

## Annual ACVD Resident Performance Review Prepared by Mentor(s)

### Program Assessment

<b>Date</b>	
<b>Program name</b>	
<b>Resident name</b>	
<b>Year in program</b>	Year /out of 3 year program <i>or</i> Year /out of 2 year program
<b>Mentor(s) preparing review</b>	
<b>Confirmation from Executive Secretary that resident has submitted his/her program assessment</b>	The resident must submit her/his assessment of program before completing this performance review.  Confirmation: Yes or no
<b>Program adequacy</b>	Based on of your experience, is the resident examining an adequate/acceptable number of cases and exposed to enough case variation:  Total cases: <b>Yes or no</b> New cases: <b>Yes or no</b> Follow-up cases: <b>Yes or no</b> Species variation: <b>Yes or no</b> Disease variation: <b>Yes or no</b>  If any of the answers above are “no”, please explain. 1. Does the program have the means to correct the problem? 2. Does the program request College assistance?

### Resident Competency Assessment

- Please review the ACVD Benchmarks for Residents and assess the stated resident accordingly to his/her year of training by selecting from one of the three levels of competency in the charts below.
- Please attach any comments, concerns, and/or documents from outside institutions or practices that are involved in the resident’s training.

<b>Competency</b>	<b>Unacceptable / Not Competent 1</b>	<b>Acceptable / Competent 3</b>	<b>Beyond Acceptable / Fully Competent 5</b>
<i>Patient Care</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain. 1. Does the program have the means to correct the problem? 2. Does the program request College assistance?			

Competency	Unacceptable / Not Competent 1	Acceptable / Competent 3	Beyond Acceptable / Fully Competent 5
<i>Medical and Theoretical Knowledge</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain.			
1. Does the program have the means to correct the problem?			
2. Does the program request College assistance?			

Competency	Unacceptable / Not Competent 1	Acceptable / Competent 3	Beyond Acceptable / Fully Competent 5
<i>Learning and Improvement</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain.			
1. Does the program have the means to correct the problem?			
2. Does the program request College assistance?			

Competency	Unacceptable / Not Competent 1	Acceptable / Competent 3	Beyond Acceptable / Fully Competent 5
<i>Research and Publication</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain.			
1. Does the program have the means to correct the problem?			
2. Does the program request College assistance?			

Competency	Unacceptable / Not Competent 1	Acceptable / Competent 3	Beyond Acceptable / Fully Competent 5
<i>Interpersonal and Communication Skills</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain.			
1. Does the program have the means to correct the problem?			
2. Does the program request College assistance?			

Competency	Unacceptable / Not Competent 1	Acceptable / Competent 3	Beyond Acceptable / Fully Competent 5
<i>Professionalism</i>			
<b>Additional written observations:</b>			
If an “unacceptable / not competent” assessment is made, please explain.			
1. Does the program have the means to correct the problem?			
2. Does the program request College assistance?			

- Has the resident and mentor(s) reviewed the ACVD Benchmarks for Residents in the ACVD Education Committee Guidelines? **Yes or no.**
- Does the resident understand and agree with the above assessment of his/her performance? **Yes or no.** If no, the resident may add a single page commentary to this assessment.
- Does the mentor(s) believe the resident is ready to move forward into the next year of the training program? **Yes or no.** If no, why?
- **Once all involved parties have reviewed and discussed this document, please provide the date, your signature and printed name below, and then send to the ACVD Executive Secretary at [Executive\\_sec@acvd.org](mailto:Executive_sec@acvd.org)**

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Printed/typed name of Resident  
Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed/typed name of Mentor  
Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed/typed name of Mentor  
Date:

\_\_\_\_\_  
Signature