

FELLOW EVALUATION ACUTE CARE SURGERY**Instructions:**

Please rate your opinion of this fellow by choosing a number on the scale of 1 (worst) to 5 (best). If a score is a 3 or lower, please provide constructive feedback and recommendations.

**Subject Name**

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: Evaluator Name

Status
Employer
Program

CLINICAL PERFORMANCE

EGS:

1 Application of evidence-based principles to complex management

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

2 Clinical decision-making in the management of complex patients

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

3 Technical skill and surgical decision-making

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

4 Competency in the direction of emergency general surgery service

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

5 Appropriately seeks advice and guidance in complex cases

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

6 Collegiality

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

TRAUMA

7 Application of evidence-based principles to complex management

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

8 Clinical decision-making in the management of complex patients

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

9 Technical skill and surgical decision-making

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

10 Competency in the direction of trauma service

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

11 Appropriately seeks advice and guidance in complex cases

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

12 Collegiality

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

ACADEMIC, ADMINISTRATIVE, EDUCATIONAL PERFORMANCE

13 Initiative development of supplemental skill sets (supplemental skill sets determined & defined in conjunction with mentor and program director)

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

14 Performance on projects outlined and developed for the fellow (as determined by mentor & program director)

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

15 Rate Fellow's Potential as Future Faculty

Worst1	2	3	4	Best5	N/A
<input type="radio"/>					

Comment

Preview Evaluation Form

First Year Fellow Evaluation of Program

[Program Name]

[Evaluation Dates]

Please check "yes" or "no" to the following questions. If you answer "no" please provide details.

1) Where the program goals and objectives identified for Surgical Critical Care accomplished?

Yes No

Comments

Remaining Characters: 5000

2) Did adequate attending supervision exist within the program?

Yes No

Comments

Remaining Characters: 5,000

3) Did the program provide sufficient faculty advisement such as consultation, mentoring, and support?

Yes No

Comments

Remaining Characters: 5,000

4) Were didactic conferences adequate in quality and quantity?

Yes No

Comments

Remaining Characters: 5,000

5) Were simulation labs adequate in quality and quantity?

Yes No

Comments

Remaining Characters: 5,000

6) Did the program provide adequate training of the 6 core competencies: patient care, medical knowledge, interpersonal and communication skills, practice-based learning, and systems-based practice?

Yes No

Comments

Remaining Characters: 5,000

7) Do you feel prepared for the oral and written board exam for Surgical Critical Care?

Yes No

Comments

Remaining Characters: 5,000

8) Please provide comments/suggestions on how to make the fellowship better.

Comments

Remaining Characters: 5,000

[Close Window](#)

Preview Evaluation Form

Second Year Fellow Quarterly Evaluation of Program

[Program Name]

[Evaluation Dates]

GENERAL

1) Goals and objectives for the second year of the fellowship are clearly identified

Agree Disagree

2) Expectations of me (my role) were made clear at the start of the program

Agree Disagree

3) I am able to approach the attendings when I have problems

Agree Disagree

Comments

Remaining Characters: 5,000

4) I receive adequate supervision and mentoring

1 - Unsatisfactory 2 3 4 5 - Satisfactory 6 7 8 9 - Superior

Comments

Remaining Characters: 5,000

5) Opportunity for progressive operative experience

1 - Unsatisfactory 2 3 4 5 - Satisfactory 6 7 8 9 - Superior

Comments

Remaining Characters: 5,000

6) Sufficiency of patient case load

1 - Unsatisfactory 2 3 4 5 - Satisfactory 6 7 8 9 - Superior

Comments

Remaining Characters: 5,000

7) Outpatient experience provided



Comments

Remaining Characters: 5,000

8) Overall quality of educational experience



Comments

Remaining Characters: 5,000

9) Teaching rounds and conferences



Comments

Remaining Characters: 5,000

[Close Window](#)

FELLOW'S EVALUATION OF ATTENDING (Please complete for each attending)



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:

Evaluator Name
Status
Employer
Program

1 Supervision

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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2 Teaching on Rounds

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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3 Didactic Teaching

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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4 Approachability

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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5 Technical Skills

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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6 Availability

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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7 Knowledge

Strongly Disagree	1	Neutral	2	3	Strongly Agree	4	5	N/A
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Overall Comment

I want to add a Confidential Comment (to Program Director only)