

Semi-Annual Resident Review with Mentor Department of Pediatrics

Resident Name _____ Mentor _____

Date _____ Period of review _____

Resident has been evaluated on the six core competencies given below

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| <ul style="list-style-type: none"> 1. PATIENT CARE 2. MEDICAL KNOWLEDGE 3. INTERPERSONAL SKILLS | <ul style="list-style-type: none"> 4. PRACTICE BASED LEARNING/IMPROVEMENT 5. SYSTEMS BASED PRACTICE 6. PROFESSIONALISM |
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Core competencies may be indicated by their numbers whenever referred to.

ROTATION/ MONTH	RATING	STRENGTHS	AREAS FOR POTENTIAL IMPROVEMENT	PLAN OR RECOMMENDATIONS FROM MENTOR

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Overall areas in which resident needs improvement and plans for improvement?

Career goals and plans for achieving career goals: (away rotations, extra electives, CME courses etc??)

Follow-up from last review? Have issues been resolved, etc:

Does the resident have an ongoing research project? If so, what is the project and who is the preceptor for the project?

Has the resident exceeded the duty hour regulations in the last six months? If so, why?

Has the resident felt fatigued during working hours, to the extent that his or her quality of patient care could be affected?

ITE scores: _____

Attendance in didactics: _____

Mentor

Date

Resident

Date

I have reviewed the above evaluation and agree with the mentor feedback and content.

Program Director

Date