

## 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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. PATIENT CARE</li> <li>2. MEDICAL KNOWLEDGE</li> <li>3. INTERPERSONAL SKILLS</li> </ul> | <ul style="list-style-type: none"> <li>4. PRACTICE BASED LEARNING/IMPROVEMENT</li> <li>5. SYSTEMS BASED PRACTICE</li> <li>6. PROFESSIONALISM</li> </ul> |
|--|---|

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**