**Fellowship Program Evaluation Form**

Fellowship name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of fellowship: \_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of this evaluation:\_\_\_\_\_\_\_\_\_\_\_\_

You are asked to give an opinion, as objectively as possible, on several aspects of the quality of the experience of this fellowship program. Some items may apply more to your specific fellowship than others.

The following numerical scale should be used in expressing your opinion. A space is also provided for interpretive comments.

Scale: 1 2 3 4 5 CE

 Low Average High Can’t Evaluate

1. Please circle one: 1 2 3 4 5 CE

BREADTH OF EXPERIENCE – the fellowship has sufficient breadth of cases to expose you to all aspects of skull base surgery and advanced sinus surgery.

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please circle one: 1 2 3 4 5 CE

TEACHING – you are receiving education both formal and informal during your fellowship.

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please circle one: 1 2 3 4 5 CE

SERVICE – the amount of non-clinical, non-educational work required of you.

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please circle one: 1 2 3 4 5 CE

ACADEMIC PURSUITS – you are encouraged to question, study and perform research.

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please circle one: 1 2 3 4 5 CE

FEEDBACK – you are provided useful evaluation of your performance.

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please circle one: 1 2 3 4 5 CE

SURGERY – are you getting hands on exposure to neuro-rhinology cases?

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please circle one: 1 2 3 4 5 CE

RESEARCH ORIENTATION – are you provided adequate and organized instruction in the preparation and performance of research projects?

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please circle one: 1 2 3 4 5 CE

 CONFERENCE/LECTURE – are high quality lectures or conferences part of your experience?

 Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you have any other comments regarding your training program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Post fellowship plans:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Please complete the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not applicable | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The program is well rounded |  |  |  |  |  |  |
| Adequate clinic patient numbers |  |  |  |  |  |  |
| Adequate surgical patient numbers |  |  |  |  |  |  |
| Adequate patient diversity |  |  |  |  |  |  |
| Curriculum is appropriate |  |  |  |  |  |  |
| Didactics are appropriate |  |  |  |  |  |  |
| Adequate operating room experience |  |  |  |  |  |  |
| Faculty supervision is appropriate |  |  |  |  |  |  |
| Sufficient independent decision-making |  |  |  |  |  |  |
| Clinical research experience is adequate |  |  |  |  |  |  |
| Basic science training is adequate |  |  |  |  |  |  |
| This is a good training program |  |  |  |  |  |  |

12. Please complete the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your Program Director: | Not applicable | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Is committed to excellent patient care |  |  |  |  |  |  |
| Participates in your education |  |  |  |  |  |  |
| Is available for consultation |  |  |  |  |  |  |
| Gives actionable feedback on performance |  |  |  |  |  |  |
| Mentors you in academic pursuits |  |  |  |  |  |  |
| Establishes effective working relationships |  |  |  |  |  |  |
|  With fellows/residents |  |  |  |  |  |  |
|  With nurses |  |  |  |  |  |  |
|  With other providers |  |  |  |  |  |  |

13. Do you have suggestions for improvement?

Please include a copy of your current case log for review.

**These evaluations are strictly confidential and only summaries are available for faculty review. Thank you for your time and candid comments.**