Semi-Annual Resident Review with Mentor
Medicine-Pediatrics Residency Program

Resident Name _________________________  Mentor ______________________

Date ____________     Period of review ___________________

Resident has been evaluated on the six core competencies given below

1. PATIENT CARE  
2. MEDICAL KNOWLEDGE  
3. INTERPERSONAL SKILLS  
4. PRACTICE BASED LEARNING/IMPROVEMENT  
5. SYSTEMS BASED PRACTICE  
6. PROFESSIONALISM

Core competencies may be indicated by their numbers whenever referred to.

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<th>STRENGTHS</th>
<th>AREAS FOR POTENTIAL IMPROVEMENT</th>
<th>PLAN OR RECOMMENDATIONS FROM MENTOR</th>
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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