Pediatric Radiology Fellow Evaluation Form
Clinical Interdisciplinary Conference Participation

Pediatric Radiology Fellow: ________________________________

Conference: (check one)   Date of conference: __________________________
GI _____
Pediatric Surgery _____
Nephrology _____
Nuclear Medicine _____
Tumor Board _____
Neuroradiology-Neonatology _____
Neuroradiology-Oncology _____
Pediatric M&M Conference ________
Other: __________________________________

Faculty member writing the evaluation: ________________________________

(print)     (sign)

Please circle the degree of agreement with the following statements:

1. The fellow interacted well with the clinical staff, showed poise and professionalism.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

2. The fellow researched the cases completely, presented cogent clinical history.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

3. The fellow showed the images competently, pointed out critical findings and explained their relevance.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

4. The fellow’s didactic points were well-chosen and presented clearly.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

5. Questions from the audience were answered clearly, correctly and with authority.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

6. Technical aspects (PACS, Powerpoint, etc) were handled smoothly.
   Strongly disagree     Disagree     Neutral     Agree     Strongly agree     Not Applicable

Comments: How could the fellow improve?

Please complete and give to the Fellowship Program Director or Coordinator, Nelson B-173.

I have read the evaluation form and the comments.

________________________   ______________________
Fellow        Date