# Preview Form

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**medhub**

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**GME Program Evaluation by Residents/Fellows**

⊖ Insufficient contact to evaluate (delete evaluation)

To facilitate the evaluation and continual improvement of your program, we ask that you please answer the following questions. Your responses are confidential. Thank you.

| | Strongly Disagree | Disagree Moderately | Disagree Slightly | Agree Slightly | Agree Moderately | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. My program exposes me to a sufficient variety of cases. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. My program advances my knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I have ready access to specialty-specific and other appropriate medical reference materials/databases. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The presence of other learners (medical students, residents from other specialities, subspecialty fellows, PhD students and/or nurse pratitioners) DOES NOT materially interfere with my education. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. My program DOES NOT compromise learning objectives by excessive reliance on residents to fulfill service obligations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. My program is designed such that I am able to comply with all ACGME duty hour policies. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. I have truly protected time to attend didactic sessions without interruption. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. I would recommend this program to potential applicants. | ○ | ○ | ○ | ○ | ○ | ○ |

| | Yes | No |
|---|---|---|
| 9. Are competency-based goals and objectives demonstrating progressive responsibility at each PGY level given to you in either written or electronic form for each assignment/rotation? | ○ | ○ |
| 10. Does your program offer regularly scheduled didactic sessions focused at your level? | ○ | ○ |
| 11. Have you received suffcient education to recognize the signs of fatigue and sleep deprivation? | ○ | ○ |

12. Are you provided with a written evaluation of your performance from multiple evaluators (e.g., faculty, peers, patients, self, and/or other professional staff) at least twice a year?  ◯ ◯

13. Are you provided the opportunity to confidentially evaluate faculty annually in writing or electronically?  ◯ ◯

| | Strongly Disagree | Disagree Moderately | Disagree Slightly | Agree Slightly | Agree Moderately | Strongly Agree |
|---|---|---|---|---|---|---|
| 14. Do the faculty in your program devote sufficient time to their TEACHING responsibilities? | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| 15. Do the faculty in your program devote sufficient time to SUPERVISING the residents/fellows? | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

| | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
|---|---|---|---|---|---|---|---|
| 16. The faculty in my program regularly participate in rounds. | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| 17. The faculty in my program regularly participate in journal clubs. | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

| | Strongly Disagree | Disagree Moderately | Disagree Slightly | Agree Slightly | Agree Moderately | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|---|
| 18. The faculty in my program regularly participate in conferences. | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 19. Overall, how satisfied are you with the training you have received so far in your residency/fellowship program? | ◯ Extremely Unsatisfied | ◯ Very Unsatisfied | ◯ Unsatisfied | ◯ Satisfied | ◯ Very Satisfied | ◯ Extremely Satisfied |

20. Please describe the strengths of your program.

21. Please describe weaknesses of your program.

22. Please describe specific actions that can be taken to improve the program.

\* Required fields    ◢ Option description (place mouse over field to view)

Reset Form                    Submit completed evaluation    ▼    Submit