Nephrology Competence Committee Meeting

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| --- | --- |
| **Date:** | **Trainee:** |
| **Primary Reviewer:** | **Current Stage:** |

**Committee Members Present:**

xxx  xxx  xxx  xxx  xxx  xxx

xxx  xxx  xxx  xxx  xxx  xxx

**Assessments reviewed:**

EPAs  ITARS Rounds Journal Club Research  IPE  Procedures  Teaching evaluations Nursing Evaluation

PIP  Academic Coach Report

**Status Recommendation by Primary Reviewer:**

Progressing as Expected Not progressing as expected Progressing is Accelerated Failure to Progress Inactive

**Approved by the Committee?**  Yes No

**Summary Comments/Recommendations by Competence Committee:**

Insert text

**Transition To Discipline: Stage completed?** Yes No RPC ratified \_\_\_\_\_\_\_\_

**Foundations of Discipline: Stage completed?** Yes No RPC ratified \_\_\_\_\_\_\_\_

**Core of Discipline: Stage completed?** Yes No RPC ratified \_\_\_\_\_\_\_\_

**Transition to Practice: Stage Completed?** Yes No RPC ratified \_\_\_\_\_\_\_\_