R1 Self-Evaluation Sheet September 2009

Date 9/21/09 Resident Jenifer Neulle Mentor Dr. Reine Riegler Evaluations from most recent rotations reviewed with attending: 2 Yes D No Have any problems areas been identified? If so, what problems? What is your plan to deal with these only had 2 weeks of Budacrine consults prior to maternity leave. Now just back for one week. So no evaluations available for an extended time. issues?

Resident specific goals (these are the goals you set at the beginning of the year, or you may change them now):

Goal	Barriers to achieving	Successes to date
1. Reading the /d	Fitting it in at home.	So for have been able to read at least an hr/d
2. Read Assigned lecturos 2X	Fitting it in at home.	So for have been able to get material read twice.
3.		
4.		
5.		

Please comment on your residency experience so far – positive and negative (be specific and use the other side of sheet if you need more space:

So for I have had a positive experies, but have only done 2 who Endo of I who Renal Consults.

Resident Signature A Null Mentor Signature Sandal Riefe M Please give this to your faculty mentor to send to Bonnie Cartaya in the residency office -- Mail

Please give this to your faculty mentor to send to Bonnie Cartaya in the residency office -- Mail Location 0557, room 6058 by 9/30/09. **R1** Mentor Evaluation Sheet September 2009

Date <u>9/21/09</u> Resident Jenniter Neville Mentor Sandra Riegler MD

Evaluations from most recent rotations reviewed with resident: Yes DNO ONLY 2 weeks on Endo. Resident has read evaluation. Have any problems areas been identified (either per the evaluations or from the resident)? If so,

what problems? She is just starting back after maternety leave. She has a good child care plan.

Did the resident bring his/her specific goals with them for review? \checkmark Yes \Box No Comments on the goals:

Realistic, for now.

Has the resident settled into Cincinnati? Starting to, She & her husband came from Southern Illinois.

Does the resident have the following? Yes O No O Resident would like assistance with this Doctor

Insurance Yes No Resident would like assistance with this Dentist Yes No Resident would like assistance with this Financial Plan Yes No Resident would like assistance with this

Other Comments: