# FELLOWSHIP TRAINING PROGRAM EVALUATION

(To be filled out by fellow-in-training or recent graduate)

<table>
<thead>
<tr>
<th>Program Director Name:</th>
<th>Fellow in Training Name:</th>
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<table>
<thead>
<tr>
<th>Program Start Date:</th>
<th>Program End Date:</th>
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## 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

### B. Evaluation of Program Director:

1. Supervision and Instruction

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

2. Availability

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

### C. Case load

1. Total Cases

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

2. As Primary Surgeon

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

3. As assistant

   - Unsatisfactory
   - Below expectations
   - Adequate
   - Above expectations

### D. Facility

1. Operating Facilities and equipment

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

2. Office Support

   - 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**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
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<th>Adequate</th>
<th>Above expectations</th>
<th>Outstanding</th>
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**E. How was the following covered?**

1. **Histology**

<table>
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2. **Anatomy**

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3. **Wound healing**

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**F. Rate the opportunities for the following:**

1. **Clinical research**

<table>
<thead>
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2. **Basic research**

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3. **Use of consultants**

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4. **Paper representation**

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5. **Paper preparation**

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6. **Regional and National meetings**

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7. **Meeting peers**

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8. **Teaching residents, interns, etc.**

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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 **NO LATER THAN December 31** to:

**SISRB**  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823 USA

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**Signature**

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**Date**

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**Printed Name**

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**Name of Program Director**