

Trauma Fellow Final Evaluation of Trauma Fellowship Program

Fellow Name

Date of Evaluation

Evaluation Period

Fellowship Name / Identifier

		Concerning	Average	Good	Excellent	N/A
Didactics Please indicate your level of satisfaction with the educational value of these conferences:	M&M					
	Journal Club / Specialty Journal Club					
	Clinical Trauma					
	Anatomy / Physiology					
	Basic Science					
How satisfied are you with:	Level of faculty involvement in preparing or giving talks					
	Faculty attendance					
	Conference Schedule (days/times)					
	Differential Diagnosis					
	Knowledge of Disease States					
	Lab and Imaging Data					
	Core Educational Material					
	Clinical Decision Making					
	Patient Education					
	Record Keeping					
Participation in Conferences						
Didactic Comments						
Clinical Experience Overall, how satisfied are you with:	Educational value of the Ortho Trauma Fellowship					
	Staff support					
	Balance between fellow education and service needs					
	Surgical training					
	Clarity of fellow's responsibilities and education goals					
	Faculty commitment to fellow education					
Overall, how satisfied are you with the education you receive on the following core competencies:	Medical knowledge in orthopaedic trauma					
	Patient care					
	Practice-based learning and improvement					
	Interpersonal / communication skills					
	Professionalism					
Systems-based learning						
Clinical Experience Comments						

		Concerning	Average	Good	Excellent	N/A
Work Hours How satisfied are you with:	Number of hours worked per week					
	Time off opportunities					
	Amount of call requirements					
	Supervision while on call					
Work Hour Comments						
Scholarly Activity How satisfied are you with the following regarding scholarly activity:	Communication of research requirements					
	Education value of research experience					
	Department financial support					
	Faculty mentoring					
	Time for research					
	Department staff support					
	Department support for presenting research					
Scholarly Activity Comments						
Evaluation How satisfied are you with the following regarding evaluation:	Opportunities to receive feedback from faculty. written or verbal					
	Opportunities I am given to provide feedback regarding faculty, rotations, & the program, in writing or otherwise					
	The program's consideration of feedback I provide and changes that are made as a result of the feedback					
	Confidentiality of the feedback					
Evaluation Comments						
Administration How satisfied are you with the program administration:	Program Director's leadership & commitment to fellow education					
	Program Coordinator's support and commitment to fellow education					
Overall	How satisfied are you with the training you are receiving in the fellowship program					
Would you recommend this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with reservation (specify below)					
General Comments on the Program						

Signature _____