**FORM #2
FINAL SUMMATIVE EVALUATION**

*(Use Digital or Paper Official Department Letterhead)*

Date

**Re: CONFIDENTIAL Final Summative Evaluation of [Full Name]\_\_\_\_\_\_\_\_\_\_\_\_\_, MD**

**Dates of Training**: from \_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_, for a total of \_\_\_\_\_\_\_\_\_\_ months of training.

**Sponsoring Institution**: The University of Tennessee College of Medicine Chattanooga

**ACGME Sponsoring Institution #:** 8004700424

**Program Name:** \_\_\_\_\_\_\_\_\_\_\_

**ACGME Program #:**

**Primary Clinical Training Site:** Erlanger Health System, including Children’s Hospital at Erlanger

To Whom It May Concern:

This letter is provided as the Final Summative Evaluation, pursuant to the Accreditation Council for Graduate Medical Education (ACGME) requirements, for Dr. \_\_\_\_\_\_\_\_\_, regarding training in the \_\_\_\_\_\_\_ Residency 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 part of 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 Summative Evaluation is for the limited purposes set forth in the ACGME Program Director’s Guide effective on this date.

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ satisfactorily completed residency training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident’s rotations and experiences during the residency training, the Program Director and the Clinical Competency and Residency Quality Improvement Committee of The University of Tennessee College of Medicine Chattanooga, attest that the training program has been successfully completed and the resident has demonstrated sufficient competence to engage in autonomous practice in the specialty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The resident was recommended for the certifying examination administered by the Medical Specialty Board for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The following is derived from a composite of multiple evaluations by supervisors in the rotations during Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s residency training. The Final Summative Evaluation is based upon ACGME recognized General Competency Domains, which define the essential components of clinical competence.

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| --- | --- | --- | --- |
| **ACGME General Competency Domains** |  |  |  |
|  | **Unsatisfactory** | **Satisfactory** | **No Knowledge** |
| **Medical Knowledge** |  | √ |   |
| **Patient Care** |   | √ |   |
| **Professionalism** |   | √ |   |
| **Communication and Interpersonal Skills** |   | √ |   |
| **Practice Based Learning and Improvement** |   | √ |   |
| **System Based Practice** |   | √ |   |

During the dates of training at our institution, this resident was not subject to any institutional disciplinary action.

Attested to by:

 [Affix Seal of The University of Tennessee College of
 Medicine Chattanooga]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

\_\_\_\_\_\_\_\_\_\_\_ Residency/Fellowship Program

Reviewed with the GME Trainee

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Resident/Fellow

Approved most recently by the GMEC at its 4/19/2022 meeting.