



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

**Summative Evaluation: Resident/Fellow Evaluation Form (Preliminary Year[S])**

Dr. \_\_\_\_\_ Program/Specialty \_\_\_\_\_  
SSN: \_\_\_\_\_

**Verification:** The above named physician served in the following preliminary program at **Prisma Health–Midlands, formerly known as Palmetto Health.**

| Program Name | From | To | Completed Program (Yes/No) |
|--------------|------|----|----------------------------|
|              |      |    |                            |
|              |      |    |                            |

**Evaluation:** Based on demonstrated performance and evaluations by supervisors on file.

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

**Comments:**

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\_\_\_\_\_  
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

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

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Signature

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Title

Reviewed 4/24/19