


<p>Name of Policy: GME: Resident Final Evaluation Letter</p> <p>Policy Number: 3364-86-024-00</p> <p>Approving Officer: Dean, College of Medicine and Life Sciences</p> <p>Responsible Agent: Director, Graduate Medical Education</p> <p>Scope: UT College of Medicine Residents</p>	 <p>Effective date: 05/03/2024</p> <p>Original Effective date: 06/03/08</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">New policy proposal</td> <td style="width: 10%; text-align: center; border-bottom: 1px solid black;"><input checked="" type="checkbox"/></td> <td style="width: 50%; border-bottom: 1px solid black;">Minor/technical revision of existing policy</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Major revision of existing policy</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;">Reaffirmation of existing policy</td> </tr> </table>		New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy
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POLICY

Program Directors must provide a final evaluation for each resident upon completion of the program. The evaluation must become part of the resident’s permanent record maintained by the institution and must be accessible for review by the resident.

PURPOSE

To document the resident’s performance during the final period of education and provide a final evaluation of a resident’s performance while in a Graduate Medical Education Program at The University of Toledo (UT). This document will provide information for future credentialing of the resident after leaving The University of Toledo.

PROCEDURE

1. During the final month of a resident’s training at UT, the resident’s program director or designee will complete a final evaluation of the resident’s performance.
2. The final evaluation must address the resident’s level of achievement in satisfying the ACGME six general competencies. The specialty specific milestones and, when appropriate, specialty specific case logs must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.
3. The final evaluation must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

4. The resident's list of procedures for which the resident has met the requirements for independent practice should be attached to the final evaluation.
5. An original copy of the final evaluation should be given to:
 - a. The resident
 - b. The resident's permanent record in the residency program.
 - c. The Graduate Medical Education resident's credentialing file, via New Innovations.
6. All programs are required to use the final evaluation template attached as Appendix A.

<p>Approved by:</p> <p><u>/s/ Shaza Aouthmany, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u>/s/ Imran Ali, M.D.</u> Dean, College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 06/03/08</p> <p>Review/Revision Date: Reviewed 6/02, Reviewed 6/04, reviewed 6/2/06, Revised 6/3/08, Revised 6/1/10, Reviewed 6/5/12, Revised 6/3/14 (with a 7/1 effective date), Revised 11/4/2014, Revised 7/7/2015, Reviewed 9/5/17, Revised 5/7/19, Revised 5/2024</p> <p>Next review date: 5/2026</p>
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Note: The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



Responsible University Official: Associate Dean for GME, DIO
 Responsible Office: University of Toledo Office of GME
 Most recent revision: May 2, 2022

Resident/Fellow Final Summative Evaluation

NOTE: This confidential final written evaluation will be maintained in the permanent personnel record of the resident/fellow and used to verify training for outside agencies.

Resident/Fellow Name: _____

Residency/Fellowship Program: _____

Inclusive Dates of Training: From: _____ **To:** _____

The following is derived from a composite of multiple evaluations by the program director and the program's clinical competency committee. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the specialty-specific Milestones, which define the essential components of clinical competence.

Core Competency	Description	Evaluation				
		Level 1 Novice	Level 2 Advanced Beginner	Level 3 Competent	Level 4 Proficient	Level 5 Expert
Patient Care:	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.					
Procedural Skills:	Demonstrates competence in performing all medical, diagnostic, and surgical procedures considered essential for the area of practice.					
Medical Knowledge:	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.					
Practice-Based Learning and Improvement:	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.					
Interpersonal and Communication Skills:	Demonstrates interpersonal and communication skills that result in effective information and exchange and collaboration with patients, their families, and health professionals.					
Professionalism:	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.					
Systems-Based Practice:	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.					

*Provide explanation for any competencies marked Unsatisfactory:

Resident/Fellow Name _____

Resident/Fellow performance during the final period of training (check the appropriate box):

Satisfactory

Unsatisfactory

Verification of Training (complete the appropriate response and check the box):

Based on a composite of multiple evaluations, the Program Director and the Clinical Competency Committee of The University of Toledo College of Medicine and Life Sciences attest that the training program has been successfully completed and the resident/fellow has demonstrated competencies necessary to enter independent practice in the specialty of _____.

Based on a composite evaluation, the Program Director and Clinical Competency Committee of The University of Toledo College of Medicine and Life Sciences attest that the resident/fellow has successfully completed _____ months of the training program.

The resident/fellow has NOT successfully completed the training program.

Disciplinary Action (check the appropriate box):

During the dates of training at this institution, the resident/fellow was not subject to any institutional disciplinary action.

During the dates of training, the resident/fellow was subject to disciplinary action as follows (please describe in the space below or attach a separate sheet):

Professionalism (check the appropriate box):

During the dates of training, the resident/fellow performance had been both ethical and professional.

During the dates of training, the resident/fellow performance had ethical and/or professional issues. (please explain in space provided or attach letter)

Resident/Fellow Name _____

Clinical Procedures/Privileges Requested (check the appropriate box):

The resident/fellow was recommended for the certifying examination administered by the applicable Medical Specialty Board.

At the conclusion of training the resident/fellow was judged capable of performing the following procedures independently (please list in space provided or attach list).

Additional Comments:

Program Director/Designee Signature
Type Program Director/Designee Name

Date

Resident/Fellow Signature
Type Resident/Fellow Name

Date

Resident/Fellow refused to sign.