Semi-Annual Evaluation: Pediatric Pathology Fellowship

University of Colorado Denver School of Medicine

Fellow: ________________________________________

Date of Review Meeting: __________________________

________1st 6 month review  ______2nd 6 month review

REVIEW OF EVALUATIONS

Faculty Evaluations of fellow:

Mean scores on ACGME competencies, based on _____ faculty evaluations and _____ multisource evaluations.

Patient Care
Medical Knowledge
Problem Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems Based Practice

Comments from Program Director:

Additional Comments from Fellow:
Rotation Evaluations:

Not yet available.

Multisource Evaluations:

3 submitted (see above).

Self-Evaluation:

Comments from Fellow:

DUTY HOURS MONITORING:

_____ In compliance  _____ Out of compliance

Comments:

CASE LOGS:

_____ Autopsies  [40 required by specialty]

_____ Intraoperative consultation  [50 required by specialty]

_____ Surgical Cases  [2000 required by specialty]
CONFERENCE ATTENDANCE:

______% attendance, total

______% attendance, during on-site rotations only

QUALITY IMPROVEMENT PROJECT:

Topic:

Date presented:

SCHOLARLY ACTIVITY AND/OR RESEARCH PROJECT:

Date initiated:

Topic/Title:

Mentor:
Presentation Date:
Where presented:
Other important dates:

Comments:

EXAMINATION SCORES:

Pre-test (40 multiple choice questions):
Post-test (140 multiple choice questions):
In-service examination: Not available in pediatric pathology.

MODULES COMPLETED:

GME modules completed: _____Yes _____No

ELECTIVE MONTH:

Rotation selected:
Month to be completed:
Need for letter of agreement: _____Yes _____No

Comments:
PERSONAL GOALS/PLANS

1.
2.
3.
4.
5.

Comments:

I have reviewed this information, been given an opportunity to provide additional comments and feedback, and agree to the goals outlined above.

__________________________________________  __________________
Pediatric Pathology Fellow     Date

I have reviewed this information with our fellow and agree to the goals outlined above.

__________________________________________  __________________
Program Director      Date