University at Buffalo
The State University of New York
*Graduate Medical Education Department*
*Cary Hall, Room 117 3435 Main Street*
*Buffalo NY 14214*
*Phone (716)829-2012, Fax 829-3999*

***Due to the volume of verification requests we receive, we are able to provide you with this summary information in response to your inquiry regarding:***

***DR.*** _____

1. VERIFICATION: Our records show that this physician served in the following training program at the University at Buffalo:

| | | | | | | ACGME Approved? | | Completed Program? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | YES | NO | YES | NO |
| Internship in | | from | | to | | | | | |
| Residency in | | from | | to | | | | | |
| Chief Residency in | | from | | to | | | | | |
| Fellowship in | | from | | to | | | | | |

2. EVALUATION of ACGME COMPETENCIES: Based on demonstrated performance and composite of supervisor evaluations.

| ***As compared to reasonable expectations for the level of training completed, this resident's/fellow's competence in these skills is rated as:*** | ***Superior*** | ***Good*** | ***Fair*** | ***Poor*** | ***No Information*** |
|---|---|---|---|---|---|
| Investigatory and analytic thinking | | | | | |
| Knowledge and application of basic and clinically supportive sciences | | | | | |
| ***OVERALL MEDICAL KNOWLEDGE*** | | | | | |
| Creating a therapeutic and ethically sound relationship with patients | | | | | |
| Working within a team | | | | | |
| Listening skills | | | | | |
| ***OVERALL INTERPERSONAL AND COMMUNICATION SKILLS*** | | | | | |
| Caring and respectful behaviors towards patients and families | | | | | |
| Gathering essential and accurate information about their patients | | | | | |
| Informed decision-making using evidence, judgment & patient preferences | | | | | |
| Developing and carrying out patient management plans | | | | | |
| Counseling and educating patients and families | | | | | |
| Using IT to support patient care decisions and patient care education | | | | | |
| Performing medical procedures | | | | | |
| Providing preventive and maintenance health services | | | | | |
| Working within a team to provide patient-focused care | | | | | |
| ***OVERALL PATIENT CARE*** | | | | | |
| Demonstrating respect, integrity, responsiveness and accountability | | | | | |
| Ethically sound and compassionate practice | | | | | |
| Sensitivity to cultural, age, gender and disability issues | | | | | |
| Meets professional obligations such as completing medical records and complying with regulations governing patient care | | | | | |
| ***OVERALL PROFESSIONALISM*** | | | | | |
| Understanding the interaction of one's practice within the larger health care system | | | | | |
| Partnering with other health care providers | | | | | |
| Practicing cost-effective care and resource allocation | | | | | |
| Advocating for patients within the health care system | | | | | |
| ***OVERALL SYSTEMS-BASED PRACTICE*** | | | | | |
| Analyzing one's own practice for needed improvements | | | | | |
| Locating, appraising and assimilating evidence from scientific studies | | | | | |
| Application of research and statistical methods | | | | | |
| Incorporating information about their own & the larger patient population | | | | | |
| Using information technology to enhance their practice | | | | | |
| Facilitating the learning of others | | | | | |
| ***OVERALL PRACTICE-BASED LEARNING AND IMPROVEMENT*** | | | | | |

3. PROFESSIONAL CONDUCT: These are commonly asked questions on requests for verification. We have answered them to the best of our knowledge **for the time s/he spent at the University at Buffalo**. If your response is yes to any question, please refer to comments section below for explanation.

| | YES | NO |
|---|---|---|
| Was the physician the subject of any professional misconduct action? | | |
| Was the physician subject to any corrective or disciplinary action? | | |
| Was the physician subject to suspension, termination, or voluntary/involuntary limitation of privileges? | | |
| Was the physician a defendant in any professional liability suits? | | |
| Was the physician involved in substance abuse? | | |
| Are you aware of any facts regarding the physician that cause you to hesitate in any way in recommending membership to the medical staff of any institution? | | |

4. RECOMMENDATION (CHOOSE ONE ANSWER ONLY):

___ This physician has demonstrated sufficient competence to enter practice without direct supervision.

OR

____ This physician has had insufficient training for certification in this specialty.

____ This physician has <u>not</u> demonstrated sufficient professional ability to practice without direct supervision.

5. COMMENTS, REMARKS, EXPLANATIONS (Relating to sections 1,2,3 or 4)

**FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE PROGRAM DIRECTLY:**

SIGNATURE | NAME (PRINTED/TYPED)

DATE | TITLE/POSITION

Program Director

ADDRESS 1 | ADDRESS 2

CITY ST ZIP EMAIL:

SIGNATURE | NAME (PRINTED/TYPED)

DATE | TITLE/POSITION