**FORM #2: FINAL EVALUATION**

*OFFICIAL DEPARTMENT LETTERHEAD*

[Insert Date]

Re: CONFIDENTIAL Final Evaluation of [Insert name of resident/fellow], (M.D. or D.O.)

**Dates of Training**: from [Insert date] until [Insert date], for a total of [Insert 1-72] months of training.

**Sponsoring Institution**: University of Tennessee Health Science Center College of Medicine; Memphis, Tennessee

**ACGME # [Insert Program’s ACGME number]**

To whom it may concern:

This letter is provided as the final evaluation, pursuant to the Accreditation Council for Graduate Medical Education (ACGME) requirements, for Dr. [insert name of resident/fellow], regarding training in the [insert specialty name] Residency/Fellowship Program at our institution. This is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential and privileged and protected from direct or in-direct means of discovery, subpoena, or admission into evidence. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq*. This Final Evaluation is for the limited purposes set forth in the ACGME Program Director’s Guide effective on this date.

Dr. [insert name of resident/fellow] satisfactorily completed residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. Based on a composite of multiple evaluations by supervisors in this resident’s/fellow’s rotations and experiences during the residency/fellowship training, the Program Director attests that the training program has been successfully completed. In providing this attestation, the Program Director has considered recommendations from the Clinical Competency Committee. The resident/fellow was recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].

The following is derived from a composite of multiple evaluations by supervisors in the rotations during Dr. [insert name of resident/fellow]‘s residency/fellowship training. The evaluation is based upon ACGME recognized General Competencies, which define the essential components of clinical competence.

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|  |  |  |  |
|  | **Satisfactory** | **Marginal** | **Unsatisfactory** |
| **Medical Knowledge** | [ ]  | [ ]  | [ ]  |
| **Patient Care** | [ ]  | [ ]  | [ ]  |
| **Professionalism** | [ ]  | [ ]  | [ ]  |
| **Communication and Interpersonal Skills** | [ ]  | [ ]  | [ ]  |
| **Practice Based Learning and Improvement** | [ ]  | [ ]  |[ ]
| **System Based Practice** | [ ]  | [ ]  | [ ]  |

During the dates of training at this institution, the resident/fellow was not subject to any institutional disciplinary action; has successfully completed the training program; and demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in the specialty of [insert specialty name].

Attested to by:

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Program Director signature

[Insert name of program director], Program Director, Associate/Assistant Professor

Department of [Insert specialty name]

University of Tennessee Health Science Center

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Resident/Fellow signature