EVALUATION RECORD FOR AN UPPER LEVEL APPLICANT

This form is to be used as part of the documentation that accompanies a resident or fellow transferring at an advanced level into a Southern Illinois University School of Medicine residency or fellowship program.

Use the following scale to evaluate the demonstrated knowledge and skill of the resident or fellow. A rating of 3 or below in any area must be addressed in the **ADDITIONAL COMMENTS** section.

1- Significantly below average for the resident/fellow level of training
2- Below average for the resident/fellow level of training
3- Average for the resident/fellow level of training
4- Above average for the resident/fellow level of training
5- Significantly above average for the resident/fellow level of training
Unknown/NA- Cannot evaluate or item not applicable

Resident/Fellow Name: _____

Program Contacted: _____

Name & Title: _____

CLINICAL REASONING AND JUDGMENT	1	2	3	4	5	Unknown/NA
MEDICAL KNOWLEDGE	1	2	3	4	5	Unknown/NA
CLINICAL SKILLS						
• History and Physical examination	1	2	3	4	5	Unknown/NA
• Procedural skills	1	2	3	4	5	Unknown/NA
PERSONAL SKILLS						
• Interaction/communication with patients	1	2	3	4	5	Unknown/NA
• Ability to work cooperatively with colleagues and subordinates	1	2	3	4	5	Unknown/NA
• Professional conduct and ethical behavior	1	2	3	4	5	Unknown/NA
• Ability to avoid disruptive behavior	1	2	3	4	5	Unknown/NA
• Level of Self-Awareness	1	2	3	4	5	Unknown/NA
• Responsiveness to Feedback	1	2	3	4	5	Unknown/NA
PATIENT SAFETY • Were there any concerns about patient safety with this resident?	YES NO If yes, describe:					
CIRCUMSTANCES OF DEPARTURE	Description:					

This individual has (or will have upon transfer) satisfactorily completed _____ months of training in this program.

Time credited toward board eligibility at time of transfer will be _____.

Verification of previous educational experience received.   YES   NO

Summative competency based performance evaluations received.   YES   NO

ADDITIONAL COMMENTS (Type or Print):

Evaluator Name: _____   Evaluator Title: _____

Program Name: _____   Evaluator Signature: _____
                                                                                                DATE