

## NCH FINAL GME TRAINEE EVALUATION

Trainee Name: \_\_\_\_\_

GME Program: \_\_\_\_\_ Program Director: \_\_\_\_\_

### 1. VERIFICATION OF NCH TRAINING

Program Type	Program Name	Dates		Completed	Not Completed
		From	To		
Internship					
Residency					
Chief Residency					
Fellowship					
<i>If GME program deviates from traditional length of training, summarize reason(s), e.g. extended medical leave, Educational Intervention offered:</i>					
<i>If "Not completed" state reason(s):</i>					

### 2. EVALUATION – Unsatisfactory responses must be explained in the Comments section

Competency	Satisfactory	Unsatisfactory	Left program before assessed
Basic medical knowledge			
Patient care and management			
Interpersonal and communication skills			
Professionalism			
Systems-based practice			
Practice-based learning and improvement			
<b>Overall Performance</b>			

### 3. PERFORMANCE ISSUES – Yes responses must be explained in the Comments section

	Yes	No
Did the trainee receive more than one Written Notice for ongoing, unresolved concerns?		
Was the trainee placed on probation during the program?		
Was the trainee suspended during the program?		
Was the trainee terminated from the program?		
Was or is the trainee a defendant in any professional liability suit while in the program?		
While in the NCH GME program, were there any other circumstances or trainee behaviors that would indicate his/her patient care privileges should be limited, postponed or denied?		

**4. COMMENTS, REMARKS, EXPLANATIONS:**

**5. FINAL OVERALL ASSESSMENT – check only one appropriate box**

**RECOMMEND FOR PRACTICE**

<i>Trainee successfully completed the program, met the program goals &amp; objectives, and demonstrated sufficient competence to enter unsupervised practice.</i>	
<input type="checkbox"/>	Recommend highly, without reservation
<input type="checkbox"/>	Recommend as qualified and competent
<input type="checkbox"/>	Recommend with some reservation (see Comments)

**DO NOT RECOMMEND FOR PRACTICE**

<i>Trainee failed to successfully complete the program, meet the program goals &amp; objectives, and/or did not demonstrate sufficient competence to enter unsupervised practice in specialty of the GME program.</i>	
<input type="checkbox"/>	Do not recommend (See Comments)
<input type="checkbox"/>	Trainee left program before completion (See Comments)

**SIGNATURES:**

\_\_\_\_\_/\_\_\_\_\_  
Program Director (Signature)                      Date                      Name (Printed/Typed)

\_\_\_\_\_/\_\_\_\_\_  
Trainee (Signature)                      Date                      Name (Printed/Typed)

**TRAINEE COMMENTS:**