

SUMMATIVE EVALUATION FOR FELLOWSHIP CANDIDATE

CANDIDATE NAME:	CANDIDATE'S CURRENT PROGRAM:
UW FELLOWSHIP PROGRAM:	BEGINNING YEAR:

For each category below, score the trainee's performance *for their level of training* using the scale:

1	2	3	4	5	NA/Unknown
Significantly below average	Below average	Average	Above average	Significantly above average	Cannot evaluate/ item not applicable

	Score		Score
Professionalism <ul style="list-style-type: none"> Demonstrates integrity and ethical behavior; accepts responsibility and follows through on tasks Practices within the scope of his/her abilities Demonstrates care and concern for patients and their families regardless of age, gender, ethnicity or sexual orientation; responds to each patient's unique characteristics and needs 		Patient Care <ul style="list-style-type: none"> Demonstrates comprehensive assessment and management Assesses problems and provides the ongoing management of patients Makes informed diagnostic and therapeutic decisions Responds appropriately to the emergency clinical problems Demonstrates procedural skills appropriate to level of training 	
Interpersonal & Communications Skills <ul style="list-style-type: none"> Communicates effectively with patients and their families Communicates effectively with other healthcare professionals Works effectively with other members of the healthcare team 		Practice-based Learning & Improvement <ul style="list-style-type: none"> Understands concepts of quality improvement and integrates these into practice Clinically evaluates scientific literature and applies to clinical practice Implements improvement activities Facilitates the learning of others 	
Medical Knowledge <ul style="list-style-type: none"> Demonstrates basic science and up-to-date clinical knowledge Uses knowledge and analytical thinking to address clinical questions 		Systems-based Practice <ul style="list-style-type: none"> Provides cost-conscious, effective medical care Works to promote patient safety Coordinates care with other healthcare providers 	
Comments:			
Number of months the trainee has completed to date:			

Program Director Name:	Date:
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SUBMISSION INSTRUCTIONS: Save completed document as PDF and email to uwpthres@uw.edu Thank you.