

Sheet 3.

Pulmonary/Critical Care Medicine Fellowship Semiannual Meeting Summary

Fellow: Date: Year of fellowship:

The fellow and I reviewed and verified all available evaluations, milestones, CCC recommendations, and their CV, and discussed their current training and career development plans.

I. Clinical Training:

II. Scholarly Activity and Research:

III. Utilization of Fellowship, Medical Center, and University Resources:

IV. Mentorship:

V. Fellowship Track Plans:

VI. Feedback for Program:

VII. Adherence to Program Requirements:

VIII. Self-care and Maintenance of Wellbeing:

IX. Recommendations:

Continuation and/or advancement to next stage of training

Continuation and/or advancement to next stage of training with intervention (see below)

Extension of training (see below)

Graduation from program

Additional Comments:

Program Director: _____ **Date:** _____