SUMMATIVE EVALUATION FOR FELLOWSHIP CANDIDATE

CANDIDATE NAME:	**CANDIDATE'S CURRENT PROGRAM:**
UW FELLOWSHIP PROGRAM:	**BEGINNING YEAR:**

1 = Significantly below average for the resident/fellow level of training 2 = Below average for the resident/fellow level of training 3 = Average for the resident/fellow level of training 4 = Above average for the resident/fellow level of training 5 = Significantly above average for the resident/fellow level of training Unknown/NA = Cannot evaluate or item not applicable	**Enter the number corresponding to the trainee's performance in each area.**
Professionalism 1. Demonstrates integrity and ethical behavior; Accepts responsibility and follows through on tasks. 2. Practices within the scope of his/her abilities. 3. Demonstrates care and concern for patients and their families regardless of age, gender, ethnicity or sexual orientation; Responds to each patient's unique characteristics and needs.	
Interpersonal & Communications Skills 4. Communicates effectively with patients and their families. 5. Communicates effectively with other healthcare professionals. 6. Works effectively with other members of the healthcare team.	
Medical Knowledge 7. Demonstrates basic science and up-to-date clinical knowledge. 8. Uses knowledge and analytical thinking to address clinical questions.	
Practice-based Learning & Improvement 9. Understands concepts of Quality Improvement and integrates these into practice. 10. Clinically evaluates scientific literature and applies to clinical practice. 11. Implements improvement activities. 12. Facilitates the learning of others	
Patient Care 13. Demonstrates comprehensive assessment and management. 14. Assesses problems and provides the ongoing management of patients. 15. Makes informed diagnostic and therapeutic decisions. 16. Responds appropriately to the emergency clinical problems. 17. Demonstrates procedural skills appropriate to level of training.	
Systems-based Practice 18. Provides cost-conscious, effective medical care. 19. Works to promote patient safety. 20. Coordinates care with other healthcare providers	
Comments:	
Number of months the trainee has completed to date:	

Program Director Name:	**Date:**

SUBMISSION INSTRUCTIONS: Save document as Adobe pdf file and attach to email sent to fellowship@pathology.washington.edu. Or print paper document, complete, scan and attach to email (or mail to address on Application Checklist). Thank you.

Pathology Residency Program
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