

**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