

POLICY: **Final Evaluation of House Staff**

PURPOSE: Final written evaluation of trainees who complete and/or leave the program.

Policy:

1. The program director must provide a final evaluation for each trainee upon completion or leaving the program.

The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.

The final evaluation must:

- a) become part of the trainee's permanent record maintained by the UCSF Fresno Graduate Medical Education (GME) Office, and must be accessible for review by the trainee in accordance with the Academic File Policy.
 - b) verify that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;
 - c) Consider recommendations from the Clinical Competency Committee; and,
 - d) be shared with the trainee upon completion of the program.
2. As it pertains to any trainee's personal employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the program director. Within thirty (30) calendar days of receipt of a written request to amend or delete a record, the program director will either make the amendment or deletion or inform the individual in writing that the request has been denied.
 3. Within thirty (30) calendar days of the program director's response, the individual may request that the Associate Dean, or designee of the Associate Dean, review the request to amend or delete the record. The Associate Dean or designee will respond to the individual in writing with thirty (30) days from the receipt of the request to review. If the Associate Dean, or designee, refuses to amend or delete the records, the individual shall have the right to enter into the record a statement setting forth the reasons for the individual's disagreement with the record.

Procedure:

1. The completed final evaluation (with signatures) must be provided to the GME office within 30 days of the trainee's separation date.
 - a) If a trainee is unable to sign the final evaluation, an electronic acknowledgement receipt is acceptable.

(Original signed Policy is available in the UCSF Fresno Office of Medical Education)

**University of California, San Francisco
Fresno Medical Education Program
155 N. Fresno Street
Fresno, CA 93701**

Trainee's Full Legal Name: _____

Birth Date: _____

Social Security: _____

Program Attended: _____

Program Year(s): _____

Date Began: _____

Date Completed: _____

Program Director: _____

Successfully Completed Program: Yes No

Satisfactory Physical/Mental Health: Yes No

Disciplinary Actions or Sanctions: Yes No
If yes, an explanation is required on the next page

Trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice: Yes No

Program Director's Signature

Date

**OFFICE OF
GRADUATE MEDICAL
EDUCATION USE
ONLY**

By initialing, I certify that
this is a true and valid
copy: _____

AFFIX SEAL HERE

Trainee's Name: _____

PLEASE ANSWER THE FOLLOWING:	COMPETENT	NOT COMPETENT
CORE COMPETENCIES	YES	NO
Patient Care and Procedural Skills		
Medical Knowledge		
Professionalism		
Interpersonal & Communication Skills		
Systems-Based Practice		
Practice-Based Learning and Improvement		
HEALTH STATUS <i>(Please explain any "Yes" answers in the Comments section below)</i>	YES*	NO
Did the trainee ever attend or attempt to attend patients while apparently under the influence of drugs, alcohol, or controlled substances?		
Did the trainee ever attend or attempt to attend patients while impaired by emotional or mental illness?		
Did the trainee ever attend or attempt to attend patients while impaired by physical illness?		
ACTIONS <i>(Please explain any "Yes" answers in the Comments section below)</i>	YES*	NO
Was the trainee ever subject to any disciplinary actions such as probation, suspension, or termination?		
Did the trainee ever voluntarily terminate his/her status in the program or restrict his/her activities in the program in lieu of formal action or to avoid an investigation?		

***If Yes is checked above for Actions, explanation is required in the comment section below.**

Basis of Report

- Summation of evaluations
- Personal observation
- A composite of evaluation by supervisors
- General impression
- Records only
- Other: _____

Volume of Activity: Is a list of procedures/case log available on file? Yes No

Comments/Explanation: (Notable strengths and weaknesses or explanation of above answers; attached additional pages if needed.)

 Program Director's Signature

 Date

 Trainee Signature

 Date