Rheumatology Fellowship Training Program Evaluation
Fellow Evaluation of Training Program

Period of Training: ___ July-December, 20___
___ January-June, 20___

Instructions:
1. This form will be used only to evaluate our program. Your comments and impressions will be held in strict confidence and reviewed only by the Division Director and Program Director. Faculty will not be permitted to review this evaluation. Your frankness and candor will help identify areas for improvement.

2. Use the following scoring system (1-5) for each category below:
   * 5 - Outstanding; far exceeds reasonable expectations
   * 4 - Above average; usually exceeds reasonable expectations
   * 3 - Average; meets reasonable expectations, occasionally exceeds them
   * 2 - Below Average; occasionally fails to meet reasonable expectations, may need attention
   * 1 - Unsatisfactory; unacceptable, in need of immediate attention
   N/A - Not able to evaluate

*Scores of 1 or 5 should require further elaboration under Comments.

I. CLINICAL TRAINING

A. CLINICAL FACILITIES: (Evaluate all facilities where you have worked during this period. Rate 1-5)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Faculty Supervision</th>
<th>Teaching Quality/Quantity</th>
<th>Appropriate Level of Supervision and Independence</th>
<th>Patient Volume</th>
<th>Patient Selection/Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospital Clinic</td>
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<td>VA Clinic</td>
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<tr>
<td>County Hospital Clinic</td>
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<td>Acute Care / Consult Service</td>
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</table>
B. CLINICAL FEATURES OF THE PROGRAM

1. Overall patient population with diverse and challenging rheumatic diseases
2. Faculty resources, expertise and supervision
3. Teaching of anatomy and kinesiology
4. Teaching of pathophysiology and pathogenesis, including immune mechanisms in rheumatic diseases.
5. Teaching and experience in rheumatology-related procedures (arthrocentesis, joint-, tendon sheath-, and bursa aspirations /injections, synovial biopsy, etc.)
6. Instruction and experience in synovialysis.
7. Instruction and experience in the use and interpretation of immunologic tests.
8. Instruction in synovial pathology.
10. Teaching and direct experience with current therapies in rheumatic diseases.
11. Teaching and direct experience with rehabilitative rheumatology, including physical medicine modalities, choice of splints, ambulation aids etc.
12. Comprehensive exposure to pediatric rheumatology,
13. Opportunities to teach, present conferences and journal club.
14. Up to now, this program has effectively prepared you for a career as a rheumatology care provider & consultant.
15. Up to now, this program has effectively prepared you for a career in rheumatology.

II. RESEARCH TRAINING

A. FACULTY (Rate 1-5 and comment)

   With regard to your research, list and evaluate all the faculty with whom you have interacted during this period.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role (list)</th>
<th>Availability</th>
<th>Stimulates Creativity Independence</th>
<th>Research Project</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
B. LABORATORY FACILITIES: (Rate 1-5 and comment)
   Evaluate all the facilities where you have worked, during this period.

<table>
<thead>
<tr>
<th>Place</th>
<th>Adequate Space</th>
<th>Adequate Equipment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

C. ADEQUATE PROTECTED TIME:
   Has sufficient time or protection of your time been given to allow you to perform your research?
   - Rate 1-5
   - Comments:
III. SEMINARS, CONFERENCES (Evaluate all the conferences for this period. Rate 1-5)

<table>
<thead>
<tr>
<th></th>
<th>Selection of Topics</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatology Grand Rounds</td>
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<tr>
<td>Rheumatology Journal Club</td>
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<tr>
<td>Clinical Conference</td>
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<tr>
<td>Radiology Conference</td>
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</tbody>
</table>

IV. COMMENTS.

A. Best features of the program

B. Worst features of the program

C. Suggestions for improvement of the program
V. OVERALL LEVEL OF SATISFACTION WITH THE PROGRAM (Rate 1-5) ________

(cut here)

(After completion of your evaluation, you may separate your signature from the evaluation and separately return both parts to the Fellowship Program Director.)

