Name of Policy: GME: Resident Final Evaluation Letter		TOLEDO
Policy Number: 3364-86-024-00		
Approving Officer: Dean, College of Medicine and Life Sciences		Effective date: 05/03/2024 Original Effective date:
Responsible Agent: Director, Graduate Medical Education 06/03/08		
Scope: UT College of Media	cine Residents	
New policy proposal   X   Minor/technical revision of existing policy		
Major revision of existing policy	Reaffirmatio	n of existing policy

## 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.

Approved by:	Policies Superseded by This Policy:
/s/ Shaza Aouthmany, M.D. Chair, Graduate Medical Education Committee	• None
/s/ Imran Ali, M.D.	Initial effective date: 06/03/08
Dean, College of Medicine and Life Sciences	Review/Revision Date: Reviewed 6/02, Reviewed 6/04, reviewed 6/2/06, Revised 6/3/08, Revised
Review/Revision Completed by:	6/1/10, Reviewed $6/5/12$ , Revised $6/3/14$ (with a
Graduate Medical Education Committee	7/1 effective date), Revised 11/4/2014, Revised 7/7/2015, Reviewed 9/5/17, Revised 5/7/19, Revised 5/2024
	Next review date: 5/2026

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.



#### **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:		
<b>Residency/Fellowship Program:</b>		

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.

		Evaluation				
Core Competency	Description	Level 1 Novice	Level 2 Advanced Beginner	Level 3 Competent	Level 4 Proficie nt	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.					

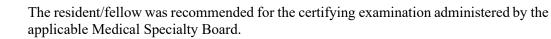
\*Provide explanation for any competencies marked Unsatisfactory:

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

	Satisfactory		Unsatisfactory		
Verif	ication of Training (complet	e the appro	opriate response and check the box):		
	Competency Committee attest that the training	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			
	of The University of	f Toledo (	the Program Director and Clinical Competency Committee College of Medicine and Life Sciences attest that the ompleted months of the training program.		
	The resident/fellow has	The resident/fellow has NOT successfully completed the training program.			
Discij	plinary Action (check the ap	propriate l	box):		
	During the dates of trai institutional disciplination		institution, the resident/fellow was not subject to any		
	•	•	esident/fellow was subject to disciplinary action as follows w or attach a separate sheet):		
Profe	ssionalism (check the appro	priate box)	:		
	During the dates of trai professional.	ning, the re	sident/fellow performance had been both ethical and		

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

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



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* 

Resident/Fellow refused to sign.

Date