

SEMI-ANNUAL RESIDENT REVIEW AND SELF-EVALUATION

Date of Meeting:

Period Covered:

Resident Name:

Current DR Year:

Current PGY:

Part 1. Resident Self-Assessment and Monitoring (filled out by resident)

1. What are your goals and objectives of your professional development?

2. Please list 2-3 goals/objectives that you would like to achieve in residency in the next six months.

3. Have you had any changes since your last review in your career goals or conditions that might affect your plan?

4. How do you feel your progress in your residency education has been thus far? Any specific strengths or concerns?

5. Are you accomplishing the goals and objectives/plan from your last performance review? If not, can you identify the barrier that is preventing progress?

6. Have you reviewed your New Innovations evaluations by faculty? Any issues you wish to discuss?

7. What is the status of your scholarly activity requirement (publications, conference presentations, research project, teaching activities (including GR, TB, lectures, etc), QI/patient safety project)?

8. Please give us feedback on the residency program. Is there anything the program should be doing to help your professional development?

9. Are you up to date on the administrative and academic requirements?

LMS Modules and Online Trainings	Yes	No	Pending
Resident Evaluations of Faculty	Yes	No	Pending
Resident Evaluations of Rotations	Yes	No	Pending
Procedure Log	Yes	No	Pending
Duty Hour Log	Yes	No	Pending
Annual ACGME Resident/Fellow Survey	Yes	No	Pending
RadPrimer Requirement	Yes	No	Pending
Moonlighting Approval	Yes	No	N/A

10. Review of test scores:

USMLE Step 3	Pass	Fail	Scheduled
ACR Inservice Exam (R1)	Percentile		
ACR Inservice Exam (R2)	Percentile		
ACR Inservice Exam (R3)	Percentile		
Loyola ER Symposium (R1)	Score		
Call Readiness Test Date (R1)	Score		

Part 2. Resident Evaluation Summary (filled out by program director)

1. Milestones*:

2. Overall performance: Below Expectations Meets Expectations Exceeds Expectations

3. Extracurricular achievements:

4. Specific Issue of Concerns:

5. Learning Plans:

Part 3. Acknowledgement

Contents of this form have been discussed during the scheduled semi-annual review meeting on _____

Resident Name (Print)

Resident Signature

Date

PD Name (Print)

PD Signature

Date

***ACGME Diagnostic Radiology Milestones**

1. Reporting (CR, NF)
2. Clinical consultation (CR, NF)
3. Image interpretation (CR, NF)
4. Procedure competency (CR)
5. Diagnostic knowledge (CR, NF, in service exam/Core)
6. Physics (in service exam/Core)
7. System navigation of patient-centered care (CR, NF)
8. Physician role in health care systems (CR, NF)
9. Contrast agent safety (CR, NF, in service exam/Core)
10. Radiation safety (CR, NF, in service exam/Core)
11. MR safety (CR, NF, in service exam/Core)
12. Informatics (CR, NF, in service exam/Core)
13. Evidence-based informed practice (CR, NF, in service exam/Core)
14. Reflective practice and commitment to professional growth (CR, NF)
15. Professional behavior & ethical principles (CR, NF)
16. Accountability/conscientiousness (CR, NF)
17. Self-awareness & help seeking (CR, NF)
18. Patient and family-centered communication (CR, NF)
19. Interpersonal & team Communication (CR, NF, tumor board)
20. Communication within the health care system (CR, NF, tumor board)
21. Self-awareness & help seeking ((CR, NF)
22. Protocols
23. Image technology & image acquisition
24. Patient safety
25. Quality improvement