Signature __________________________  Date __________________________
Rheumatology Fellowship Training Program Evaluation
Fellow Evaluation of Teaching Faculty

Faculty Name: ________________________________________________________ Date form completed: __________
Duration of contact (month, year): _____________  Type of interaction: ___Clinic ___ Acute / Consult Service

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1. Has command of the subject; presents material in an analytical way; relates topics to other areas of knowledge
2. Presents material in organized, clear manner; summarizes major points; provides emphasis
3. Sensitive to the response of fellows; encourages participation
4. Readily available to fellows
5. Enjoys teaching and is enthusiastic about the subject
6. Deeply interested in patient care; often makes contributions to management; possesses excellent bedside skills and clinical acumen; is a desirable role model
7. Meets appointments; punctual; does not leave early
8. Teaches and supervises procedures effectively
9. This instructor’s teaching allowed you to function better as a rheumatology fellow.
10. How does this instructor compare with other clinical teachers you have had in the fellowship program.
SAMPLE: ACR FELLOWSHIP CURRICULUM

Comments (including suggestions for improvement):
_________________________________________________________________________________________________________________________________
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(After completion of your evaluation, you may separate your signature from the evaluation and separately return both parts to the Fellowship Program Director.)

Fellow’s name: ________________________________________________________________

Signature ____________________________ Date ____________________________
### Evaluation of Trainees by Faculty: Clinical Component

**Trainee’s Name __________________________________________________**  **Rotation ________________________________**

**Evaluator’s Name __________________________________________________**  **Months of ____________________**  **Evaluation Date ____________**

Evaluate the trainee’s ability to carry out the following clinical tasks. Cite the major strengths and weaknesses observed under the comment portion on the reverse side. **Circle** the rating which best describes the trainee’s skills and abilities for each component of clinical competence.

<table>
<thead>
<tr>
<th>Component</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>MEDICAL KNOWLEDGE</strong></td>
<td>Limited, poorly organized. Adds little to referring physician’s knowledge.</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>2. <strong>CLINICAL SKILLS</strong></td>
<td>- History-Taking</td>
<td>Often incomplete, superficial, by rote, and not directed.</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>- Physical Examination</td>
<td>Often incomplete, inaccurate, cursory, non-directed, insensitive, awkward or unreliable</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>- Procedural Skills</td>
<td>Inpt. Frequent disregard for risk to patient and patient’s anxiety and comfort</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3. <strong>CLINICAL JUDGMENT</strong></td>
<td>Often fails to discern relationship of medical facts and clinical data, evaluate alternatives, or consider risks and benefits. Does not understand limitations of his/her knowledge or skills. Poorly established priorities. Illogical, rambling, incomplete, or inaccurate presentations or medical records. Indecisive in difficult management situations.</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
</tbody>
</table>
Rheumatology Fellowship Program
Evaluation of Trainees by Faculty: Research Component

Trainee’s Name __________________________________________________ Rotation _______________________________________________
Evaluator’s Name __________________________________________________ Months of ____________________ Evaluation Date ____________

Evaluate the trainee’s ability to carry out the following research tasks. Cite the major strengths and weaknesses observed under the comments portion on the reverse side. Circle the rating which best describes the trainee’s skills and abilities for each component of research training.

1. **LEVEL OF KNOWLEDGE**
   - Unsatisfactory 1 2 3
   - Satisfactory 4 5 6
   - Superior 7 8 9
   - Limited, poorly organized. Adds little to referring research project.
   - Extensive, well applied. Consistently up-to-date.

2. **RESEARCH SKILLS**
   - Unsatisfactory 1 2 3
   - Satisfactory 4 5 6
   - Superior 7 8 9
   - Barely able to follow simple protocols. No effort to improve research design.
   - Skillful at following protocols, often contributes to improving experimental design.

3. **PROCEDURAL SKILLS**
   - Unsatisfactory 1 2 3
   - Satisfactory 4 5 6
   - Superior 7 8 9
   - Clumsy.
   - Adept.

4. **PROFESSIONALISM / ATTITUDES**
   - Unsatisfactory 1 2 3
   - Satisfactory 4 5 6
   - Superior 7 8 9
   - Initiative: Lacks initiative, needs to be reminded and often prodded.
   - Self-starter; innovative.
   - Responsive, reliable, committed. Follows projects to completion.
   - Interpersonal Skills: Disruptive, disrespectful, disdainful of others.
   - Effective communicator. Establishes excellent relations with all members of the research project.
   - Ethics: Questionable values and research integrity.
   - Demonstrates ethical behavior.