Fellowship Evaluation:

EVALUATION OF EDUCATIONAL EXPERIENCE BY FELLOW

Evaluation Period _____ to _____

To which training site(s) were you assigned during the above time period?

Please list:

Were you provided to either a hard copy or electronic copy of the written goals and objectives prior to this assignment?

YES **NO** **Not APPLICABLE**

Was the patient diversity and disease mix adequate for you to fulfill your clinical training goals while on this assignment?

YES **NO** **Not APPLICABLE**

Did you have adequate office space, conference space, access to medical records, radiology and pathology test results, computers, and electronic or printed educational resources while you were on this assignment?

YES **NO** **Not APPLICABLE**

Were adequate support services (e.g., nursing, clerical and clinical support) available to you while on this assignment?

YES **NO** **Not APPLICABLE**

Did your program leader assure that other trainees outside of your program or other learners (e.g., medical students) on this assignment did not detract from your educational experiences?

YES **NO** **Not APPLICABLE**

If you had a concern on this assignment, would you be comfortable in raising this concern to a faculty member or other supervisor without fear of intimidation or retaliation?

YES **NO** **Not APPLICABLE**

Did this assignment emphasize your clinical education over other concerns such as fulfilling service obligations?

YES **NO** **Not APPLICABLE**

Please clarify any responses (e.g., location and the issue) where you responded no so that the program can work to improve the educational experiences and work environment.

Fellow Name: _____

Evaluator Signature: _____ **Date:_____**

Program Director Signature: _____ **Date:_____**