

Executive Summary

Final (Summative) Evaluation

Introduction

Upon completion of a program, the program director must provide a final evaluation for each resident/fellow, previously called the final summative evaluation and now called the final evaluation. The Common Program Requirements indicate that the final evaluation must:

- become part of the resident's/fellow's permanent record maintained by the institution, and must be accessible for review by the resident/fellow in accordance with institutional policy;
- verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter unsupervised practice;
- consider recommendations from the Clinical Competency Committee (CCC); and,
- be shared with the resident/fellow upon completion of the program.

History

While the final evaluation has been a perfunctory document and process for residents/fellows successful completing a residency/fellowship and going on to the next stage of their career, the final evaluation for residents/fellows who depart a program prior to completion, typically for performance reasons, is even more important and can be difficult to write.

When a resident/fellow is dismissed from the program, or resigns early due to performance concerns, the final evaluation becomes the document of record regarding the individual's achievement to date in each of the Core Competencies, and describes areas in which the resident/fellow is either deficient or has not attained a level of performance consistent with PGY level expectations. Additionally, the final evaluation can contain important contextual information, including the dates of enrollment in the program; any relevant prior education and training information; description of any behavioral issues or concerns; and a summary paragraph describing the program director's overall impression of the resident/fellow, achievements, and ongoing concerns or areas for focus. For residents/fellows in procedural specialties, the final evaluation may also include a summary of procedural cases performed at the institution.

Noteworthy Practices

The final evaluation should be a comprehensive, stand-alone document that encompasses the scope of the resident's/fellow's performance while enrolled in the program. The final evaluation should not be confused with a letter of recommendation, which is typically prepared to promote or support an individual with a positive bias. Instead, it should be written with candor, in a way that is fair and balanced with regard to actual performance.

The final evaluation can be an important tool for a program receiving a resident/fellow who is “off-cycle.” If properly written, the program receiving the resident/fellow should be able to utilize the final evaluation from the prior program to ascertain the individual's current performance level for each Core Competency, understand the individual's strengths and weaknesses, understand the context in which the individual departed the prior program, and use that information to provide continuity of education, supervision, and feedback.

Long-Term and Short-Term Actions/Goals

The final evaluation SHOULD:

- be comprehensive enough to stand alone, be maintained by the institution, and be accessible for view in accordance with institutional policy;
- verify the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter unsupervised practice;
- be honest, fair, and balanced;
- be competency-based;
- consider recommendations from the CCC;
- be signed by the program director;
- conform to institution's Legal and/or Human Resources guidelines;
- be shared with the resident/fellow at the conclusion of the program when finalized;
- ideally be signed by the resident/fellow, with a signed copy retained by the program;
- be maintained in the permanent academic record; and,
- provided to others upon request (as appropriate).

The final evaluation SHOULD NOT:

- misrepresent actual performance in any way;
- be a letter of recommendation;
- be negotiated by the resident/fellow or anyone else (the content); and,
- consist of “only” the final Milestones ratings, as the Milestones are not designed for this purpose.

For more information, see the full Clinical Competency Committee Guidebook and additional references on the [Milestones Resources](#) page of the ACGME website.