

PROGRAM:  
SEMI-ANNUAL REFLECTION AND REVIEW

*[This Semiannual template can be modified for program to document how it is meeting ACGME specialty requirements, but documentation needs to adhere to ensure all required components addressed at the semiannual meeting. A summative evaluation statement is made for transitions from one training year to the next.]*

Resident/Fellow Name: \_\_\_\_\_ PGY Year: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

This Semi-Annual meeting with the trainee named above was held to discuss the trainee’s performance and progress.

**Competency Based Evaluation Review:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Milestone ratings from the CCC were reviewed with the trainee. | <input type="checkbox"/> | <input type="checkbox"/> |

Based on evaluation portfolio and CCC review, comment on the trainee’s performance in each competency area.

Competency	Strengths	Areas for Improvement
Patient Care		
Medical Knowledge		
Practice-based Learning & Improvement		
Interpersonal & Communication Skills		
Professionalism		
Systems-based Practice		

**Board Preparation:**

Boards Study Plan: Reviewing the In-Service Exam, other exam scores, & study plan, what is trainee doing to prepare for the Board Certification Exam?

**Case Logs:**

	Yes	No
2. Case Log and/or procedural requirements and documentation were reviewed with Trainee.	<input type="checkbox"/>	<input type="checkbox"/>
3. Trainee is meeting case log/procedural expectations	<input type="checkbox"/>	<input type="checkbox"/>

Comments on case logs/procedural requirements and upcoming rotations to achieve requirements:

**QI/Scholarly Activity:**

	Yes	No
4. Participated in QI/PS project?		
5. Scholarly research efforts/projects reviewed with trainee.		

Additional QI/Scholarly Activity Comments (i.e. name of QI project, publication or conference presentation information):

**Individualized Learning Plan:**

Discuss learner's perspective of their strengths and areas for improvements in the ACGME 6 core competencies listed above. Describe the progress made in these areas in the last 6 months.

What are action items for the learning plan in the next six months? What additional resources will assist the learner towards completion of learning plan?

What are the learner's career goals? What additional resources/learning opportunities will assist the learner towards achievement of goals?

Discuss learner's perspective on individual wellness. What additional resources can be provided to enhance wellness?

Comments (Brief statement from Program Director on learner's progress and future plans)

**For Use End of Training Year Only**

**Summative End of Year Evaluation:**

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program, the CCC recommends the following:

- Appointment to next year of training with no reservations.
- Appointment to next year of training with accompanying GME 218 action.
- Extension of training year (see comments)
- Trainee has advanced and now demonstrates readiness for completion of the program – see final evaluation
- Check here if additional information attached.

Resident/Fellow Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_