

**N.A.S.H Foundation Subspecialty Resident Training Program/Fellowship Evaluation**

Fellow \_\_\_\_\_ Evaluator \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

Using the following scale, please evaluate the Fellow relative to his or her amount of experience and current skill level.

- 1            Unsatisfactory    Performance of patient care or response to instruction is unacceptable requiring substantial improvement.
- 2            Borderline            Performance of patient care or response to learning experiences is almost acceptable but requires improvement.
- 3            Satisfactory          Performance of patient care and/or response to learning experiences is acceptable.
- 4            Good                    Performance of patient care and/or response to learning experiences is above average. Continued improvement and experience should result in excellent performance.
- 5            Excellent              Performance of patient care and/or response to learning experiences is considered excellent.

<b><u>Knowledge</u></b>	1	2	3	4	5
Medical Knowledge	_____	_____	_____	_____	_____

**Oral & Written Communication**

Charting	_____	_____	_____	_____	_____
History and Physicals	_____	_____	_____	_____	_____
Case Presentation	_____	_____	_____	_____	_____

**Patient Care**

Ability to read and interpret xrays	_____	_____	_____	_____	_____
Diagnostic and management plans	_____	_____	_____	_____	_____
Collateral reading	_____	_____	_____	_____	_____
Preoperative planning	_____	_____	_____	_____	_____
Operative motor skills	_____	_____	_____	_____	_____

Effectiveness in clinic \_\_\_\_\_

Clinical Judgment \_\_\_\_\_

**Interpersonal Relationships**

Ability to work with patient \_\_\_\_\_

Ability to work with associates/paramedical personnel \_\_\_\_\_

**Research Skills**

Clinical Paper \_\_\_\_\_

Research Paper \_\_\_\_\_

Instructional Tape \_\_\_\_\_

**Overall Assessment**

Ability to carry out assigned tasks \_\_\_\_\_

Willingness and ability to take responsibility \_\_\_\_\_

Awareness of limitations and willingness to seek aid when needed \_\_\_\_\_

Willingness to accept Criticism \_\_\_\_\_

Overall Performance \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**N.A.S.H. Foundation Subspecialty Resident Training/Fellowship Evaluation  
(To be completed by Fellows)**

**Academic Year: \_\_\_\_\_**

**Using the following scale, please evaluate the OrthoNeuro Foundation Sub-Specialty/Fellowship Program:**

1. Unsatisfactory
2. Borderline
3. Satisfactory
4. Good
5. Excellent

**Please rate this Subspecialty Training Program in Relationship to its impact on improving your skills in the following areas:**

<b><u>Knowledge</u></b>	1	2	3	4	5
Medical Knowledge	_____	_____	_____	_____	_____
<b><u>Oral and Written Communication</u></b>					
Charting	_____	_____	_____	_____	_____
History and physicals	_____	_____	_____	_____	_____
Case Presentation	_____	_____	_____	_____	_____
<b><u>Patient Care</u></b>					
Ability to read and interpret xrays	_____	_____	_____	_____	_____
Diagnostic and management plans	_____	_____	_____	_____	_____
Collateral reading	_____	_____	_____	_____	_____
Preoperative planning	_____	_____	_____	_____	_____
Effectiveness in clinic	_____	_____	_____	_____	_____
Clinical Judgment	_____	_____	_____	_____	_____

**Interpersonal Relationships**

Ability to work with  
Patient \_\_\_\_\_

**Please provide an overall rating for each faculty member:**

**Physician**

1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5
4. _____	1	2	3	4	5
5. _____	1	2	3	4	5
6. _____	1	2	3	4	5
7. _____	1	2	3	4	5
8. _____	1	2	3	4	5
9. _____	1	2	3	4	5
10. _____	1	2	3	4	5

**Comments:**

**Please provide a written evaluation of the Subspecialty Training Program, outlining strengths and weaknesses, to include research, faculty, team coverage resources, etc., attainment of goals and objectives, and quality of education provided by the program. (attach separate sheet if necessary)**

Fellows Signature: \_\_\_\_\_

Date: \_\_\_\_\_