

FELLOWSHIP TRAINING PROGRAM EVALUATION for ACMS International Programs

(To be filled out by the Fellow-in-Training or recent graduate)

Program Director Name: _____ Fellow-in-Training Name: _____

Program Start Date: _____ Program End Date: _____

Section 1: Case Load (Fill in number of cases per each category below.)

- A. Number of cases trainee assisted: _____
- B. Cases trainee was primary surgeon: _____
- C. Total number of cases participated in: _____

Section 2: Assessment of Program (Based on your evolving expectations of the fellowship year, please rate all of the following using the scale listed below, checking one score per category.)

A. Overall assessment of the year:

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

3. As assistant

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

B. Evaluation of Program Director:

1. Supervision and Instruction

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

4. Independent (unsupervised) surgery opportunities

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. Availability

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

D. Facility

1. Operating Facilities and equipment

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

C. Case load

1. Total Cases

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. Office Support

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

2. As Primary Surgeon

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

3. Laboratory

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

4. Library

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

5. Personal office

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

E. How was the following covered?

1. Histology

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

2. Anatomy

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

3. Wound healing

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

F. Rate the opportunities for the following:

1. Clinical research

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

2. Basic research

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

3. Use of consultants

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

4. Paper representation

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

5. Paper preparation

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

6. Regional and National meetings

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

7. Meeting peers

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

8. Teaching residents, interns, etc.

Unsatisfactory _____
Below expectations _____
Adequate _____
Above expectations _____
Outstanding _____

Please comment or elaborate freely on any of the above. Please also comment on particular strengths, weaknesses, or suggestions for improvement. (attach as many sheets as needed) **NOTE: This evaluation is for internal use only and is kept confidential. It will not, under any circumstances, be provided to the program director.**

Please return **by August 1** to:

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Signature

Date

Printed Name

Name of Program Director