**NEUROSURGERY RESIDENT SUMMATIVE ASSESSMENT**

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident Year: \_\_\_\_\_\_

Faculty Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Reviewer Status Recommendation:

**□ Progressing as Expected □ Not Progressing as Expected □ Progression is Accelerated**

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| Reviewer comments: |

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| **Assessments/Documents** | **Date(s) and Overall Assessment** |
| ITERS |  |
| Multisource Feedback (360) |  |
| OHP Feedback |  |
| ONP Feedback |  |
| Written Exams |  |
| Elentra/EPA Forms |  |
| Email Feedback |  |
| Assessments of Clinical Notes |  |
| Faculty Roundtable Comments |  |
| Research Activities |  |
| Teaching Activities & Feedback |  |
| Professionalism  (issues with pager return, response to inquiries etc) |  |

Competency Committee Status Recommendation:

**□ Progressing as Expected □ Not Progressing as Expected □ Progression is Accelerated**

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| Competence Committee comments |

Status Recommendation made to RPC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RPC Ratified Decision □ YES □NO

Comments: