**ADVISOR SEMI-ANNUAL REVIEW CHECKLIST**

Resident: Training Year:

Review Period: Academic Advisor:

Did the resident meet with their Academic Advisor? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| USMLE Scores  Step 1:  Step 2: | **In-Training Scores** | | Board Review Course |
| **Internal Medicine**  **PGY1. % Corr:**  **%ile:**  **PGY2. % Corr:**  **%ile:**  **PGY3. % Corr:**  **%ile:**  **PGY4. % Corr:**  **%ile:** | **Pediatrics**  **% Corr:; Raw:; Pred. Pass:**  **% Corr:; Raw:; Pred. Pass:**  **% Corr:; Raw:; Pred. Pass:**  **% Corr:; Raw:; Pred. Pass:** |

|  |  |  |
| --- | --- | --- |
| **REVIEW PROCEDURES**  **ABIM:** Need **5** of each of the following documented:  ACLS  Venous blood draws  Arterial blood draws  PAPs/ endocervical culture  Peripheral venous lines | **ABP:** Need training in:  Bag-mask ventilation, Bladder catheterization, Giving immunizations, Incision and drainage of abscess, Lumbar puncture, Neonatal endotracheal intubation (log all intubations, no matter what age!), Peripheral intravenous catheter placement, Reduction of simple dislocation, Simple laceration repair, Simple removal of foreign body, Temporary splinting of fracture, Umbilical catheter placement, Venipuncture | |
| **EVAL(s) New Innovations:**  **Continuity Clinic Eval:** | | **REVIEWED**  **YES NO**  **YES NO** |
| Concerns: | | |

ILP Regularly Completed and Turned in on time: Yes No

Number of Incomplete ILP's:\_\_\_\_0\_\_\_\_

Number of Late ILP's:\_\_\_\_\_\_\_\_\_0\_\_\_\_\_

* 360 degree evals reviewed: 4/ year patient 2/ year staff/ nursing
* SCO’s (min) 4-6/ year reviewed: YES NO
* Self-Assessment Completed and Reviewed (Practice Based Learning):

YES NO

* Meeting patient number targets: Yes No

Total Peds:

Total Adults:

* Intends to take both board exams? Yes No

Which exam will be taken first? Pediatrics Internal Medicine

|  |  |  |  |
| --- | --- | --- | --- |
|  | ACLS | PALS | NRP |
| Current Cert. Expiration Date |  |  |  |
| Scheduled to Recert.? (Y/N) |  |  |  |

Up to date with AMC Annual Module: Yes No

Duty Hour Violations if applicable: None

Record Completion:

Patient notes routinely completed on time: Yes No

Number of current outstanding dictations:

Documented past instances if inadequate record completion: Yes No

- If yes, see attached.

Presentations/ Case Management/ Research/ Abstracts/ Advocacy (projects/ free clinic/ etc…)

1.

2.

3.

4

* Stress Management/ Fatigue/ Emotional well-being:
* Professional Goals/ Career Plans