium	5					†
	Chart audit	10					
	Autopsy report/ MM –for PGY3 only	5					1
	/ Autopsy report, min for referency	†					
Resident's Total Score for PBL Total Score PGY2/3		30	12	16	22		
System Base Learning (SBL)	Milestone Evaluations	10					
	Hospital Committees CHF, Community acquired Pneumonia,	5					
	Residency committee	5					
	Care coordinator meetings	10					
Resident's Total Score for	care coordinator meetings	30	15	18	22		1
SBL Total Score PGY2/3		30	15	10			
Professionalism	Milestone Evaluations	10					
	Lecture Attendance	10					
	Medical records completion	10					
		1					
Resident's Total Score for Professionalism Total score		30	18	18	18		
Communications	Milestone Evaluations	10					
	360 evaluations	10					
	Transition of Care (hand off)	10					
Resident's Total Score for Communications total score		30	18	18	18		
Teaching	Milestone Evaluations	10	1				
	Student Evaluations	10					
Resident's Total Score for Teaching		20	12	15	15		
Score		200	105	121	139		†
			1		1 -00		

Resident Name:	, M.D.	Date:		
Resident Name:		, M.D.		

The University of Toledo, Internal Medicine Residency Program

Semi-Annual Evaluation and Feedback Session Competency Score Card

Review completed by	, M.D.
Year of Residency: PGY 1 PGY 2 PGY 3 PGY 3	
Feedback Undertaken: Yes No	
See Attached Self Evaluations (also located in New Innovations)	
COMMENTS:	
Remediation Needed? Yes No No	
If yes, please explain:	
ii yes, piedse explain.	
Physician's Signature:	M.D.
Resident's Signature:	M.D.
Date:	