

## EVALUATION RECORD FOR A TRANSFERRING RESIDENT OR FELLOW

This form is to be used as part of the documentation that accompanies a resident or fellow transferring into/from a Vanderbilt University Medical Center residency or fellowship program.

Use the following scale to evaluate the demonstrated knowledge and skill of the resident or fellow:

- 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

	Please check the appropriate equivalent					
<b>PATIENT CARE</b>	1	2	3	4	5	Unknown
<b>MEDICAL KNOWLEDGE</b>	1	2	3	4	5	Unknown
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>	1	2	3	4	5	Unknown
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>	1	2	3	4	5	Unknown
<b>PROFESSIONALISM</b>	1	2	3	4	5	Unknown
<b>SYSTEMS-BASED PRACTICE</b>	1	2	3	4	5	Unknown

Please comment on items checked 1, 2, or 5 above:

Other comments:

This individual has (or will have upon transfer) satisfactorily completed \_\_\_\_\_ months of training in this program. Dates of training \_\_\_\_\_ to \_\_\_\_\_.

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

\_\_\_\_\_  
Evaluator Name

\_\_\_\_\_  
Program Name (Specialty/Institution)

\_\_\_\_\_  
Evaluator Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature