



**Yale-New Haven Hospital / VACT HCS
Podiatric Medicine and Surgery
Resident Evaluation**

Resident Concern Form



RESIDENT CONCERN IDENTIFICATION AND INCIDENT REPORT FORM

Resident Name: _____
(PRINT)

Attending Name: _____
(PRINT)

Service Rotation Dates: _____

When did the incident occur/when was the deficiency first identified by you:

Describe Nature of Incident/Deficiency with specific detail(s) as possible (include dates, places, witnesses):

Give Specific Examples for Outside Review(s) (charts, dates, etc.) if applicable:

Evaluator initials _____

Resident Concern Form

Resident Name: _____

List details when you met with resident to discuss this deficiency or incident:

Date(s):

Place(s):

Who was present?

Nature of discussion:

Resolution(s):

Any remediation(s):

Signature: _____

Attending

Date: _____

Resident's Comments

Resident:

Signature

Printed Name

Date

I have reviewed the evaluation form. The following steps have/will be taken.

Program Director: _____

Signature

Printed Name

Date