

Montefiore Nephrology Fellowship Evaluation

End of Training Verification

Fellows Name

Date of review

VERIFICATION: Records show that the above named physician served as a nephrology fellow in the Nephrology Training Fellowship Program of Montefiore Medical Center and the Albert Einstein College of Medicine from _____ to _____. Completed the program: Yes_____ No_____

I. Evaluation: Based on demonstrated performance and evaluations completed by supervisor:

	Needs Improvement	Appropriate for level	Exceeds Expectations	Not Observed
Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Competence and Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician-Patient Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Other Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Systems-Based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-Based Learning-CQI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Nephrology Fellow has demonstrated sufficient professional ability to practice competently and independently: YES_____ NO_____

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PROFESSIONAL CONDUCT:

	YES	NO
Has the fellow ever been the subject of any professional misconduct action?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fellow ever been subject to any corrective or disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fellow ever been subject to suspension, termination or limitation regarding house staff membership privileges?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fellow been involved in substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fellow been a defendant in any professional liability suits during the fellowship?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

She has done very well in the past 6 months and for her entire 1st year. She has been reading and expanding her fund of knowledge. She feels positive about her growth and the experience.

There have been no major issues with her. She does her job well and in competent. Reviews and evaluations are excellent.

THIS EVALUATION WAS COMPLETED BY THE NEPHROLOGY FELLOWSHIP PROGRAM DIRECTOR

NAME: _____

SIGNATURE: _____