

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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

2 Clinical decision-making in the management of complex patients

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

Comment

3 Technical skill and surgical decision-making

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

Comment

4 Competency in the direction of emergency general surgery service

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

Comment

5 Appropriately seeks advice and guidance in complex cases

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

Comment

6 Collegiality

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

Comment

TRAUMA

7 Application of evidence-based principles to complex management

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

Comment

8 Clinical decision-making in the management of complex patients

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

Comment

9 Technical skill and surgical decision-making

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

Comment

10 Competency in the direction of trauma service

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

Comment

11 Appropriately seeks advice and guidance in complex cases

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

Comment

12 Collegiality

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

Comment

15 Rate Fellow's Potential as Future Faculty

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

1 - Unsatisfactory	2	3	4	5 - Satisfactory	6	7	8	9 - Superior
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments								

Remaining Characters: 5,000

8) Overall quality of educational experience

1 - Unsatisfactory	2	3	4	5 - Satisfactory	6	7	8	9 - Superior
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments								

Remaining Characters: 5,000

9) Teaching rounds and conferences

1 - Unsatisfactory	2	3	4	5 - Satisfactory	6	7	8	9 - Superior
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Teaching on Rounds

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Didactic Teaching

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 Approachability

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Technical Skills

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Availability

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 Knowledge

Strongly Disagree1	Neutral2	3	Strongly Agree4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Comment

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