

Cardiology Sub-Specialty Fellow Rotation Evaluation

Fellow Name: <input style="width: 100%;" type="text"/> Rotation Name: <input style="width: 100%;" type="text"/>	Location: <input style="width: 100%;" type="text"/> Attending: <input style="width: 100%;" type="text"/> Dates: <input style="width: 100%;" type="text"/>
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		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Teaching Attending Evaluation		1	2	3	4	5
1.	The teaching attending allowed the SSR opportunity for primary care and decision making.					
2.	The teaching attending was available for consultation and back-up.					
3.	The teaching attending was appropriately involved in the care of patients including evaluation notes.					
4.	A sufficient and appropriate amount of time was devoted to teaching (both didactic and bedside).					
5.	The teaching attending provided critical feedback to the SSR regarding patient care and clinical skills.					
6.	The teaching attending provided appropriate supervision for procedures.					
7.	The teaching attending was an appropriate role model (including, but not limited to, integrity, humanism, and practice standards).					
8.	Appropriate back-up was provided during any absences of the teaching attending.					
9.	The rotation for this time-frame was productive, educational and of high quality.					
10.	Please rate the overall rotation experience under the direction of this attending.					

Additional Comments:

Was this evaluation reviewed with the fellow? _____ Yes _____ No

Signatures of evaluation participants:

Attending Physician Signature	Printed Name of Attending Physician	Date
Fellow Signature	Date	