



UNIVERSITY OF
SOUTH CAROLINA
School of Medicine

Summative Evaluation: Final Resident/Fellow Evaluation Form (Graduate)

Dr. _____

Program/Specialty _____

SSN: _____

VERIFICATION: Our records show that the above named physician served in the following training program at ***Prisma Health–Midlands, formerly known as Palmetto Health.***

Type	Program Name (* if non-ACGME program)	From	To	Completed Program (Yes/No)
Internship				
Residency				
Chief Resident Year				
Fellowship				

Explanation of interruption in training, if applicable:

EVALUATION OF RESIDENT/FELLOW’S PERFORMANCE DURING LAST 6 MONTHS OF TRAINING:

	Superior	Good	Fair	Poor
Basic Medical Knowledge				
Patient Care and Management				
Interpersonal and Communication Skills				
Professionalism				
Systems-based Practice				
Practice-based Learning and Improvement				

COMMENTS:

Final Summative Evaluation: Based on performance and composite of evaluations by supervisors on file, Dr. _____ has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

Program Director (Signature)

Name (Printed/Typed)

Date

I have reviewed this document and permit the release of this information to any third party who inquires about my professional background.

Resident/Fellow (Signature)

Name (Printed/Typed)

Date

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I attest that the information supplied on this photocopy is a copy of an official evaluation on file in the department.

Signature of personnel releasing information

Date

Title

Reviewed March 2019