**Final Fellow Evaluation Template Example**

*The following template is provided for use by programs in evaluating their fellow’s performance upon completion of the fellowship. This template is* ***not*** *required if there is a format that must be used as mandated by the institution’s Graduate Medical Education (GME) office.*

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| --- | --- | --- | --- |
| Fellow: |  | Date: |  |

Evaluation Scale: 1. Unsatisfactory 2. Below Expectations

3. Meets Expectations 4. Above Expectations

5. Outstanding N/A if not directly assessed

**Professionalism:**

|  |  |
| --- | --- |
| Demonstrates: | Rating |
| 1. Respect, compassion, responsibility, and integrity |  |
| 1. Responsiveness to needs of patients |  |
| 1. Commitment to ethical principles and practices |  |
| 1. Sensitivity to patient cultural, age, gender, and disability issues |  |
| 1. Ability to present and document informed consent |  |
| Is punctual and respectful of others’ time |  |
| Responds to messages and pages promptly |  |
| Attempts to learn from mistakes |  |
| Effectively and professionally mentors junior residents and students |  |

**Patient Care:** *as determined by the subspecialty program*

|  |  |
| --- | --- |
|  |  |

**Medical Knowledge:** *as determined by the subspecialty program*

|  |  |
| --- | --- |
|  |  |

**Interpersonal and Communication Skills:**

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| --- | --- |
| Serves as an effective team member |  |
| Serves as an effective team leader |  |
| Works with the interdisciplinary team |  |
| Writes in a timely, legible, and effective manner |  |
| Demonstrates active listening skills |  |
| Communicates with patients, their families, and other members of the health care team in a timely and concise manner |  |

**Practice-based learning and Improvement:**

|  |  |
| --- | --- |
| Demonstrates independent learning |  |
| Encourages professional learning with colleagues |  |
| Makes use of drug information databases, internet-based searches, and literature searches |  |
| Self-assesses for needed improvement |  |

**Systems-based Practice:**

|  |  |
| --- | --- |
| Aware of community-based resources for persons with [*subspecialty-defined*] conditions |  |
| Demonstrates the ability to work with other providers to optimize patient care and unity of services |  |
| Advocates for patients within the healthcare system |  |

**Specific Strengths:**

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**Areas Requiring Attention:**

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**Other Comments:**

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This evaluation documents demonstration of the fellow’s completion of the learning objectives and mastery of the core competencies. Based on this evaluation, I confirm that the fellow named above has completed this program and I have no concerns with the fellow’s ability to practice the subspecialty independently.  **Yes**  **No**

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**Program Director**

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**Program Director Signature Date**

This evaluation has been shared with the fellow.  **Yes**  **No**

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**Fellow**

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**Fellow Signature Date**