

Fellow Evaluation Form

Fellow Name: _____ Date: _____

Evaluator Name/Signature: _____

1. Is the fellow meeting your expectations regarding the clinical care of patients in your office?

Never Almost Never Sometimes Almost Always Always

a. If never or almost never please elaborate.

2. Please compare this fellow to other sports medicine fellows at the same level of training.

	Unacceptable	Below Avg	Avg	Above Avg	Excellent	Cannot Judge	Comments
Overall Knowledge							
Physical Examination							
History Taking							
Diagnosis							
Treatment Plans							
Technical Skills							
Record Keeping							
Efficiency							

3. Please rate the fellow's overall competence:

- Minimally acceptable; some remediation needed
- Acceptable for level of training
- Above average for level of training
- Outstanding for level of training

4. Please rate the fellow's performance

	Inadequate	Adequate	Outstanding	Cannot Judge	Comments
Develops Dr/Peer Relationships					
Develops Peer relationships					
Is a resourceful learner					
Responds to feedback					
Shows initiative and responsibility					

5. What are some areas that the fellow has improved upon?

6. What are the areas of improvement that the fellow should concentrate on in the future?

7. Other comments

Fellow Signature: _____ **Date:** _____

360 Rating Form

Fellow: _____ Rotation: _____

Staff: _____ Date: _____

For each item, circle the number that corresponds with how characteristic the behavior is of the fellow you are evaluating.

	Not at all	Highly Characteristic	Characteristic	Don't Know
1. Is courteous to and considerate of nurses and other staff	1	2	3	4 5 DK
2. Maintains respectful demeanor in demanding and stressful situations	1	2	3	4 5 DK
3. Is willing to act on feedback or other information to improve patient care	1	2	3	4 5 DK
4. Takes responsibility for actions, admits mistakes and does not blame others	1	2	3	4 5 DK
5. Takes on extra responsibilities when the need arises	1	2	3	4 5 DK
6. Easily establishes rapport with patients and their families	1	2	3	4 5 DK
7. Makes patient care and well-being a priority	1	2	3	4 5 DK
8. Responds to requests, including pages, in a helpful and prompt manner	1	2	3	4 5 DK
9. Follows through on tasks he/she agreed to perform	1	2	3	4 5 DK
10. Provides equitable care regardless of patient culture and socioeconomic status	1	2	3	4 5 DK
11. Is honest in interactions with others	1	2	3	4 5 DK
12. Knows the limits of his/her abilities and asks for help when needed	1	2	3	4 5 DK
13. Responds to patients' needs, feelings, or wishes	1	2	3	4 5 DK
14. Uses non-technical language when explaining and counseling	1	2	3	4 5 DK
15. Spends adequate amount of time with patients	1	2	3	4 5 DK
16. Is willing to answer questions and provide explanations	1	2	3	4 5 DK
17. Discusses patient issues clearly with staff and faculty	1	2	3	4 5 DK
18. Listens to and considers what others have to say about relevant issues	1	2	3	4 5 DK
19. Maintains complete and legible medical records	1	2	3	4 5 DK
20. Is respectful and considerate in interactions with patients	1	2	3	4 5 DK

University of Utah/Jordan Valley
 Primary Care Sports Medicine Fellowship
 Fellow Evaluation Form of Faculty

Fellow:

Date:

Preceptor:

	Never	Almost Never	Sometimes	Almost Always	Always
1. Compared to other preceptors, does this preceptor provide excellent teaching? <i>Comments:</i>	1	2	3	4	5

2. Did the preceptor give regular feedback? <i>Comments:</i>	1	2	3	4	5
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3. Does the preceptor model behaviors in patient care that you would like to emulate? <i>Comments:</i>	1	2	3	4	5
---	---	---	---	---	---

4. What does the preceptor do best?

5. What does the preceptor need to improve?

6. Did your time with this preceptor meet your expectations? Yes / No

-If not, why not:

	Poor	Fair	Good	Very Good	Excellent
7. Overall Rating:	1	2	3	4	5

Program Evaluation Form

Fellow Name/Signature: _____ Date: _____

1. Please rate your overall experience:

- Outstanding
- Excellent
- Very Good
- Good
- Fair
- Poor

2. What was the best thing(s) about the fellowship year?

3. Were you provided adequate supervision in the various fellowship activities?

	Yes	No	If no, please elaborate
a. Sports Medicine Clinic	<input type="checkbox"/>	<input type="checkbox"/>	
b. Continuity Clinic	<input type="checkbox"/>	<input type="checkbox"/>	
c. Ski Clinic	<input type="checkbox"/>	<input type="checkbox"/>	
d. Sideline Event Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
e. Teaching and Academic activities	<input type="checkbox"/>	<input type="checkbox"/>	
f. Specialty Rotations	<input type="checkbox"/>	<input type="checkbox"/>	
g. Student Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	
h. Pediatric Fracture Clinic	<input type="checkbox"/>	<input type="checkbox"/>	
i. Training Room Clinic	<input type="checkbox"/>	<input type="checkbox"/>	

4. Did the program meet your expectations regarding the clinical care of patients in the Dr. Petron's office?

Never Almost Never Sometimes Almost Always Always

- a. If never or almost never please elaborate.

5. Did the program meet your expectations regarding the clinical care of patients in the Dr. Macintyre's office?

Never Almost Never Sometimes Almost Always Always

If never or almost never please elaborate.

6. Did the program meet your expectations regarding the clinical care of patients in your continuity clinic at Madsen?

Never Almost Never Sometimes Almost Always Always

If never or almost never please elaborate.

7. Did the program meet your expectations regarding educational and teaching activities?

Never Almost Never Sometimes Almost Always Always

If never or almost never please elaborate.

8. What are the areas of improvement that the program should concentrate on in the future?

9. Other comments

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Develops Patient Relationships					
Is a resourceful learner					
Responds to feedback					
Shows initiative and responsibility					

5. What are some areas that the fellow has improved upon during the first half of the year?

6. What are the areas of improvement that the fellow should concentrate on in the second half of the year?

7. Other comments



The University of Utah

Department of Family & Preventive Medicine

University of Utah Sports Medicine Fellowship Alumni Questionnaire

Greetings! I hope that your fellowship year provided you with exceptional training in sports medicine. However, we are always looking to improve! Please take a few minutes to complete this survey. Your feedback is very important to us, helping us maintain our strengths and identify areas where improvement is needed. We will use it to monitor your perceptions regarding the relevancy of training to practice, and to summarize the types of practices in which our graduates are involved. We will also share your suggestions in our discussions about improving the curriculum. Thank you in advance for completing this survey.

Liz Joy, MD, MPH
Program Director

Your Name (Please Print): _____ Fellowship Class: _____
(year)

Your Preferred Address: Home Business

Street _____

City, State, Zip _____

Phone: () _____ Email: _____

Your Type of Practice (Please check all that apply):

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Solo | <input type="checkbox"/> FM Group | <input type="checkbox"/> Community Health Ctr | <input type="checkbox"/> Military |
| <input type="checkbox"/> Full-time Academic Medicine | <input type="checkbox"/> Multi-specialty Group | <input type="checkbox"/> Student Health Service | |
| <input type="checkbox"/> Orthopaedic Office | <input type="checkbox"/> Hospital Employee | <input type="checkbox"/> Public Health Program | |
| <input type="checkbox"/> Other (Please Specify) _____ | | | |

Location of your practice: Urban Rural Suburban Military International

Please describe the demographics of our practice as a percentage:

AGE: 0-10 Yrs ___ % 11-17 Yrs ___ % 18-40 Yrs ___ % 41-60 Yrs ___ % 61+ ___ %

GENDER: Male ___ % Female ___ %

RACE: African-American ___ % Asian ___ % Caucasian ___ % Hispanic ___ % Other ___ %

What percentage of your patients are underserved? ___ %

Are you board certified in Family Medicine? Yes No

Do you hold a current Certificate of Added Qualification in Sports Medicine? Yes No If No, specify

Which procedures/services do you perform in your practice? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Casting/Fracture management | <input type="checkbox"/> Joint injections/aspirations | <input type="checkbox"/> Spine injections |
| <input type="checkbox"/> Athletic Team Physician | <input type="checkbox"/> Manual medicine | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Musculoskeletal ultrasound | <input type="checkbox"/> Prolotherapy | <input type="checkbox"/> Event coverage |
| <input type="checkbox"/> Other (please list) _____ | | |

In retrospect, what do you consider the most important aspects of your fellowship training?

What areas would you emphasize more in your fellowship training?

What areas would you de-emphasize in your fellowship training?

How well did your fellowship experience prepare you for your current practice environment?

Very Well Fairly Well Adequately Not Very Well Poorly No Opinion

Please explain your answer:

Thank you again for completing this survey