

DEPT. OF CARDIOLOGY FELLOW EVALUATION OF SERVICE AND FACULTY

(Please PRINT all information.)

NAME: _____ ROTATION MONTH/NAME: _____

ROTATION NAME/SPECIALTY: **CARDIOLOGY**

DATES OF ROTATION (MM/DD/YY): _____ to _____

HOSPITAL (circle one): **KMH-CH** **KMH-ST** **KMH-WT** **OLOL-C** **OLOL-R**

HOSPITAL/SITE (if above location is "other"): _____

Please circle "T" for True and "F" for False for the following statements:

	<u>TRUE</u>	<u>FALSE</u>
1. The attending physician(s) clearly explained their fellowship objectives and expectations.	T	F
2. Fellows clearly explained their intern/resident objectives and expectations.	T	F
3. The service was well organized.	T	F
4. Received exposure to anesthesiology, pathology, radiology, and other disciplines related to the clinical practice of medicine.	T	F
5. Given the opportunity to be part of the medical team.	T	F

Fill in the circle for each competency to indicate your evaluation of the service using the below scale:

NA = NOT APPLICABLE 1 = NEVER 2 = RARELY 3 = OCCASIONALLY 4 = USUALLY 5 = ALWAYS

	<u>NA</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Osteopathic Philosophy and Osteopathic Manipulative Medicine:</u>						
1. Osteopathic concepts and/or OMT was integrated into patient care opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Osteopathic concepts and/or OMT was integrated into the educational program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Medical Knowledge:</u>						
1. Opportunities to expand the understanding and application of clinical medicine to patient care were presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Lectures/conferences were held that were appropriate to the patients and/or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Patient Care:</u>						
1. Opportunities were given to obtain essential patient information from several sources, including H&P's, medical records, diagnostic/therapeutic plans, and treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assigned H&P's were reviewed and critiqued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feedback was provided on the performance of diagnosis, treatment, and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Interpersonal and Communication Skills:</u>						
1. Was instructed in developing appropriate doctor/patient relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feedback was provided on listening, written, and oral skills in professional interactions with patients, families, and other health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Professionalism:</u>						
1. Opportunities given to expand professional development and ethical principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Instructed regarding compassion, respect and honesty and how to use these principles when interacting with patients and other medical professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attention was given to dealing with issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Practice-Based Learning and Improvement:</u>						
1. Opportunities to treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness were given.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Instruction was given on self-evaluation of clinical practice patterns and practice-based improvement activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use of research methods, medical informatics, and the application of new technology was presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Complete Both Pages of the Form

REVISED 5/05

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Systems-Based Practice:

1. Information was presented on national and local health care delivery systems and how they affect patient care and professional practice.
2. Instruction was given on advocating for quality health care on behalf of patients and assisting patients in their interactions with the medical system.

WRITTEN COMMENTS (Please **PRINT** all information.):

Positive aspects of this rotation: _____

Suggestions for improvement of this rotation: _____

Additional comments: _____

Evaluation of Faculty, Residents and Fellows:

On the lines provided, list all attendings, residents, and fellows with whom you worked on service.

Indicate the Status of each person as follows: TA = Teaching Attending, NTA = Non-Teaching Attending, R = Resident, F = Fellow

Using the following scale, rate the frequency of each activity for each person:

NA = NOT APPLICABLE 1 = NEVER 2 = RARELY 3 = OCCASIONALLY 4 = USUALLY 5 = ALWAYS

	Status	Conducted Rounds	Assigned Readings	Critiqued H&P's	Gave Patient Care Resp.	Participation in Procedures

<u>OVERALL ASSESSMENT OF SERVICE</u> (Circle One):				
POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT

Fellow Signature	Print Name	Date
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RETURN FORM TO: SJHG 3001 Chapel Ave. Ste. 101 Cherry Hill NJ 08002 Attn: Kate Jurman FAX:856-667-6588

FELLOWSHIP PROGRAM OFFICE USE ONLY:

Reviewed By Program Director: _____	Reviewed By Program Coordinator: _____
Date: _____	Date: _____