

**Privileged and Confidential**  
**Record of Medical Peer Review Committee**  
**TTUHSC MEDICAL PEER REVIEW**

**EVALUATION OF RESIDENT PERFORMANCE AND ADVANCEMENT REPORT**

Name of Resident:	Department:			Date:
RATING CATEGORIES	Unsatisfactory	Satisfactory	Not Applicable (NA)	Comments
<b>PATIENT CARE</b>				
History & Physical Examination				
Technical Procedures				
Universal Precautions				
<b>MEDICAL KNOWLEDGE</b>				
Case Formulation				
Clinical Judgment & Decision Making				
Fund of Knowledge & Application				
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>				
Personality & Compassion				
Case Presentation				
Ability to Accept Criticism & Advice				
<b>PROFESSIONALISM/ETHICS</b>				
Industry & Responsibility				
Ethical Behavior				
Relationship with Peers & Staff				
<b>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</b>				
Teaching Abilities				
Critically Reviews Scientific Evidence				
Uses information technology				
<b>SYSTEMS-BASED PRACTICE</b>				
Written Documentation/Medical Records				
Uses Resources Appropriately & Efficiently				
Aware of Larger Context & Health Care System				
<b>TEACHING SKILLS</b>				
Didactic Teaching of Medical Students and Residents. Morning reports, journal clubs, grand rounds etc.				
Teaching in Patient Care Settings. Family Centered Rounds, Inpatient rounds, Ambulatory clinic settings				
Patient Education				
<b>CONFERENCE ATTENDANCE</b>				

<b>Please indicate your recommendation for the resident you are evaluating:</b>		
Satisfactory Completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Advance to the next level	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Need additional time to fulfill academic requirements*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Probation *	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contract renewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Copy of memo providing notification to resident must be attached:		
<b>Comments</b>		

\_\_\_\_\_  
Chairman/Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Fellow

\_\_\_\_\_  
Date