**Program Self-Evaluation Form**

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

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 provides sufficient breadth of cases for exposure to all aspects of skull base surgery and advanced sinus surgery.

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

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

TEACHING – the fellowship provides education both formally and informally.

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

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

SERVICE – the amount of non-clinical, non-educational work does not negatively impact education.

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

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

ACADEMIC PURSUITS – you encourage the study and performance of research.

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

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

FEEDBACK – you provide useful evaluation of the fellow performance.

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

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

SURGERY – you provide adequate exposure to neuro-rhinology cases.

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

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

RESEARCH ORIENTATION –you provide 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. What are the areas of strength in your training program?

10. What are areas of weakness in your training program?

11. List three things you are actively pursuing to strengthen the experience of the trainee?

12. Have there been any changes to your program in the past year? e.g. new faculty, new PD, etc. Any anticipated changes in the upcoming year?

13. Do you have any other questions or comments you would like to share with the RTC?