

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.**