

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)

	Faculty Supervision	Teaching Quality/Quantity	Appropriate Level of Supervision and Independence	Patient Volume	Patient Selection/Diversity
University Hospital Clinic					
VA Clinic					
County Hospital Clinic					
Acute Care / Consult Service					

SAMPLE: ACR FELLOWSHIP CURRICULUM

B. CLINICAL FEATURES OF THE PROGRAM

Rate 1-5

- 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 synovianlalysis. _____
- 7. Instruction and experience in the use and interpretation of immunologic tests. _____
- 8. Instruction in synovial pathology. _____
- 9. Instruction in related renal 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.

Name	Role (list)	Availability	Stimulates Creativity Independence	Research Project	Comments

SAMPLE: ACR FELLOWSHIP CURRICULUM

	Mentor				

B. LABORATORY FACILITIES: (Rate 1-5 and comment)
 Evaluate all the facilities where you have worked, during this period.

Place	Adequate Space	Adequate Equipment	Comments

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:

SAMPLE: ACR FELLOWSHIP CURRICULUM

III. SEMINARS, CONFERENCES (Evaluate all the conferences for this period. Rate 1-5)

	Selection of Topics	Quality
Rheumatology Grand Rounds		
Rheumatology Journal Club		
Clinical Conference		
Radiology Conference		

IV. COMMENTS.

A. Best features of the program

B. Worst features of the program

C. Suggestions for improvement of the program

SAMPLE: ACR FELLOWSHIP CURRICULUM

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

- | | <u>Rate 1-5</u> |
|--|-----------------|
| 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. | _____ |

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Comments (including suggestions for improvement):

Lined area for writing comments, consisting of 15 horizontal lines.

(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.)

Fellow's name: _____

Signature

Date

SAMPLE: ACR FELLOWSHIP CURRICULUM
Rheumatology Fellowship Training Program
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.

1.	MEDICAL KNOWLEDGE Limited, poorly organized. Adds little to referring physician's knowledge.	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Extensive and well applied. Consistently up-to-date.
2.	CLINICAL SKILLS <ul style="list-style-type: none"> • History-Taking Often incomplete, superficial, by rote, and not directed. • Physical Examination Often incomplete, inaccurate, cursory, non-directed, insensitive, awkward or unreliable • Procedural Skills Inept. Frequent disregard for risk to patient and patient's anxiety and comfort 	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Always, precise, logical, thorough, reliable, purposeful, and efficient. Suitably focused. Specificity and clarity convey sophistication. Complete, accurate, directed toward patient's problems. Elicits subtle findings, uses special techniques where necessary.
3.	CLINICAL JUDGMENT 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.	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Regularly integrates medical facts and clinical data, and weighs alternatives, understands limitations of knowledge and incorporates consideration of risks and benefits. Spends time appropriate to the complexity of the problem. Presentations, records, and consultation notes always accurate, responsive, explicit, and concise.

SAMPLE: ACR FELLOWSHIP CURRICULUM

**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 Limited, poorly organized. Adds little to referring research project.	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Extensive, well applied. Consistently up-to-date.
2.	RESEARCH SKILLS Barely able to follow simple protocols. No effort to improve research design.	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Skillful at following protocols, often contributes to improving experimental design.
3.	PROCEDURAL SKILLS Clumsy.	Unsatisfactory 1 2 3	Satisfactory 4 5 6	Superior 7 8 9	Adept.
4.	PROFESSIONALISM / ATTITUDES	Unsatisfactory	Satisfactory	Superior	
	• Initiative: Lacks initiative, needs to be reminded and often prodded.	1 2 3	4 5 6	7 8 9	Self-starter; innovative.
	• Responsibility: Often tardy, late for deadlines. A clock-watcher.	1 2 3	4 5 6	7 8 9	Responsive, reliable, committed. Follows projects to completion.
	• Interpersonal Skills: Disruptive, disrespectful, disdainful of others.	1 2 3	4 5 6	7 8 9	Effective communicator. Establishes excellent relations with all members of the research project.
	• Ethics: Questionable values and research integrity.	1 2 3	4 5 6	7 8 9	Demonstrates ethical behavior.