

FELLOWSHIP TRAINING PROGRAM EVALUATION

(To be filled out by fellow-in-training or recent graduate)

Program Director Name: _____ Fellow in Training Name: _____

Program Start Date: _____ Program End Date: _____

Section 1: Case Load (Fill in number of cases per each category below.)

- A. Number of cases trainee assisted: _____
- B. Cases trainee was primary surgeon: _____
- C. Total number of cases participated in: _____

Section 2: Assessment of Program (Based on your evolving expectations of the fellowship year, please rate all of the following using the scale listed below, checking one score per category.)

A. Overall assessment of the year:

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

- Below expectations _____
 - Adequate _____
 - Above expectations _____
 - Outstanding _____
4. Independent (unsupervised) surgery opportunities

B. Evaluation of Program Director:

1. Supervision and Instruction

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. Availability

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

D. Facility

1. Operating Facilities and equipment

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. Office Support

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

C. Case load

1. Total Cases

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

3. Laboratory

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. As Primary Surgeon

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

4. Library

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

3. As assistant

- Unsatisfactory _____

- | | | | |
|--------------------|-------|--------------------|-------|
| 5. Personal office | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |
| Unsatisfactory | _____ | | |
| Below expectations | _____ | | |
| Adequate | _____ | | |
| Above expectations | _____ | | |
| Outstanding | _____ | | |

- | | | | |
|----------------------|--|--------------------|-------|
| 5. Paper preparation | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

E. How was the following covered?

- | | | | |
|--------------|--|--------------------|-------|
| 1. Histology | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

- | | | | |
|-----------------------------------|--|--------------------|-------|
| 6. Regional and National meetings | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

- | | | | |
|------------|--|--------------------|-------|
| 2. Anatomy | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

- | | | | |
|------------------|--|--------------------|-------|
| 7. Meeting peers | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

- | | | | |
|------------------|--|--------------------|-------|
| 3. Wound healing | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

- | | | | |
|--------------------------------------|--|--------------------|-------|
| 8. Teaching residents, interns, etc. | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

F. Rate the opportunities for the following:

- | | | | |
|----------------------|--|--------------------|-------|
| 1. Clinical research | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

Please comment or elaborate freely on any of the above. Please also comment on particular strengths, weaknesses, or suggestions for improvement. (attach as many sheets as needed) **NOTE: This evaluation is for internal use only and is kept confidential. It will not, under any circumstances, be provided to the program director.**

- | | | | |
|-------------------|--|--------------------|-------|
| 2. Basic research | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

Please return **NO LATER THAN August 1** to:
SISRB
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823 USA

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|-----------------------|--|--------------------|-------|
| 3. Use of consultants | | Unsatisfactory | _____ |
| | | Below expectations | _____ |
| | | Adequate | _____ |
| | | Above expectations | _____ |
| | | Outstanding | _____ |

Signature

Date

Printed Name

- | | | | |
|-------------------------|--|--------------------|-------|
| 4. Paper representation | | Unsatisfactory | _____ |
| | | Below expectations | _____ |

Name of Program Director