**Resident Semiannual Evaluation Form**

***[Specialty]***

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| **Name:** | **PGY:** |
| **Date:** | **Winter  Summer** |

| **Professional Documentation** | | |
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| **USMLE Step 3** |  | **Must pass to be offered PGY2 contract** |
| **In Training Exam Score** |  | **If PGY score < xx, Remediation Plan** |
| **ABNS Boards Part 1** |  | **Must pass to be offered Chief resident year** |
| **ACLS / BLS** |  | **Renewal needed** |
| **Conference Attendance** |  | **Must be 100%** |
| **Career Planning / CV** |  | **CV updated yearly with Department in Spring** |
| **License extension** |  | **R3 year** |
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| **Research Project Status Update –** *if applicable can be adjusted to reflect departmental goals/timelines* | | | |
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| **PGY1 Milestones:** | | **PGY 3 Milestones:** | |
| Research Advisor  (by Jan) |  | Data Collection / Cleaning |  |
| HIPAA completed |  | Statistical analysis |  |
| IRB training complete |  | Abstract – Research Day |  |
| Literature search |  | Abstract – Conference |  |
| **PGY2 Milestones:** | | **PGY4 Milestones:** | |
| Research Protocol / IRB application |  | Manuscript / Submission |  |
| IRB approval |  | **COMMENTS:** | |

| **ACGME Case Logs –** *if applicable can be adjusted to reflect specialty* | | | | | |
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| **Procedure** | **Logs Deficient for PGY Level** | **Teaching Assistant** | **Procedure** | **Logs Deficient for PGY Level** | **Teaching Assistant** |
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|  |  |  | **Status of other skills for competency:** | | |

| **Clinical Performance Status Update** | **Reviewed** |
| --- | --- |
| **Milestone Evaluations** |  |
| **360 Evaluations: Peer** |  |
| **360 Evaluations: Nursing/ Patient (Spring)** |  |
| **Medical Student Evaluations** |  |

| **Resident Performance Plan for the Next 6 Months** | |
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| **Goal** | **Complete by** |
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| **Resident Feedback on Program** |
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| **Program Director Signature** |  | **Date** |
|  |  |  |
| **Resident Signature** |  | **Date** |